

BlueCross BlueShield of Montana

Predetermination, Post-Service Review and Non-Covered 2022 Commercial Benefit Procedure Code List Updated February 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, are:

- Subject to a medical necessity review,
- Candidates for a predetermination,
- Not a benefit for our members,
- Considered experimental, investigational and unproven (EIU), or

- Not on our prior authorization list (with some exceptions based on members' benefit plans)

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply.

To make a request for a predetermination, refer to our Utilization Management information on our website. You can also submit a request through Availity. https://www.availity.com/

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

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

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

		Note: Some codes will appear twice it Ending Date and Encetive Date are within the			
Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
0104	Anesth Electroshock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0104	Allestil Electroshock	post-service review.	-	-	-
0640	Anesth Spine Manipulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0040	Allesti Spille Malipulation	post-service review.	-	-	-
0797	Anesth Surgery For Obesity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0/3/	Allestif Surgery for Obesity	post-service review.	-	-	-
)1941	Anes Neuromd/Ntrvrt Crv/Thrc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
1341	Alles Neuronia, Navie civy file	post-service review.		-	Add checave 01/01/2022
1942	Anes Neuromd/Ntrvrt Lmbr/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
1542	Alles Neuronidy Nu Vit Ellibry Sue	post-service review.		-	Add checave 01/01/2022
1055	Trim Skin Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1000		post-service review.	-	-	-
1056	Trim Skin Lesions 2 To 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1050		post-service review.	-	-	-
1057	Trim Skin Lesions Over 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1057		post-service review.	-	-	-
1719	Trim Nail(S) Any Number	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1/15	min Nai(3) Any Namber	post-service review.	-	-	-
1720	Debride Nail 1-4	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1720	beblide Nail 1 4	post-service review.	-	-	-
1721	Debride Nail 6 Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1/21	Beblide Nail 6 61 Mole	post-service review.	-	-	-
1920	Correct Skin Color 6.0 Cm/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1920		post-service review.	-	-	-
1921	Correct Skn Color 6.1-20.0Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1721	context 5kn color 0.1 20.0cm	post-service review.	-	-	-
1922	Correct Skin Color Ea 20.0Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
1950	Tx Contour Defects 1 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1,000		post-service review.	-	-	-
1951	Tx Contour Defects 1.1-5.0Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1551	TX contour bereets 1.1-5.000	post-service review.	-	-	-
1952	Tx Contour Defects 5.1-10Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1.752	TA CONTOUR DETECTS 3.1-10CC	post-service review.	-	-	

11954	Tx Contour Defects >10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
11970	Rplcmt Tiss Xpndr Perm Implt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
11071	David Tie Vende Mie teel teelt	post-service review. – – – – – – – – – – – – – – – – – – –	
11971	Rmvl Tis Xpndr Wo Insj Implt	post-service review. – – – – – – – – – – – – – – – – – – –	
11980	Implant Hormone Pellet(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
11981	Insert Drug Implant Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
11982	Remove Drug Implant Device	Post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
11982	Kemove brug implant bevice	post-service review. – – – – – – – – – – – – – – – – – – –	
11983	Remove/Insert Drug Implant	post-service review.	
15758	Free Fascial Flap Microvasc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
15769	Grfg Autol Soft Tiss Dir Exc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – – – – – – – – – – – – – – – – –	
15771	Grfg Autol Fat Lipo 50 Cc/<	post-service review.	
15772	Grfg Autol Fat Lipo Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
15773	Grfg Autol Fat Lipo 25 Cc/<	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – – – – – – – – – – – – – – – – –	
15774	Gfrg Autol Fat Lipo Ea Addl	post-service review.	
15775	Hair Trnspl 1-15 Punch Grfts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
15776	Hair Trnspl >15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
15780	Dermabrasion Total Face	post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
13780		post-service review. – – – – – – – – – – – – – – – – – – –	
15781	Dermabrasion Segmental Face	post-service review. – – – – –	
15782	Dermabrasion Other Than Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
15783	Dermabrasion Suprfl Any Site	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
	Dermalor allon suprir Any site	post-service review. – – – – – – – – – – – – – – – – – – –	
15788	Chemical Peel Face Epiderm	post-service review.	
15789	Chemical Peel Face Dermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	
15792	Chemical Peel Nonfacial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review.	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
15793	Chemical Peel Nonfacial	post-service review.	
15793 15820	Chemical Peel Nonfacial Revision Of Lower Eyelid		
		post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – – – – – – – – – – – – – – – – – – –	
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15879	Suction Lipectomy Lwr Extrem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
15999	Removal Of Pressure Sore	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
17106	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
1/100	Destruction of Skin Lesions	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
17107	Destruction Of Skin Lesions	post-service review.	-	-	-
17108	Destruction Of Skin Lesions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
17340	Cryotherapy Of Skin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
17360	Skin Peel Therapy	post-service review.	-	-	-
17380	Hair Removal By Electrolysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
17999	Skin Tissue Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
19105	Cryosurg Ablate Fa Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
19294	Prep Tum Cav lort Prtl Mast	post-service review.	-	-	Moved to PA code list
		Prior Authorization may be required by 04/01/2021. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
19296	Place Po Breast Cath For Rad	post-service review.	-	-	Moved to PA code list
		Prior Authorization may be required by 04/01/2021. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
19297	Place Breast Cath For Rad	post-service review. Prior Authorization may be required by 04/01/2021.	-	-	Moved to PA code list
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
19298	Place Breast Rad Tube/Caths	post-service review. Prior Authorization may be required by 04/01/2021.	-	-	Moved to PA code list
19300	Removal Of Breast Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
19303	Mast Simple Complete	post-service review.	-	-	-
19316	Suspension Of Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
19324	Enlarge Breast	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
19524		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	12/51/2020	Ketile ellective 12/31/2020
19325	Breast Augmentation W/Implt	post-service review.	-	-	-
19328	Rmvl Intact Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
19330	Rmvl Ruptured Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
19340	Insj Breast Implt Sm D Mast	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
19342	Insj/Rplcmt Brst Implt Sep D	post-service review.	-	-	-
19350	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
19355	Correct Inverted Nipple(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
19357	Tiss Xpndr Plmt Brst Rcnstj	post-service review.	-	-	-
19366	Breast Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
19370	Revj Peri-Implt Capsule Brst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
19371	Peri-Implt Capslc Brst Compl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
19380	Revj Reconstructed Breast	post-service review.	-	-	-
19396	Design Custom Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
19499	Breast Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
20527	Inj Dupuytren Cord W/Enzyme	post-service review.	-	-	-
20560	Ndl Insj W/O Njx 1 Or 2 Musc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
20561	Ndl Insj W/O Njx 3+ Musc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
20693	Adjust Bone Fixation Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	-	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
20694	Remove Bone Fixation Device	post-service review.	-	-	-
20696	Comp Multiplane Ext Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
20697	Comp Ext Fixate Strut Change	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
20930	Sn Bone Algrft Morsel Add On	post-service review.			
20950	Sp Bone Algrft Morsel Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20931	Sp Bone Algrft Struct Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20932	Osteoart Algrft W/Surf & BO	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
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20933	Hemicrt IntrcIry Algrft Prtl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
20934	Intercalary Algrft Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review.			
20936	Sp Bone Agrft Local Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20937	Sp Bone Agrft Morsel Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
20938	Sp Bone Agrft Struct Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
20974	Electrical Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
20974		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
20975	Electrical Bone Stimulation	post-service review.	-	-	-
20979	Us Bone Stimulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
20982	Ablate Bone Tumor(S) 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	_	-	-
20983	Ablate Bone Tumor(S) Perq	post-service review.	-	-	-
20985	Cptr-Asst Dir Ms Px	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	-
20999	Musculoskeletal Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	-
21010	Incision Of Jaw Joint	post-service review.	_	-	-
21025	Excision Of Bone Lower Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21026	Excision Of Facial Bone(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
21050	Demonal Of Isur Isiat	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
21050	Removal Of Jaw Joint	post-service review.	_	-	-
21060	Remove Jaw Joint Cartilage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
21070	Remove Coronoid Process	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
21073	Mnpj Of Tmj W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
210/3	winpj of thij w/Alesti	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
21083	Prepare Face/Oral Prosthesis	post-service review.	-	-	-
21085	Prepare Face/Oral Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
21089	Prepare Face/Oral Prosthesis	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
				-	-
<u> </u>		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
21110	Interdental Fixation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
21110 21120	Interdental Fixation Reconstruction Of Chin		-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
21120 21121	Reconstruction Of Chin Reconstruction Of Chin	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
21120	Reconstruction Of Chin	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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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21196	Reconst Lwr Jaw W/Fixation	post-service review.		-
21198	Reconstr Lwr Jaw Segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-
21199	Reconstr Lwr Jaw W/Advance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_
21206	Percentruct Linner Jaw Bone	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	Reconstruct Upper Jaw Bone	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
21208	Augmentation Of Facial Bones	post-service review.		-
21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-
21210	Face Bone Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-
21215	Lower Jaw Bone Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
21240	Reconstruction Of Jaw Joint	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
21242	Reconstruction Of Jaw Joint	post-service reviewed against medical Policy Criteria. Submit for predetermination to avoid post-service review.		-
21243	Reconstruction Of Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-
21244	Reconstruction Of Lower Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_
21245	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		-
21246	Reconstruction Of Jaw	post-service review.		-
21282	Revision Of Eyelid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021 -	Add effective 08/01/2021
21299	Cranio/Maxillofacial Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-
21480	Reset Dislocated Jaw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
21485	Reset Dislocated Jaw	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-
21490	Repair Dislocated Jaw	post-service reviewe.		-
21499	Head Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-
21685	Hyoid Myotomy & Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_
21740	Reconstruction Of Sternum	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/15/2022	Add effective 01/15/2022
21/40				
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
21742	Repair Stern/Nuss W/O Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/15/2022 _	Add effective 01/15/2022
21742 21743		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	Repair Stern/Nuss W/O Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/15/2022 _	Add effective 01/15/2022
21743	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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	1/15/2022 _	Add effective 01/15/2022
21743 21899 22505	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope Neck/Chest Surgery Procedure Manipulation Of Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	1/15/2022 _	Add effective 01/15/2022
21743 21899 22505 22510	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope Neck/Chest Surgery Procedure Manipulation Of Spine 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 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.	1/15/2022 _	Add effective 01/15/2022
21743 21899 22505	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope Neck/Chest Surgery Procedure Manipulation Of Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	1/15/2022 _	Add effective 01/15/2022
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21743 21899 22505 22510 22511	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope Neck/Chest Surgery Procedure Manipulation Of Spine Perq Cervicothoracic Inject Perq Lumbosacral 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 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.	1/15/2022 _	Add effective 01/15/2022
21743 21899 22505 22510 22511 22512	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope Neck/Chest Surgery Procedure Manipulation Of Spine Perq Cervicothoracic Inject Perq Lumbosacral Injection Vertebroplasty Addl 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 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 Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/15/2022 _	Add effective 01/15/2022
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21743 21743 21899 22505 22510 22511 22512 22513 22514 22515 22526 22533 22534 22551 22552 22554 22554 22558 22585	Repair Stern/Nuss W/O Scope Repair Sternum/Nuss W/Scope Neck/Chest Surgery Procedure Manipulation Of Spine Perq Cervicothoracic Inject Perq Lumbosacral Injection Vertebroplasty Addl Inject Perq Vertebral Augmentation Perq Vertebral Augmentation Idet Single Level Idet 1 Or More Levels Lat Thor/Lumb Addl Seg Neck Spine Fusion Neck Spine Fusion Neck Spine Fusion Neck Spine Fusion Meck Spine Fusion Neck Spine Fusion Meck Spine Fusion Neck Spine Fusion Neck Spine Fusion Meck Spine Fusion Addit Neck Spine Fusion Additional Spinal Fusion	 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 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 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	1/15/2022 _ 1/15/2022 _ - -	Add effective 01/15/2022 Add effective 01/15/2022 -
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22612	Lumbar Spine Fusion	post-service review. 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.	-	-	-
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22630	Lumbar Spine Fusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22632	Spine Fusion Extra Segment	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22633	Lumbar Spine Fusion Combined	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22634	Spine Fusion Extra Segment	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
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22802	Post Fusion 7-12 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22804	Post Fusion 13/> Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22808	Ant Fusion 2-3 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22810	Ant Fusion 4-7 Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22812	Ant Fusion 8/> Vert Seg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22840	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22841	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
22842	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-
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22847	Insert Spine Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
22848	Insert Pelv Fixation Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
22853	Insj Biomechanical Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
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22856	Cerv Artific Diskectomy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
22857	Lumbar Artif Diskectomy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	
22858	Second Level Cer Diskectomy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	
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22862	Revise Lumbar Artif Disc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
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22899	Spine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
22999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
23929	Shoulder Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
24300	Manipulate Elbow W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
24999	Upper Arm/Elbow Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
25259	Manipulate Wrist W/Anesthes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
25999	Forearm Or Wrist Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
26340	Manipulate Finger W/Anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
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30802 RMVL PERQ RIGHT HEART VAD post-service review.	30400 30410 30420 30430 30435 30450	Partial Removal Of Nose Reconstruction Of Nose Reconstruction Of Nose Revision Of Nose Revision Of Nose Revision Of Nose Revision Of Nose Revision Of Nose	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 - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - - MP Criteria: Procedure/service reviewed again	- - - - - - - - - - - - - - - - - - -	-
30999 Nasal Surgery Procedure Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	30400 30410 30420 30430 30435 30450 30468	Partial Removal Of Nose Reconstruction Of Nose Reconstruction Of Nose Revision 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 post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service	- - - - - - - - - 5/14/2021 -	-
31295 Nsl/Sins Ndsc Surg Max Sins MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	30400 30410 30420 30430 30435 30435 30468 30468	Partial Removal Of Nose Reconstruction Of Nose Reconstruction Of Nose Revision Of Nose Revision Of Nose Revision Of Nose Revision Of Nose Revision Of Nose Repr Nsl Vlv Collapse W/Implt Rpr Nsl Vlv Collapse W/Implt	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 - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - - MP Criteria: Procedure/servi	- - - - - - - - - 5/14/2021 - - - - - -	-
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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	_	_	_
21200	Sieve Surger Dassedure	post-service review.			
31299	Sinus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
31599	Larynx Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
31634	Bronch W/Balloon Occlusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
31647	Bronchial Valve Init Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
31648	Bronchial Valve Remov Init	post-service review.	-	-	-
31649	Bronchial Valve Remov Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31651	Bronchial Valve Addl Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
21660	Dramak Theoremalate 1 Labo	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
31660	Bronch Thermoplsty 1 Lobe	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.	_	_	-
32553	Ins Mark Thor For Rt Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
32333		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
32701	Thorax Stereo Rad Targetw/Tx	post-service review.	-	-	Moved to PA code list
		Prior Authorization may be required by 04/01/2021. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
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.	_	_	_
22052					
32853	Lung Transplant Double	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
32854	Lung Transplant With Bypass	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
32855	Prepare Donor Lung Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
32856	Prepare Donor Lung Double	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
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32994	Ablate Pulm Tumor Perq Crybl	post-service review.	-	_	-
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32998	Ablate Pulm Tumor Perq Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
32998 32999	Ablate Pulm Tumor Perq Rf Chest Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
32999	Chest Surgery Procedure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
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32999 33202	Chest Surgery Procedure Insert Epicard Eltrd Open	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.	- - - -	- - - -	- - - -
32999 33202 33203 33211	Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual	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.	-	- - -	
32999 33202 33203 33211 33213	Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual Insert Pulse Gen Dual Leads	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.	- - - - -		- - - -
32999 33202 33203 33211	Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual	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.	- - - - - - -	- - - - - - - -	- - - - - - -
32999 33202 33203 33211 33213	Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual Insert Pulse Gen Dual Leads	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.	- - - - - - - -	- - - - - - - - -	- - - - - - - -
32999 33202 33203 33211 33213 33216	Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual Insert Pulse Gen Dual Leads Insert 1 Electrode Pm-Defib	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 Policy Criteria. Submit 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	- - - - - - - -	
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32999 33202 33203 33211 33213 33214 33215 33216 33217 33218 33219 33220 33223 33224 33223 33231 33240 33241 33243 33244 33249 33242	Chest Surgery Procedure Insert Epicard Eltrd Open Insert Epicard Eltrd Endo Insert Card Electrodes Dual Insert Card Electrodes Dual Insert 1 Electrode Pm-Defib Insert 2 Electrode Pm-Defib Repair Lead Pace-Defib One Repair Lead Pace-Defib Dual Relocate Pocket For Defib Insert Pacing Lead & Connect L Ventric Pacing Lead Add-On Insrt Pulse Gen W/Dual Leads Insrt Pulse Gen W/Dual Leads Insrt Pulse Gen W/Singl Lead Remove Pulse Generator Remove Eltrd/Thoracotomy Remove Eltrd/Thoracotomy Insj/Rplcmt Defib W/Lead(S) Insyl Replc Pulse Gen 1 Lead	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 Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for p	08/01/2021 08/01/2021 - - - - 08/01/2021 08/01/2021 08/01/2021 - 08/01/2021		Add effective 08/01/2021 Add effective 08/01/2021 - - - - Add effective 08/01/2021 Add effective 08/01/2021 Add effective 08/01/2021 Add effective 08/01/2021

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
33267	Excl Laa Open Any Method	post-service review.	1/1/2022	-	Add effective 01/01/2022
33268	Excl Laa Opn Oth Px Any Meth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33269	Excl Laa Thrscp Any Method	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
33270	Ins/Rep Subq Defibrillator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
33271	Insj Subq Impltbl Dfb Elctrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
33272		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
	Rmvl Of Subq Defibrillator	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
33273	Repos Prev Impitbl Subq Dfb	post-service review.	08/01/2021	-	Add effective 08/01/2021
33274	Tcat Insj/Rpl Perm Ldls Pm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33275	Tcat Rmvl Perm Ldls Pm W/Img	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33285	Insj Subq Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
33286	Rmvl Subq Car Rhythm Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
33289		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Tcat Impl Wrls P-Art Prs Snr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
33340	Perq Clsr Tcat L Atr Apndge	post-service review.	-	-	-
33361	Replace Aortic Valve Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33362	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33363	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
33364	Replace Aortic Valve Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. 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	-	-	-
33366	Trcath Replace Aortic Valve	post-service review.	-	-	-
33367	Replace Aortic Valve W/Byp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33368	Replace Aortic Valve W/Byp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
33369	Replace Aortic Valve W/Byp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
33370	Tcat Plmt&Rmvl Cepd Perq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022		Add effective 01/01/2022
33418	Repair Tcat Mitral Valve	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
33419	Repair Tcat Mitral Valve	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
33477	Implant Tcat Pulm Vlv Perq	post-service review.	-	-	-
33542	Removal Of Heart Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33548	Restore/Remodel Ventricle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
33894	Evasc St Rpr Thrc/Aa Acrs Br	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
33895	Evasc St Rpr Thrc/Aa X Crsg	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		-	
33897	Perq Trluml Angp Nt/Recr Coa	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
33927	Impltj Tot Rplcmt Hrt Sys	post-service review.	-	-	-
33928	Rmvl & Rplcmt Tot Hrt Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33929	Rmvl Rplcmt Hrt Sys F/Trnspl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33930	Removal Of Donor Heart/Lung	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
33933	Prepare Donor Heart/Lung	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
33935	Transplantation Heart/Lung	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
33940	Removal Of Donor Heart	post-service review.	-	-	-
		MD Criteria: Presedure (convice reviewed against Medical Palia: Criteria Cubrit for an eleter 1111			
33944	Prepare Donor Heart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33944 33945	Prepare Donor Heart Transplantation Of Heart		-	-	-
		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	- -	-	- -
33945 33975	Transplantation Of Heart Implant Ventricular Device	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	- - -	- -	-
33945 33975 33976	Transplantation Of Heart Implant Ventricular Device Implant Ventricular Device	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.	- - -	- - -	- - -
33945	Transplantation Of Heart Implant Ventricular Device	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.	- - - - -	- - - -	- - - - -
33945 33975 33976	Transplantation Of Heart Implant Ventricular Device Implant Ventricular Device	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	- - - - - -	- - - -	- - - - - -

33980	Remove Intracorporeal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33981	Replace Vad Pump Ext	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
33982	Replace Vad Intra W/O Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
33983	Replace Vad Intra W/Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. 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	_	-	-
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 Perq Vad R Hrt Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		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.	-	-	-
36261	Revision Of Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	_	Add effective 04/01/2021
36262	Removal Of Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.			
36299	Vessel Injection 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		-	-
36465	Njx Noncmpnd Sclrsnt 1 Vein	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.	_	-	_
36470	Njx Sclrsnt 1 Incmptnt Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
36471	Njx Sclrsnt Mlt Incmptnt Vn	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	-	-	-
36473	Endovenous Mchnchem 1St Vein	Website Coding and Compensation Non-reimbursable EIU policy.		-	-
36474	Endovenous Mchnchem Add-On	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	-
36475	Endovenous Rf 1St Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
36476	Endovenous Rf Vein Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
36478	Endovenous Laser 1St Vein	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
36479	Endovenous Laser Vein Addon		_	-	-
36482	Endoven Ther Chem Adhes 1St	post-service review.	_	-	-
36483	Endoven Ther Chem Adhes Sbsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
36511	Apheresis Wbc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
36516	Apheresis Immunoads Slctv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
36522		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
	Photopheresis	- post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
36563	Insert Tunneled Cv Cath	post-service review.		-	-
37215	Transcath Stent Cca W/Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
37216	Transcath Stent Cca W/O Eps	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37217	Stent Placemt Retro Carotid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	_
37218	Stent Placemt Ante Carotid	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. Post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
37241	Vasc Embolize/Occlude Venous	post-service review		-	-
37242	Vasc Embolize/Occlude Artery	post-service review.	-	-	-
37243	Vasc Embolize/Occlude Organ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-	
37244	Vasc Embolize/Occlude Bleed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
37500	Endoscopy Ligate Perf Veins	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
37501	Vascular Endoscopy Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. 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 post-service review.	_	-	_
		post service review.			

		MD Criteria: Breedure/convice reviewed against Medical Policy Criteria. Submit for predetermination to avaid			
37735	Removal Of Leg Veins/Lesion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37760	Ligate Leg Veins Radical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37761	Ligate Leg Veins Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37765	Stab Phleb Veins Xtr 10-19	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
37766	Phleb Veins - Extrem 20+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
37780	Revision Of Leg Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
37785	Ligate/Divide/Excise Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
37788	Revascularization Penis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
37790	Penile Venous Occlusion	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	
37799	Vascular Surgery Procedure	post-service review. 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	Bone Marrow Harvest Autolog	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
38232 38240	Bone Marrow Harvest Autolog Transpit Allo Hct/Donor	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.	-	-	-
			- - -	- - 10/31/2021	- - Moved to PA code list
38240	Transpit Allo Hct/Donor	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - -	- - 10/31/2021 -	- Moved to PA code list
38240 38241	Transpit Allo Hct/Donor Transpit Autol Hct/Donor	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.	- - - -	- - 10/31/2021 -	- Moved to PA code list
38240 38241 38242	Transpit Allo Hct/Donor Transpit Autol Hct/Donor Transpit Allo Lymphocytes	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.	- - - - -	- - 10/31/2021 - -	- Moved to PA code list
38240 38241 38242 38243	Transpit Allo Hct/Donor Transpit Autol Hct/Donor Transpit Allo Lymphocytes Transpij Hematopoletic Boost	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.	- - - - - - -	- - 10/31/2021 - - -	- Moved to PA code list
38240 38241 38242 38242 38243 38308	Transpit Allo Hct/Donor Transpit Autol Hct/Donor Transpit Allo Lymphocytes Transpij Hematopoietic Boost Incision Of Lymph Channels	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.	- - - - - - -	- 10/31/2021 - - - -	- Moved to PA code list
38240 38241 38242 38243 38308 38589	Transplt Allo Hct/Donor Transplt Autol Hct/Donor Transplt Allo Lymphocytes Transplj Hematopoletic Boost Incision Of Lymph Channels Laparoscope Proc Lymphatic	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - - -	- - 10/31/2021 - - - - - - - -	Moved to PA code list
38240 38241 38242 38243 38308 38589 38999	Transpit Allo Hct/Donor Transpit Autol Hct/Donor Transpit Autol Hct/Donor Transpit Allo Lymphocytes Transpij Hematopoietic Boost Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - -	- 10/31/2021 - - - - - -	
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38240 38241 38242 38308 38308 38589 38999 39499 39599	Transpit Allo Hct/Donor Transpit Autol Hct/Donor Transpit Autol Hct/Donor Transpit Allo Lymphocytes Transpij Hematopoietic Boost Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure	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. 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.	- - - - - - - - - - -	- 10/31/2021 - - - - - - - - - - - - -	- Moved to PA code list
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38240 38241 38242 38308 38589 38999 39499 39599 40799 40799 41019 41120 41512 41530 41599 41899 42140	Transpit Allo Hct/Donor Transpit Autol Hct/Donor Transpit Autol Hct/Donor Transpit Allo Lymphocytes Transpij Hematopoietic Boost Incision Of Lymph Channels Laparoscope Proc Lymphatic Blood/Lymph System Procedure Chest Procedure Diaphragm Surgery Procedure Lip Surgery Procedure Houth Surgery Procedure Place Needles H&N For Rt Partial Removal Of Tongue Tongue Base Vol Reduction Tongue Base Vol Reduction Tongue And Mouth Surgery Dental Surgery Procedure Excision Of Uvula	 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. 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 agreement. 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. EU: Procedure/service not reminustable EU policy. Unlisted: Procedure/service reviewed	- - - - - - - - - - - - - - - - - - -	- 10/31/2021 - - - - - - - - - - - - -	- - - - - - - - - - - -

12999 Th 13192 Es	alivary Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
13192 Es	Dise Eval Slp Do Brth Flx Dx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	_	Add effective 01/01/2022
	hroat Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
	sophagoscp Rig Trnso Inject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
+3201 L3	soph Scope W/Submucous Inj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
2206 5		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	_	-
	soph Optical Endomicroscopy	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
13210 Eg	gd Esophagogastrc Fndoplsty	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
13229 Es	sophagoscopy Lesion Ablate	post-service review.	2/1/2022	-	Add effective 02/01/2022
13236 Up	Jppr Gi Scope W/Submuc Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13252 Eg	gd 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.	-	-	-
13253 Eg	gd Us Transmural Injxn/Mark	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13257 Eg	gd W/Thrml Txmnt Gerd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
13270 Eg	gd Lesion Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	2/1/2022	_	Add effective 02/01/2022
13284 La	aps Esophgl Sphnctr Agmntj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
	Rmvl Esophgl Sphnctr Dev	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	
	aparoscope Proc Esoph	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	-	-	-
13497 Tr	ransorl Lwr Esophgl Myotomy	post-service review.	1/1/2022	_	Add effective 01/01/2022
13499 Es	sophagus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
13633 Re	Removal Of Stomach Partial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
13644 La	ap Gastric Bypass/Roux-En-Y	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13645 La	ap Gastr Bypass Incl Smll I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
13647 La	ap Impl Electrode Antrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
13648 La	ap Revise/Remv Eltrd Antrum	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
13659 La	aparoscope Proc Stom	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
	ap 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	-	-	-
	ap Revise Gastr Adj Device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
13772 La	ap Rmvl Gastr Adj Device	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
13773 La	ap Replace Gastr Adj Device	post-service review.	-	-	-
13774 La	ap Rmvl Gastr Adj All Parts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13775 La	ap Sleeve Gastrectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13842 V-	/-Band Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13843 Ga	Gastroplasty W/O V-Band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
13845 Ga	Gastroplasty Duodenal Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
13846 Ga	Gastric Bypass For Obesity	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-panier culture.	_	_	_
	Gastric Bypass Incl Small I	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
	Revision Gastroplasty	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
13848 Re	mpl/Redo Electrd Antrum	post-service review.	-	_	-
13848 Re 13881 Im		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
13848 Re 13881 Im 13882 Re	Revise/Remove Electrd Antrum	post-service review.	-	-	-
13848 Re 13881 Im 13882 Re	tevise/Remove Electrd Antrum tevise Gastric Port Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13848 Re 13881 Im 13882 Re 13886 Re		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		
13848 Re 13881 Im 13882 Re 13886 Re 13887 Re	tevise Gastric Port Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - -	- - -	- - -
13848 Re 13881 Im 13882 Re 13886 Re 13887 Re 13888 CF	tevise Gastric Port Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - -	- - - -	- - - -
13848 Re 13881 Im 13882 Re 13886 Re 13887 Re 13888 CH 13888 CH	levise Gastric Port Open lemove Gastric Port Open Change Gastric Port Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - - -	- - - -	- - - - -
13848 Re 13881 Im 13882 Re 13886 Re 13887 Re 13888 Ch 13888 Ch 13899 Str 14132 En	tevise Gastric Port Open temove Gastric Port Open change Gastric Port Open tomach Surgery Procedure	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - - -	-	- - - - -

49412	Ins Device For Rt Guide Open	post-service review.	-	-
49411	Ins Mark Abd/Pel For Rt Perq	post-service review. – – – – – – – – – – – – – – – – – – –	-	-
	•	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
49329	Laparo Proc Abdm/Per/Oment	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-
48999	Pancreas Surgery Procedure	post-service review	-	
48556	Removal Allograft Pancreas	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_
48554	Transpl Allograft Pancreas	post-service review	-	-
48552	Prep Donor Pancreas/Venous	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
48551	Prep Donor Pancreas	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
48550	Donor Pancreatectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
48160	Pancreas Removal/Transplant	Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_
47999	Bile Tract Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	_	Moved to PA code list
47579	Laparoscope Proc Biliary	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_
47399	Liver Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
47383	Perq Abltj Lvr Cryoablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	_
47382	Percut Ablate Liver Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	_
47381	Open Ablate Liver Tumor Cryo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	_	_
47380	Open Ablate Liver Tumor Rf	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.	-	_
47371	Laparo Ablate Liver Cryosurg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	_
47370	Laparo Ablate Liver Tumor Rf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	_
47147	Prep Donor Liver/Arterial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	_	_
47146	Prep Donor Liver/Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
47145	Prep Donor Liver Lobe Split	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
47144	Prep Donor Liver 3-Segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
47143	Prep Donor Liver Whole	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
47142	Partial Removal Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
47141	Partial Removal Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
47140	Partial Removal Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
47135	Transplantation Of Liver	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-
47133	Removal Of Donor Liver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
46999	Anus Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
46707	Repair Anorectal Fist W/Plug	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy	-	-
45999	Rectum Surgery Procedure	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.	-	-
45399	Unlisted Procedure Colon	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
44979	Laparoscope Proc App	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-
44899	Bowel Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
44799		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
	Unlisted Px Small Intestine	post-service review	-	_
44720	Prep Donor Intestine/Artery	– MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
44720	Prep Donor Intestine/Venous	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_
44715	Prepare Donor Intestine	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
44705	Prepare Fecal Microbiota	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
44238	Laparoscope Proc Intestine	post-service review		
44137	Remove Intestinal Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_

49659	Laparo Proc Hernia Repair	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
49999	Abdomen Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
50250	Cryoablate Renal Mass Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
50200	Pamaya Cadayar Danar Kidaay	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
50300	Remove Cadaver Donor Kidney	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
50320	Remove Kidney Living Donor	post-service review.	-	-	-
50323	Prep Cadaver Renal Allograft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
50325	Prep Donor Renal Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
50327	Prep Renal Graft/Venous	post-service review.	-	-	-
50328	Prep Renal Graft/Arterial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50329	Prep Renal Graft/Ureteral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
50340	Removal Of Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Kenioval Of Kulley	post-service review.	-	-	-
50360	Transplantation Of Kidney	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
50365	Transplantation Of Kidney	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
50370	Remove Transplanted Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
50544		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
50541	Laparo Ablate Renal Cyst	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
50542	Laparo Ablate Renal Mass	post-service review.	-	-	-
50547	Laparo Removal Donor Kidney	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50549	Laparoscope Proc Renal	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
50592	Perc Rf Ablate Renal Tumor	post-service review.	-	-	-
50593	Perc Cryo Ablate Renal Tum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
50949	Laparoscope Proc Ureter	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
51715	Endoscopic Injection/Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
51999	Laparoscope Proc Bla	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
			-	-	-
52287	Cystoscopy Chemodenervation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
52287 52327	Cystoscopy Chemodenervation 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 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - -	-	-
52287 52327 52441	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/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 post-service review.	-	-	-
52287 52327	Cystoscopy Chemodenervation 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 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. 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.	- - - -	- - - -	- - - -
52287 52327 52441	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/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 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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
52287 52327 52441 52442	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/Implant Cystourethro W/Addl 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 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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	- - - -	
52287 52327 52441 52442 53451 53452	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/Implant Cystourethro W/Addl Implant Tprnl Balo Cntnc Dev Bi Tprnl Balo Cntnc Dev Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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
52287 52327 52441 52442 53451 53452 53453	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/Implant Cystourethro W/Addl Implant Tprnl Balo Cntnc Dev Bi Tprnl Balo Cntnc Dev Uni Tprnl Balo Cntnc Dev Rmvl Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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
52287 52327 52441 52442 53451 53452	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/Implant Cystourethro W/Addl Implant Tprnl Balo Cntnc Dev Bi Tprnl Balo Cntnc Dev Uni	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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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52287 52327 52441 52442 53451 53452 53453 53454	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/Implant Cystourethro W/Addl Implant Tprnl Balo Cntnc Dev Bi Tprnl Balo Cntnc Dev Uni Tprnl Balo Cntnc Dev Rmvl Ea Tprnl Balo Cntnc Dev Adjmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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	1/1/2022 1/1/2022 1/1/2022	- - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
52287 52327 52441 52442 53451 53452 53453 53454 53454 53855	Cystoscopy Chemodenervation Cystoscopy Inject Material Cystourethro W/Implant Cystourethro W/Addl Implant Tprnl Balo Cntnc Dev Bi Tprnl Balo Cntnc Dev Uni Tprnl Balo Cntnc Dev Rmvl Ea Tprnl Balo Cntnc Dev Adjmt Insert Prost Urethral Stent Transurethral Rf Treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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 1/1/2022 1/1/2022	-	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
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54411	Remov/Replc Penis Pros Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
54415	Remove Self-Contd Penis Pros	post-service review.	-	-	-
54416	Remv/Repl Penis Contain Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
54417	Remv/Replc Penis Pros Compl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
54417		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
54660	Revision Of Testis	post-service review.	-	-	-
54699	Laparoscope Proc Testis	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
54900	Fusion Of Spermatic Ducts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
54901	Fusion Of Spermatic Ducts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
55400	Repair Of Sperm Duct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
55559	Laparo Proc Spermatic Cord	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
55706	Prostate Saturation Sampling	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
55860	Surgical Exposure Prostate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
55870	Electroejaculation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
55873	Cryoablate Prostate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
55874	Tprnl Plmt Biodegrdabl Matrl	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
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55875	Transperi Needle Place Pros	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
55876	Place Rt Device/Marker Pros	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
55880	ABLTJ MAL PRST8 TISS HIFU	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
55899	Genital Surgery Procedure	Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
55920	Place Needles Pelvic For Rt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
55970	Sex Transformation M To F	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
55970	Sex transformation will be	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
55980	Sex Transformation F To M	post-service review.	-	-	-
56805	Repair Clitoris	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
56810	Repair Of Perineum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	•	post-service review.	-	-	-
57155	Insert Uteri Tandem/Ovoids	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
57156	Ins Vag Brachytx Device	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
57291	Construction Of Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
57292	Construct Vagina With Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
57295	Revise Vag Graft Via Vagina	post-service review.	-	-	-
57296	Revise Vag Graft Open Abd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
57335	Repair Vagina	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
57426	Revise Prosth Vag Graft Lap	post-service review.	-	-	-
58346	Insert Heyman Uteri Capsule	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to PA code list
58578	Laparo Proc Uterus	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			_
			-	-	-
58579	Hysteroscope Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
58674	Laps Abltj Uterine Fibroids	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
58679	Laparo Proc Oviduct-Ovary	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
58750	Repair Oviduct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
58752	Revise Ovarian Tube(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
58970 58974	Retrieval Of Oocyte Transfer Of Embryo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
58974 58976	Transfer Of Embryo Transfer Of Embryo	Non Covered: Procedure/service not covered 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		_
58999	Genital Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
59072	Umbilical Cord Occlud W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	3/1/2021		
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
59074	Fetal Fluid Drainage W/Us	post-service review.	3/1/2021	-	-
59076	Fetal Shunt Placement W/Us	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
59897	Fetal Invas Px W/Us	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
59898	Laparo Proc Ob Care/Deliver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

59899	Maternity Care Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
60659	Laparo Proc Endocrine	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
60699	Endocrine Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
61215	Insert Brain-Fluid Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61630	Intracranial Angioplasty	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	-
61635	Intracran AngiopIsty W/Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
61645	Perq Art M-Thrombect &/Nfs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
61650	Evasc Pring Admn Rx Agnt 1St	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
61651	Evasc Pring Admn Rx Agnt Add	post-service review.	-	-	-
61736	Litt Icr 1 Traj 1 Smpl Les	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
61737	Litt Icr Mlt Trj Mlt/Cplx Ls	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
61796	Srs Cranial Lesion Simple	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
61797	Srs Cran Les Simple Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
61798	Srs Cranial Lesion Complex	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
61799	Srs Cran Les Complex Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
			-	-	
61800	Apply Srs Headframe Add-On	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	Moved to PA code list
61850	Implant Neuroelectrodes	post-service review.	-	-	-
61860	Implant Neuroelectrodes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61863	Implant Neuroelectrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61864	Implant Neuroelectrde Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61867	Implant Neuroelectrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
61868	Implant Neuroelectrde Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
61870	Implant Neuroelectrodes	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	-	12, 51, 2020	12,51,252
61880	Revise/Remove Neuroelectrode	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
61885	Insrt/Redo Neurostim 1 Array	post-service review.	-	-	-
61886	Implant Neurostim Arrays	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
61888	Revise/Remove Neuroreceiver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
62263	Epidural Lysis Mult Sessions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
62264	Epidural Lysis On Single Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	_
62287	Percutaneous Diskectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
62325	Njx Interlaminar Crv/Thrc	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/15/2021		Add effective 12/15/2021
	-	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
62327	Njx Interlaminar Lmbr/Sac	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	12/15/2021	-	Add effective 12/15/2021
62350	Implant Spinal Canal Cath	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	-	-	-
62351	Implant Spinal Canal Cath	post-service review.	-	-	-
62360	Insert Spine Infusion Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
62361	Implant Spine Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
62362	Implant Spine Infusion Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
62367	Analyze Spine Infus Pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	_	Add effective 04/01/2021
62368	Analyze Sp Inf Pump W/Reprog	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021	_	Add effective 04/01/2021
62380	Ndsc Dcmprn 1 Ntrspc Lumbar	post-service review. MP Criteria: Procedure/service reviewed against Medical 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	-	-
63052	Lam Facetc/Frmt Arthrd Lum 1	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Add effective 01/01/2022
63053	Lam Factc/Frmt Arthrd Lum Ea	post-service review.	1/1/2022	-	Add effective 01/01/2022
63620	Srs Spinal Lesion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
63621	Srs Spinal Lesion Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
63650	Implant Neuroelectrodes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	-

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36429 Tml Dstrj los byn Ea Add MP Criteria: Procedure/service reviewd against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1//2022 Add effective 01/01/2022 36430 Destroy Cerv/Thor Facet Int MP Criteria: Procedure/service reviewd against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewd against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 36430 Destroy Lumb/Sac Facet Int. Add MP Criteria: Procedure/service reviewd against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - <td>64628</td> <td>Trml Dstrj los Bvn 1St 2 L/S</td> <td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid</td> <td>1/1/2022</td> <td>_</td> <td>Add effective 01/01/2022</td>	64628	Trml Dstrj los Bvn 1St 2 L/S	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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94/10 Revision Of Cranial Nerve post-service review.	64640	Injection Treatment Of Nerve	post-service review.	-	-	-
34.7.2 Incision Of Brow Nerve post-service review. – – – – 54.734 Incision Of Cheek Nerve MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – 54.771 Sever Cranial Nerve MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – 54.999 Nervous System Surgery Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – 55.710 Corneal Transplant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	64716	Revision Of Cranial Nerve		-	-	-
Arrision Of Cheek Nerve MP Criteria: Procedure/service review. - - - 54734 Incision Of Cheek Nerve MP Criteria: Procedure/service review. - - - - 54771 Sever Cranial Nerve MP Criteria: Procedure/service review. - - - - - 54999 Nervous System Surgery Unlisted: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. -	64732	Incision Of Brow Nerve		-	_	-
Sever Cranial Nerve MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - S4999 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. -	64734	Incision Of Cheek Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
post-service review. P P P P P 54999 Nervous System Surgery Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. -	64771	Sever Cranial Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
yearson Prior Authorization may be required per contract agreement. -						
S5710 Corneal Transplant post-service review. - </td <td>64999</td> <td>Nervous System Surgery</td> <td></td> <td>-</td> <td>-</td> <td>-</td>	64999	Nervous System Surgery		-	-	-
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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewe. – – – 55750 Corneal Transplant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed. – – – – 55750 Corneal Transplant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – – – – – 55750 Corneal Trnspl Endothelial MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid –	65710	Corneal Transplant		-	-	-
25750 Corneal Transplant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 55755 Corneal Transplant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 55756 Corneal Transpl Endothelial MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 55757 Corneal Transpl Endothelial MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - 55757 Pren Corneal Transpl Endothelial MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - 55757 Pren Corneal Endo Allograff MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - -	65730	Corneal Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
post-service review. Importance Importance Importance Importance 55755 Corneal Trasplant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Importance Importance 55756 Corneal Traspl Endothelial MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Importance Importance 55757 Pren Corneal Endo Allograff MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Importance Importance	65750		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
post-service review. post-service review. <td< td=""><td></td><td></td><td></td><td>-</td><td>-</td><td>-</td></td<>				-	-	-
55/56 Corneal Irnspi Endothelial post-service review.				-	-	-
55/5/ Prep Corneal Endo Allograft		· · · ·	post-service review.	-	-	-
	65757	Prep Corneal Endo Allograft		-	-	-

65760	Devision Of Corner	New Courses de Danses d'une fanning ant service d'huithe Ding. Mateur binst te service anning anning			
65760 65765	Revision Of Cornea Revision Of Cornea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
65767	Corneal Tissue Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
05707		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
65770	Revise Cornea With Implant	post-service review.	-	-	-
65771	Radial Keratotomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
65772	Correction Of Astigmatism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
65775	Correction Of Astigmatism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
65778	Cover Eye W/Membrane	post-service review.	-	-	-
65779	Cover Eye W/Membrane Suture	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
65780	Ocular Reconst Transplant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
05700		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
65785	Impltj Ntrstrml Crnl Rng Seg	post-service review.	-	-	-
66174	Translum Dil Eye Canal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
66175	Trnslum Dil Eye Canal W/Stnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
00175		post-service review.	-	-	-
66179	Aqueous Shunt Eye W/O Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
66180	Aqueous Shunt Eye W/Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
66183	Insert Ant Drainage Device	post-service review.	-	-	-
66184	Revision Of Aqueous Shunt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
66185	Revise Aqueous Shunt Eye	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/4/2022	-	Add official and factors
66989	Xcpsl Ctrc Rmvl Cplx Insj 1+	post-service review.	1/1/2022	-	Add effective 01/01/2022
66991	Xcapsl Ctrc Rmvl Insj 1+	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
66999	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
67027	Implant Eye Drug System	post-service review.	-	-	-
67028	Injection Eye Drug	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
67221	Ocular Photodynamic Ther	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
67225	Eye Photodynamic Ther Add-On	post-service review.	-	-	-
67299	Eye Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
67345	Destroy Nerve Of Eye Muscle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
07545		post-service review.	-	-	-
67399	Unlisted Px Extraocular Musc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
67599	Orbit Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
67900	Repair Brow Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
07900		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
67901	Repair Eyelid Defect	post-service review.	-	-	-
67902	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
(7002	Deneric Fuelial Defect	POSt-Service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
67903	Repair Eyelid Defect	post-service review.	-	-	-
67904	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	
67906	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
67908	Repair Eyelid Defect	post-service review.	-	-	-
67909	Revise Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
67911	Revise Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
	· · ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
67912	Correction Eyelid W/Implant	post-service review.	-	-	-
67916	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
67917	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
67923	Repair Eyelid Defect	post-service review.	-	-	-
67924	Repair Eyelid Defect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
		post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
67999		omised, indeduce/service not specifically defined of classified, may be subject to contract/clinical review.		_	-
67999	Revision Of Eyelid				
67999 68399	Eyelid Lining Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-

68899	Tear Duct System Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69090 69300	Pierce Earlobes Revise External Ear	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	-	_	-
69399	Outer Ear Surgery Procedure	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69705		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Nps Surg Dilat Eust Tube Uni	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
69706	Nps Surg Dilat Eust Tube Bi	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
69710	Implant/Replace Hearing Aid	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
69711	Remove/Repair Hearing Aid	post-service review.	-	-	-
69714	Implant Temple Bone W/Stimul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69715	Temple Bne ImpInt W/Stimulat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
69716	Impltj Oi Implt Skl Tc Esp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
69718	Revise Temple Bone Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
69719	Revj/Rplcmt Oi Implt Tc Esp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
69726	Rmvl Oi Implt Skl Perg Esp	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
69727	Rmvl Oi Implt Skl Tc Esp	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.	-1 -1 - CVEC	-	
69799	Middle Ear 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	-	-	
69930	Implant Cochlear Device	post-service review.	-	-	-
69949	Inner Ear Surgery Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
69979	Temporal Bone Surgery	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
70554	Fmri Brain By Tech	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
70555	Fmri Brain By Phys/Psych	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
74261	Ct Colonography Dx	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
74262	Ct Colonography Dx W/Dye	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
74263	Ct Colonography Screening	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
75571	Ct Hrt W/O Dye W/Ca Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
75894	X-Rays Transcath Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
76120	Cine/Video X-Rays	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
76125	Cine/Video X-Rays Add-On	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
76390	Mr Spectroscopy	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
76496	Fluoroscopic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	12/01/2020	
70490			-	-	-
76497	Ct Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	AIM PA removed 04/01/2021
76498	Mri Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	AIM PA removed 04/01/2021
76499	Radiographic Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_
76873	Echograp Trans R Pros Study	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
76940	Us Guide Tissue Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
76948	Echo Guide Ova Aspiration	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
76965	Echo Guidance Radiotherapy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
76999	Echo Examination Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
77013	Ct Guide For Tissue Ablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
77022	Mri Gdn Parnchyma Tiss Abltj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2020	Moved to PA code list
77048	Mri Breast C-+ W/Cad Uni	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2020	Moved to PA code list
77049	Mri Breast C-+ W/Cad Bi	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2020	Moved to PA code list
77089	Tbs Dxa Cal W/I&R Fx Risk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- 1/1/2022		Add effective 01/01/2022
77090	Tbs Techl Prep&Transmis Data	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
11090	ios recili Preportaristilis Data	post-service review.	1/1/2022	-	Aug effective 01/01/2022

	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Tbs Techl Calculation Only	post-service review.	1/1/2022	-	Add effective 01/01/2022
Tbs I&R Fx Rsk Qhp	post-service review.	1/1/2022	-	Add effective 01/01/2022
Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Radiation Therapy Planning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Respirator Motion Mgmt Simul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
Radiation Therapy Planning	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
Radiotherapy Dose Plan Imrt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
	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
		-	-	
		-	-	Moved to PA code list
Radiation Treatment Aid(S)	post-service review.	-	-	-
Radiation Treatment Aid(S)	post-service review.	-	-	-
Radiation Treatment Aid(S)	MP Criteria. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
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
External Radiation Dosimetry	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		-	
Stereotactic Radiation Trmt	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
Sbrt Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
lo Radiation Tx Management	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
Radiation Therapy Management	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
Radiation Handling	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
		-	-	
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Gi Nuclear Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
Musculoskeletal Nuclear Exam	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
Myocrd Img Pet 1 Std W/Ct	post-service review.	-	-	-
Myocrd Img Pet Rst/Strs W/Ct	post-service review.	-	-	-
Myocrd Img Pet Rst&Strs Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Myocrd Img Pet 2Rtracer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Myocrd Img Pet 2Rtracer Ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
Aqmbf Pet Rest & Rx Stress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
				_
Myocrd Img Pet Single Study		-	_	
Myocrd Img Pet Single Study Myocrd Img Pet 1Std Rst/Strs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	_
Myocrd Img Pet 1Std Rst/Strs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	-	-
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet MIt Rst&Strs Cardiovascular Nuclear Exam	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - -	- - -	-
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - -	- - - -	-
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet MIt Rst&Strs Cardiovascular Nuclear Exam	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - - -	- - - - 12/31/2020	Moved to PA code list
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - - - - -	- - - - 12/31/2020 12/31/2020	Moved to PA code list Moved to PA code list
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet MIt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam Brain Imaging (Pet)	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - - - - - - -		
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam Brain Imaging (Pet) Brain Imaging (Pet)	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. 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 agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	- - - - - - - - -		
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam Brain Imaging (Pet) Brain Imaging (Pet) Nervous System Nuclear Exam	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. 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 agreement. 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.	- - - - - - - - - - - - -		
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam Brain Imaging (Pet) Brain Imaging (Pet) Nervous System Nuclear Exam Genitourinary Nuclear Exam	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. 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 agreement. 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 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.	- - - - - - - - -	12/31/2020 - -	Moved to PA code list
Myocrd Img Pet 1Std Rst/Strs Myocrd Img Pet Mlt Rst&Strs Cardiovascular Nuclear Exam Respiratory Nuclear Exam Brain Imaging (Pet) Brain Imaging (Pet) Nervous System Nuclear Exam Genitourinary Nuclear Exam Rp Loclzj Tum 1 Area 1 D Img	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. 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 not specifically defined or classified, may be subject to contract/clinical review. 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. 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.	- - - - - - - - - - - - -	12/31/2020 - - 12/31/2020	Moved to PA code list Moved to PA code list
	Tbs I&R Fx Rsk Qhp Radiation Therapy Planning Brachytx Isodose Plan Imrt Brachytx Isodose Intermed Brachytx Isodose Intermed Brachytx Isodose Complex Radiation Treatment Aid(S) Radiation Treatment Aid(S) Brachytx Isodose For Imrt External Radiation Dosimetry Stereotactic Radiation Trmt Sbrt Management Io Radiation Therapy Management Radiation Therapy Management Blood/Lymph Nuclear Exam Gi Nuclear Procedure Musculoskeletal Nuclear Exam Myoord Img Pet 1 Std W/Ct Myoord Img Pet Rst&Strs Ct Myoord Img Pet 2Rtracer Myoord Img Pet 2Rtracer	Bis R F, Rik Chp Descendent/Service reviewed against Medical Policy Cittera. Submit for predetermination to avoid politismice review. Reduction Therapy Planning MP Citteria: Procedum/Service reviewed against Medical Policy Cittera. Submit for predetermination to avoid politismice review. Reduction Therapy Planning MP Citteria: Procedum/Service reviewed against Medical Policy Cittera. Submit for predetermination to avoid politismice review. Reduction Therapy Planning OP Citteria: Procedum/Service reviewed against Medical Policy Cittera. Submit for predetermination to avoid politismice review. Reduction Mignt Simul OP Citteria: Procedum/Service in this code group may require Prior Authorization per contract agreement. Reduction Mignt Simul MP Citteria: Procedum/Service in this code group may require Prior Authorization per contract agreement. Brachyts Isodose Plan Imrt MP Citteria: Procedum/Service in this code group may require Prior Authorization per contract agreement. Brachyts Isodose Complex MP Citteria: Procedum/Service in this code group may require Prior Authorization per contract agreement. Reduction Treatment Au(5) MP Citteria: Procedum/Service in this code group may require Prior Authorization per contract agreement. Reduction Treatment Au(5) MP Citteria: Procedum/Service in this code group may require Prior Authorization per contract agreement. Reduction Treatment Au(5) MP Citteria: Procedum/Service in this code group may require Prior Author	Init left actuality (by pott service review. D///2/2 Bis RAF R RA Op PPC trans: Fooded/rafter review against Medical Policy Criteria. Submit for predetermination to avoid pott service review against Medical Policy Criteria. Submit for predetermination to avoid pott service review against Medical Policy Criteria. Submit for predetermination to avoid pott service review against Medical Policy Criteria. Submit for predetermination to avoid pott service review against Medical Policy Criteria. Submit for predetermination to avoid pott service review against Medical Policy Criteria. Submit for predetermination to avoid pott service review. Radiation Therapy Ranning WP Criteria. Froedur//arrite reviewed against Medical Policy Criteria. Submit for predetermination to avoid pott service review. Radiation Therapy Ranning Unlisted: Procedur//arrite reviewed against Medical Policy Criteria. Submit for predetermination to avoid pott service review. Radiation Therapy Ranning Unlisted: Procedur//arrite in this code group may require Prior Authorization per contract agreement.	Initiation (addition (by)post service review.1/2/2/221/2/2/22The US FL R& ODPCiff Critics Fourier review again Medical Policy Criteria. Submit for predetermination to and post service review.1/2/20221/2/2022Rediction Theory PlanningCiff Critics Fourier review agains Medical Policy Criteria. Submit for predetermination to and predetermination to and

78804	Rp Loclzj Tum Whbdy 2+D Img	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
78811	Pet Image Ltd Area	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
78812	Pet Image Skull-Thigh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
78813	Pet Image Full Body	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
78814	Pet Image W/Ct Lmtd	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
78815	Pet Image W/Ct Skull-Thigh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2020	Moved to PA code list
78816	Pet Image W/Ct Full Body	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	12/31/2020	Moved to PA code list
78830	Rp 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		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	12,51,2020	
	Rp Quan Meas Single Area	post-service review.	-	-	-
78999	Nuclear Diagnostic Exam	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	-	-	-
79445	Nuclear Rx Intra-Arterial	post-service review.	4/15/2021	-	Add effective 04/15/2021
79999	Nuclear Medicine Therapy	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
80145	Drug Assay Adalimumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
80220	Drug Asy Hydroxychloroquine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
80230	Drug Assay Infliximab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
80280	Drug Assay Vedolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	_
80299	Quantitative Assay Drug	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
81099	Urinalysis Test Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			_
81105	Hpa-1 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
81106	Hpa-2 Genotyping	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
81107	Hpa-3 Genotyping	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
81108	Hpa-4 Genotyping	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
81109	Hpa-5 Genotyping	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
81110	Hpa-6 Genotyping	post-service review.	-	-	-
81111	Hpa-9 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
81112	Hpa-15 Genotyping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
81120	Idh1 Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81121	Idh2 Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	Moved to PA code list
81161	Dmd Dup/Delet Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
81168	Ccnd1/Igh Translocation Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	_	Add effective 07/01/2021
81170	Abl1 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
81175	Asxl1 Full Gene Sequence	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
81170	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	Cstb Gene Detc Abnor Allele	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81191	Ntrk1 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021
81192	Ntrk2 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021
81193	Ntrk3 Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021
81194	Ntrk Translocation Analysis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	-	Add effective 07/01/2021
81200	Aspa Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81205	Bckdhb Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
81206	Bcr/Abl1 Gene Major Bp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
		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
81218	Cebpa Gene Full Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81219	Calr Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81224	Cftr Gene Intron Poly T	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81231	Cyp3A5 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to PA code list
81232	Dpyd Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81235	Egfr Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81236	Ezh2 Gene Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81237	Ezh2 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to PA code list
81238	F9 Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
81240	F2 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
81241	F5 Gene	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
81242	Fancc Gene	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
81243	Fmr1 Gene Detection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
81244	Fmr1 Gene Charac Alleles	post-service review. 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
81250			-	-	
81251	Gba Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
	Gjb6 Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81255	Hexa Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81256	Hfe Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81257	Hba1/Hba2 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81259	Hba1/Hba2 Full Gene Sequence	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81260	Ikbkap Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81261	Igh Gene Rearrange Amp Meth	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81262	Igh Gene Rearrang Dir Probe	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81263	Igh Vari Regional Mutation	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81264	Igk 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
					Maryada DA anda liat
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
81274 81275	Htt Gene Charac Alleles Kras Gene Variants Exon 1	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
				-	

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
31316	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
81329	Smn1 Gene Dos/Deletion Alys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		
81330	Smpd1 Gene 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
			-		
81332	Serpinal 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
31338	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
31340	Trb@ Gene Rearrange Amplify	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81341	Trb@ Gene Rearrange Dirprobe	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
31342	Trg Gene Rearrangement Anal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
31343	Ppp2R2B Gen Detc Abnor Allel	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81344	Tbp Gene Detc Abnor Alleles	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81345	Tert Gene Targeted Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
31346	Tyms Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81347	Sf3B1 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	_	Add effective 07/01/2021
31348	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 post-service review.	1/1/2022	_	Add effective 01/01/2022
81352	Tp53 Gene Trgt Sequence Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	_	Add effective 07/01/2021
31357	U2Af1 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021	_	Add effective 07/01/2021
31360	Zrsr2 Gene Common Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	7/1/2021		Add effective 07/01/2021
31361	Hbb Gene Com Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
31363	Hbb Gene Dup/Del Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to PA code list
81364	•	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-		Moved to PA code list
	Hbb Full Gene Sequence	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
81364 81420	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
31420	Hbb Full Gene Sequence	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
31420 31448	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - -	-
	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel	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.	- - - - 4/1/2021	- - - -	- Moved to PA code list
31420 31448 31479 31490	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology	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. 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.	- - - - 4/1/2021 4/1/2021	-	- Moved to PA code list Moved to PA code list
81420 81448 81479	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology Autoimmune Rheumatoid Arthr	 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. 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. 		-	- Moved to PA code list Moved to PA code list Add effective 04/01/2021
81420 81448 81479 81490 81500	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology Autoimmune Rheumatoid Arthr Onco (Ovar) Two Proteins	 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. 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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	4/1/2021	-	- Moved to PA code list Moved to PA code list Add effective 04/01/2021 Add effective 04/01/2021
31420 31448 31479 31490 31500 31503	Hbb Full Gene Sequence Fetal Chrmoml Aneuploidy Hrdtry Perph Neurphy Panel Unlisted Molecular Pathology Autoimmune Rheumatoid Arthr Onco (Ovar) Two Proteins Onco (Ovar) Five Proteins	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. 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.	4/1/2021	- - -	- Moved to PA code list Moved to PA code list Add effective 04/01/2021 Add effective 04/01/2021

81535	Oncology Gynecologic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021		Add effective 04/01/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
81536	Oncology Gynecologic	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
81538	Oncology Lung	post-service review.	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.	4/1/2021	-	Add effective 04/01/2021
81551	Onc Prostate 3 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
81560	Trnsplj Pd Lvr&Bwl Cd154+Cll	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	_	Add effective 01/01/2022
81599	Unlisted Maaa	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			Moved to PA code list
01399	Offisted Wada	Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
82523	Collagen Crosslinks	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
82653	El-1 Fecal Quantitative	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
82777	Galectin-2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
83006	Growth Stimulation Gene 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
83521	Ig Light Chains Free Each	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		-	
83529	Asay Of Interleukin-6 (II-6)	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	1/1/2022	-	Add effective 01/01/2022
83695	Assay Of Lipoprotein(A)	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
83698	Assay Lipoprotein Pla1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
83701	Lipoprotein Bld Hr Fraction	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
83704	Lipoprotein Bld Quan Part	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	-
83722	Lipoprtn Dir Meas Sd Ldl Chl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
83937	Assay Of Osteocalcin	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			
83987	Exhaled Breath Condensate	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	-	-	-
84112	Eval Amniotic Fluid Protein	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	-	-	-
84431	Thromboxane Urine	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
84999	Clinical Chemistry Test	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
85999	Hematology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
86001	Allergen Specific Igg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
86051	Aquaporin-4 Antb Elisa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	_	Add effective 01/01/2022
86052	Aquaporin-4 Antb Cba Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
86053	Aqaprn-4 Antb Flo Cytmtry Ea	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	1, 1, 2022	-	
86152	Cell Enumeration & Id	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
86153	Cell Enumeration Phys Interp	post-service review.	-	12/31/2020	Retire effective 12/31/2020
86294	Immunoassay Tumor Qual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-	-
86343	Leukocyte Histamine Release	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
86353	Lymphocyte Transformation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
86362	Mog-Igg1 Antb Cba Each	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
86363	Mog-lgg1 Antb Flo Cytmtry Ea	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	-1 -1	-	
86386	Nuclear Matrix Protein 21	post-service review.	-	-	-
86486	Skin Test Nos Antigen	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
86596	Voltage-Gtd Ca Chnl Antb Ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
86849	Immunology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
86910 86911	Blood Typing Paternity Test Blood Typing Antigen System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
86950	Leukacyte Transfusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
86999	Transfusion 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	- 5/1/2021	-	-
87505	Nfct Agent Detection Gi	post-service review.	5/1/2021	-	Add effective 05/01/2021

87506	ladna-Dna/Rna Probe Tq 6-11	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/1/2021	_	Add effective 05/01/2021
87507	ladna-Dna/Rna Probe Tq 12-24	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
87797		post-service review.	-	-	-
	Detect Agent Nos Dna Dir	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
87798	Detect Agent Nos Dna Amp	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
87799	Detect Agent Nos Dna Quant	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
87899	Agent Nos Assay W/Optic	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
87999	Microbiology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	-	_
88000	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
88005 88007	Autopsy (Necropsy) Gross Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88012	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
88014	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
88016	Autopsy (Necropsy) Gross	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
88020	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
88025 88027	Autopsy (Necropsy) Complete Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88028	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88029	Autopsy (Necropsy) Complete	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
88036	Limited Autopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
88037	Limited Autopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
88040	Forensic Autopsy (Necropsy)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
88099	Necropsy (Autopsy) Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
88120	Cytp Urne 3-5 Probes Ea Spec	post-service review.			-
88121	Cytp Urine 3-5 Probes Cmptr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
88199	Cytopathology Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
88240	Cell Cryopreserve/Storage	post-service review.	-	-	-
88241	Frozen Cell Preparation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
88245	Chromosome Analysis 20-24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
88248	Chromosome Analysis 50-99	post-service review.	-	-	-
88249	Chromosome Analysis 100	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
88261	Chromosome Analysis 5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
88263	Chromosome Analysis 45	post-service review.	-	-	-
88264	Chromosome Analysis 20-24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
88271	Cytogenetics Dna Probe	post-service review.	-	-	-
88272	Cytogenetics 3-4	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
00272	cytogenetics 5 4	post-service review.	-	-	-
88273	Cytogenetics 10-29	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
88274	Cytogenetics 25-98	post-service review.	-	-	-
88275	Cytogenetics 100-299	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	-,	post-service review.	-	-	-
88283	Chromosome Banding Study	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
88285	Chromosome Count Additional	post-service review.			
88289	Chromosome Study Additional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
55205	chronosome study Additional	post-service review.	-	-	-
88291	Cyto/Molecular Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
		post-service review.			
88299	Cytogenetic Study	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
88299 88363	Cytogenetic Study Xm Archive Tissue Molec Anal	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.	-	-	-
88363		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	-	-	-
	Xm Archive Tissue Molec Anal	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		- - -	- - -
88363 88375	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp	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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	- - - -
88363 88375 88399	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology 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 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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
88363 88375 88399 88749	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology Procedure In Vivo Lab Service	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. EIU: 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. 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	-	- - - - - 1/14/2022	
88363 88375 88399 88749 89240	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology Procedure In Vivo Lab Service Pathology Lab 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 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. 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.	-	- - - - - 1/14/2022	- - - - -
88363 88375 88399 88749 89240	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology Procedure In Vivo Lab Service Pathology Lab 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 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. 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	-	- - - - - 1/14/2022 1/14/2022	- - - - - -
88363 88375 88399 88749 89240 89250 89251	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology Procedure In Vivo Lab Service Pathology Lab Procedure Cultr Oocyte/Embryo <4 Days	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. EIU: 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. 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.	-	1/14/2022	-
88363 88375 88399 88749 89240 89250 89251 89253	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology Procedure In Vivo Lab Service Pathology Lab Procedure Cultr Oocyte/Embryo <4 Days Cultr Oocyte/Embryo <4 Days Embryo Hatching	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. EIU: 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. 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.	-		
88363 88375 88399 88749 89240 89250 89251	Xm Archive Tissue Molec Anal Optical Endomicroscpy Interp Surgical Pathology Procedure In Vivo Lab Service Pathology Lab Procedure Cultr Oocyte/Embryo <4 Days	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. EIU: 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. 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.	-	1/14/2022	-

89257	Sperm Identification	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
89258	Cryopreservation Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
89259	Cryopreservation Sperm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
89260	Sperm Isolation Simple	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· · · ·	post-service review.	-	-	-
89261	Sperm Isolation Complex	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
89264 89268	Identify Sperm Tissue Insemination Of Oocytes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
89272	Extended Culture Of Oocytes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
89280	Assist Oocyte Fertilization	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
89281	Assist Oocyte Fertilization	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
89290	Biopsy Oocyte Polar Body	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
89291	Biopsy Oocyte Polar Body	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
89329	Sperm Evaluation Test	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
89330	Evaluation Cervical Mucus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
89331	Retrograde Ejaculation Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
89335	Cryopreserve Testicular Tiss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
89337	Cryopreservation Oocyte(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
89342	Storage/Year Embryo(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
89343 89344	Storage/Year Sperm/Semen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
89344 89346	Storage/Year Reprod Tissue Storage/Year 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.			
89352	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.			
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90283	Human Ig Iv	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
90284	Human Ig Sc	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
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 lg Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
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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.	_	_	_
90626	Tic-Brn Enceph Vac 0.25Ml Im	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			
90627	Tic-Brn Enceph Vac 0.5Ml Im	post-service review.	7/1/2021	-	Add effective 07/01/2021
90664	Laiv Vacc Pandemic Intranasl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
90671	Pcv15 Vaccine Im	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021		Add effective 07/01/2021
		post-service review.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	, ad circuite 07, 01, 2021
90676	Rabies Vaccine Id	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
90749	Vaccine Toxoid	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
90759	Hep B Vac 3Ag 10Mcg 3 Dos Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022
90846	Family Psytx W/O Pt 50 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
90867	Tcranial Magn Stim Tx Plan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
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90868	Tcranial Magn Stim Tx Deli	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	_
90869	Tcran Magn Stim Redetemine	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
90870	Electroconvulsive Therapy	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
50070	Electroconvulsive merupy		-	-	-
90875	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
90876	Psychophysiological Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
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90880	Hypnotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
90880 90882	Hypnotherapy Environmental Manipulation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	-	- - -	- - -
90880 90882 90885	Hypnotherapy Environmental Manipulation Psy Evaluation Of Records	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - -	- - -	- - -
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90880 90882 90885 90887 90889	Hypnotherapy Environmental Manipulation Psy Evaluation Of Records Consultation With Family Preparation Of Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - -	- - - - -	- - - - - - -
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90880 90882 90885 90887 90889 90899	Hypnotherapy Environmental Manipulation Psy Evaluation Of Records Consultation With Family Preparation Of Report Psychiatric Service/Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - - - -	-	- - - - - - - -
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90880 90882 90885 90887 90889 90899 90901 90901	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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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. 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.	- - - - - - -	- - - - - - -	- - - - - - - - - -
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90880 90882 90885 90887 90889 90899 90901 90901 90912	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 Bfb Training Ea Addl 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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. 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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V2602 Reprogram Cochlear Implt <60				-	_	-
V2603 Cochlear Implit P/Up Exam //> post-service review.	92602	Reprogram Cochlear Implt <6		-	-	-
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - 22604 Reprogram Cochlear Implt 7/> Non Covered: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - <t< td=""><td>92603</td><td>Cochlear Implt F/Up Exam 7/></td><td></td><td>-</td><td>-</td><td>-</td></t<>	92603	Cochlear Implt F/Up Exam 7/>		-	-	-
V2004 Reprogram Cochear Impit //> post-service review.	02624	Description (see block to the state of the				
V2606 Non-Speech Device Service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			post-service review.	-	-	-
12607 Ex For Speech Device Rx 1Hr Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	92605			-	-	-
12608 Ex For Speech Device Rx Addl Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.				-	-	-
Use Of Speech Device Service Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		· · · · · · · · · · · · · · · · · · ·		-	-	-
12618 Ex For Nonspeech Dev Rx Add Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		· · · · · · · · · · · · · · · · · · ·		-	-	-
Aud Rehab Postling Hear Loss 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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewed against Medical Policy Criteria. Submit for p				-	-	-
2640 Aud Brainstem Implt Programg post-service review.	92018	Ex FOR NORSPEECH DEV KX Add		-	-	-
2640 Aud Brainstem Implt Programg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	92633	Aud Rehab Postling Hear Loss		-	-	-
post-service review.	92640	Aud Brainstem Implt Programe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
22700 Ent Procedure/Service Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review				-	_	-
	02700	Ent Procedure/Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-

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

93998	Noninvas Vasc Dx Study Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		
94005	Home Vent Mgmt Supervision	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- 12/31/2020	– Retire effective 12/31/2020
94014	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_
4015	Patient Recorded Spirometry	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_
4016	Review Patient 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 -		
4452	Hast W/Report	Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	
4453	Hast W/Oxygen Titrate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_
4669	Mechanical Chest Wall Oscill	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
4799	Pulmonary Service/Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-
5027	Icut Allergy Titrate-Airborn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
5060	Eye Allergy Tests	EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_
5065	Nose Allergy Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_
5199	Allergy Immunology Services	Website Coding and Compensation Non-reimbursable EIU policy Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_
5249	Cont Gluc Mntr Pt Prov Eqp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
5700	Eeg Cont Rec W/Vid Eeg Tech	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	
5705	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	=	-
5706	Eeg Wo Vid 2-12Hr Intmt Mntr	post-service review.	_	-
5707	Eeg W/O Vid 2-12Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	-	-
5708	Eeg Wo Vid Ea 12-26Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
5709	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.	-	-
5710	Eeg W/O Vid Ea 12-26Hr Cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – -	-	-
5711	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
5712	Veeg 2-12 Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
5713	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
5714	Veeg Ea 12-26 Hr Unmntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	_	_
5715	Veeg Ea 12-26Hr Intmt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_
5716	Veeg Ea 12-26Hr Cont Mntr	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
5717	Eeg Phys/Qhp 2-12 Hr W/O Vid	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_
5718	Eeg Phys/Qhp 2-12 Hr W/Veeg	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
5719	Eeg Phys/Qhp Ea Incr W/O Vid	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
5720	Eeg Phy/Qhp Ea Incr W/Veeg	post-service review.	-	-
5721	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.	-	-
5722	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. –	-	-
5723	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid – -	_	_
5724	Eeg Phy/Qhp>60<84 Hr W/Veeg	More Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
5725	Eeg Phy/Qhp>84 Hr W/O Vid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
5726	Eeg Phy/Qhp>84 Hr W/Veeg	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
5782	Polysom <6 Yrs 4/> Paramtrs	post-service review MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 6/15	5/2021	- Add effective 06/15/2021
5783	Polysom <6 Yrs Cpap/Bilvl	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 6/15	5/2021	Add effective 06/15/2021
5800	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
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
5801	Slp Stdy Unatnd W/Anal	post-service review	11/30/2021	Retire effective 11/30/2021
5803	Actigraphy Testing	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
5805	Multiple Sleep Latency Test	post-service review.	_	-
5807	Sleep Study Attended	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-
5808	Polysom Any Age 1-3> Param	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-
5810	Polysom 6/> Yrs 4/> Param	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-

95811	Polysom 6/>Yrs Cpap 4/> Parm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
95836	Ecog Impltd Brn Npgt <30 D	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95905	Motor &/ Sens 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.	-	-	-
95921	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	-	-	-
95922	Autonomic Nrv Adrenrg Inervj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
95923	Autonomic Nrv Syst Funj Test	post-service review.	-	-	-
95924	Ans Parasymp & Symp W/Tilt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95925	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
95926	Comptosonsons Testing	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
95920	Somatosensory Testing	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
95927	Somatosensory Testing	post-service review.	-	-	-
95930	Visual Ep Test Cns W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95938	Somatosensory Testing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
95940	lonm In Operatng Room 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	-	-	-
95941	Ionm Remote/>1 Pt Or Per Hr	post-service review.	-	-	-
95943	Parasymp&Symp Hrt Rate Test	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	9/15/2021	12/31/2021	Retired effective 12/31/2021
95954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
95957	Eeg Digital Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
95961	Electrode Stimulation Brain	post-service review.	-	-	-
95962	Electrode Stim Brain Add-On	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
95965	Meg Spontaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
95966	Meg Evoked Single	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
95967	Meg Evoked Each Addl	post-service review.	-	-	-
95970	Alys Npgt W/O Prgrmg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
95971	Alys Smpl Sp/Pn Npgt W/Prgrm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
95972	Alys Cplx Sp/Pn Npgt W/Prgrm	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	=
95976	Alys Smpl Cn Npgt Prgrmg	post-service review.	-	-	-
95977	Alys Cplx Cn Npgt Prgrmg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
95980	Io Anal Gast N-Stim Init	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
95981	lo Anal Gast N-Stim Subsq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
95982	Io Ga N-Stim Subsq W/Reprog	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
95983	Alys Brn Npgt Prgrmg 15 Min	post-service review.	-	-	-
95984	Alys Brn Npgt Prgrmg Addl 14	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
95999	Neurological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
96000		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Motion Analysis Video/3D	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
96001	Motion Test W/Ft Press Meas	post-service review.	-	-	-
96002	Dynamic Surface Emg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
96003	Dynamic Fine Wire Emg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
96004		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
96004	Phys Review Of Motion Tests Pt-Focused HIth Risk Assmt	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	– Retired	– Retire effective 12/31/2020
96160	Hith Bhv Ivntj Fam Wo Pt 1St	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
96171	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
96379	Ther/Prop/Diag Inj/Inf Proc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
96549	Chemotherapy Unspecified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
96570	Photodynmc Tx 30 Min Add-On	post-service review.	-	-	-
96571	Photodynamic Tx Addl 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			
96912	Photochemotherapy With Uv-A	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
		ר אונג ולאונאיז אינג ולאונש.			

96913		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Photochemotherapy Uv-A Or B	post-service review.	-	-	-
6920	Laser Skin Disease Psoriasis Tot Area <250 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/1/2021	-	Add effective 06/01/2021
6921	Laser Skin Disease Psoriasis 250-500 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	6/1/2021	-	Add effective 06/01/2021
5922	Laser Tx Skin >500 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5931	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
6932	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
i933	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
5934	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
5935	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
6936	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
999	Dermatological Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
/012	Mechanical Traction Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
7024	Diathermy Eg Microwave	post-service review. EUU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	6/30/2021	Retire effective 06/30/2021
7039	Physical Therapy Treatment	Website Coding and Compensation Non-reimbursable EIU policy. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		
7129	Ther Ivntj 1St 15 Min	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
7130	Ther lvntj Ea Addl 15 Min	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
130	-	post-service review.	-	-	-
	Physical Medicine Procedure Group Therapeutic Procedures	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.	-	-	-
7533	Sensory Integration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
537	Community/Work Reintegration	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
545	Work Hardening	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
546	Work Hardening Add-On	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
605	Neg Press Wound Tx <=50 Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
606	Neg Press Wound Tx >50 Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
607	Neg Press Wnd Tx <=50 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
608	Neg Press Wound Tx >50 Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
610	Low Frequency Non-Thermal Us	Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable ElU policy.	_	-	_
799	Physical Medicine Procedure	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
3966	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
967	Hc Pro Phone Call 11-20 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	2/3/2020	Retire effective 02/03/2020
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	2/3/2020	
968	Hc Pro Phone Call 21-30 Min		-		Retire effective 02/03/2020 Retire effective 02/03/2020
968 970	Hc Pro Phone Call 21-30 Min 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
968 970 971	Hc Pro Phone Call 21-30 Min Qnhp Ol Dig Assmt&Mgmt 5-10 Qnhp Ol Dig Assmt&Mgmt 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972	Hc Pro Phone Call 21-30 Min 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
968 970 971 972 050	Hc Pro Phone Call 21-30 Min Qnhp Ol Dig Assmt&Mgmt 5-10 Qnhp Ol Dig Assmt&Mgmt 11-20 Qnhp Ol Dig Assmt&Mgmt 21+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
968 970 971 972 050 056	Hc Pro Phone Call 21-30 Min Qnhp Ol Dig Assmt&Mgmt 5-10 Qnhp Ol Dig Assmt&Mgmt 11-20 Qnhp Ol Dig Assmt&Mgmt 21+ Medical Services After 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. 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.	- - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 050 056 058	Hc Pro Phone Call 21-30 Min Qnhp Ol Dig Assmt&Mgmt 5-10 Qnhp Ol Dig Assmt&Mgmt 11-20 Qnhp Ol Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 050 056 058 070 071	Hc Pro Phone Call 21-30 Min Onhp OI Dig Assmt&Mgmt 5-10 Onhp OI Dig Assmt&Mgmt 11-20 Onhp OI Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office Office Emergency Care Special Supplies Phys/Qhp Patient Education Materials	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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.	- - - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 050 056 058 070 071	Hc Pro Phone Call 21-30 Min Qnhp Ol Dig Assmt&Mgmt 5-10 Qnhp Ol Dig Assmt&Mgmt 11-20 Qnhp Ol Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office Office Emergency Care Special Supplies Phys/Qhp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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.	- - - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 050 056 058 070 071 075 078	Hc Pro Phone Call 21-30 Min Qnhp OI Dig Assmt&Mgmt 5-10 Qnhp OI Dig Assmt&Mgmt 11-20 Qnhp OI Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office Office Emergency Care Special Supplies Phys/Qhp Patient Education Materials Medical Testimony Group Health Education	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not covered by the Plan. Not subject to contract/clinical review. Unlisted: 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.	- - - - - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 050 056 058 070 071 075 078	Hc Pro Phone Call 21-30 Min Onhp OI Dig Assmt&Mgmt 5-10 Onhp OI Dig Assmt&Mgmt 11-20 Onhp OI Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office Office Emergency Care Special Supplies Phys/Qhp Patient Education Materials Medical Testimony Group Health Education Special Reports Or Forms	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 0550 0556 0558 070 071 075 078	Hc Pro Phone Call 21-30 Min Qnhp OI Dig Assmt&Mgmt 5-10 Qnhp OI Dig Assmt&Mgmt 11-20 Qnhp OI Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office Office Emergency Care Special Supplies Phys/Qhp Patient Education Materials Medical Testimony Group Health Education	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not covered by the Plan. Not subject to contract/clinical review. Unlisted: 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.	- - - - - - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
968 970 971 972 950 956 958 970 971 977 977 977 978 980 982	Hc Pro Phone Call 21-30 Min Onhp OI Dig Assmt&Mgmt 5-10 Onhp OI Dig Assmt&Mgmt 11-20 Onhp OI Dig Assmt&Mgmt 21+ Medical Services After Hrs Med Service Out Of Office Office Emergency Care Special Supplies Phys/Qhp Patient Education Materials Medical Testimony Group Health Education Special Reports Or Forms	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - - - -	2/3/2020 2/3/2020	Retire effective 02/03/2020 Retire effective 02/03/2020
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9339 [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
9340 [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
		post-service review.		-	
9429 l	Unlisted Preventive Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
	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
	Ntrprof Ph1/Ntrnet/Ehr 11-20 Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2021 12/31/2021	Retire effective 12/21/2021 Retire effective 12/21/2021
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9451 N	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
9452 1	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 F	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
9499 l	Unlisted E&M Service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
9500 H	Home Visit Prenatal	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
			-	-	-
9506 H	Home Visit Im Injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
9509 H	Home Visit Day Life Activity	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
9512 H	Home Visit For Hemodialysis	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.			
9600 H	Home Visit Nos	Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
002M L	Liver Dis 10 Assays W/Ash	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
003M L	Liver Dis 10 Assays W/Nash	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
005U (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
017M (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
018M 1	Trnsplj Rnl Meas Cd154+Cll	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	_	Add effective 10/01/2021
023U (Onc Aml Dna Detcj/Nondetcj	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	-		
024U 0	Glyca Nuc Mr Spectrsc Quan	post-service review.		-	-
025U 1	Tenofovir Liq Chrom Ur Quan	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
027U J	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
			-		
040U E	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
046U F	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
049U 1	Npm1 Gene Analysis Quan	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
052U L	Lpoprtn Bld W/5 Maj Classes	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
054T E	Bone Srgry Cmptr Fluor Image	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
055T E	Bone Srgry Cmptr Ct/Mri Imag	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
	Cryopreservation Ovary Tiss	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
	Ai Sle Igg&Igm Alys 80 Bmrk	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	_,,,,,,,,,,	
5520 F	A SIC SECTEM AND OF DIMIN	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 1	Neuro Autism 32 Amines Alg	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
066U F	Pamg-1 la Cervico-Vag Fluid	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
067U (Onc Brst Imhchem Prfl 4 Bmrk	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
0670 (Candida Species Pnl Amp Prb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
068U (Enternal automatical enternal against medical i oncy enternal submit for predeterminiduoli to avoid			
068U (Us Leiomyomata Ablate <199	post-service review.		-	-
068U (071T (Us Leiomyomata Ablate <199 Us Leiomyomata Ablate >199		<u>-</u>	-	<u>-</u>
68U (71T (post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-

0076T	S&I Stent/Chest Vert Art	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0084U	Rbc Dna Gnotyp 10 Bld Groups	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
0085T	Breath Test Heart Reject	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0095T	Rmvl Artific Disc Addl Crvcl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
0096U	Hpv Hi Risk Types Male Urine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
097U	Gi Pathogen 22 Targets	post-service review.	-	-	-
098T	Rev Artific Disc Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
098U	Respir Pathogen 14 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
099U	Respir Pathogen 20 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
100T	Prosth Retina Receive&Gen	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
100U	Respir Pathogen 20 Targets	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retire effective 03/31/2021
101T	Extracorp Shockwy Tx Hi Enrg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
102T	Extracorp Shockwy Tx Anesth	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	-	-	-
106T	Touch Quant Sensory Test	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	-	-	-
106U	Gstr Emptg 7 Timed Brth Spec	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
107T	Vibrate Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
108T	Cool Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
108U	Gi Barrett Esoph 9 Prtn Bmrk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
109T	Heat Quant Sensory Test	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
110T	Nos Quant Sensory Test	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	-	-	-
111T	Rbc Membranes Fatty Acids	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	12/31/2020	Retire effective 12/31/2020
1190	Crd Ceramides Liq Chrom Plsm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
126T	Chd Risk Imt Study	post-service review.	-	12/31/2020	Retire effective 12/31/2020
139U	Neuro Austm Meas 6 C Metablt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	9/30/2021	Retire effective 09/30/2021
154U	Onc Urthl Ca Rna Fgfr3 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
155U	Onc Brst Ca Dna Pik3Ca Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
163T	Lumb Artif Diskectomy Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
164T	Remove Lumb Artif Disc Addl	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
164U	Gi Ibs Ia Anti-Cdtb&Vinculin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
165T	Revise Lumb Artif Disc Addl	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 contact agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
165U	Peanut Allg Asmt Epi Prb All	post-service review.	-	-	-
168U	Ftl Aneuploidy Dna Seq Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	Retired	Moved to PA code list
172U	Onc Sld Tum Alys Brca1 Brca2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2021	_	-
		post-service review.			
)173U	Peanut Allg Spec Asmt 64 Epi	post-service review. 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
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Add effective 04/01/2021
174U	Peanut Allg Spec Asmt 64 Epi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	Add effective 04/01/2021 - Add effective 04/01/2021
0174U 0175U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	4/1/2021 -	-	-
174U 175U 176U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/1/2021 -	-	-
0174U 0175U 0176U 0177U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021 -	-	-
)174U)175U)176U)177U)177U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10 Peanut Allg Asmt Epi Clin Rx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021 - 4/1/2021 - - -	-	- Add effective 04/01/2021
0173U 0174U 0175U 0176U 0177U 0177U 0178U 0179U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	4/1/2021 -	- - - - - - - -	-
174U 175U 176U 177U 178U 179U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10 Peanut Allg Asmt Epi Clin Rx	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	4/1/2021 - 4/1/2021 - - -	- - - - - - - - - -	- Add effective 04/01/2021
174U 175U 176U 177U 178U 179U 180U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10 Peanut Allg Asmt Epi Clin Rx Onc Nonsm Cll Lng Ca Alys 23	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	4/1/2021 - 4/1/2021 - - -	-	- Add effective 04/01/2021
1174U 1175U 1176U 1177U 1178U 1179U 1180U 1181U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10 Peanut Allg Asmt Epi Clin Rx Onc Nonsm Cll Lng Ca Alys 23 Abo Gnotyp Abo 7 Exons	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Proc	4/1/2021 - 4/1/2021 - - -	- - - - - - - - - - - - -	- Add effective 04/01/2021
)174U)175U)176U)177U)177U	Peanut Allg Spec Asmt 64 Epi Onc Solid Tumor 30 Prtn Trgt Psyc Gen Alys Panel 15 Genes Cdtb&Vinculin Igg Antb Ia Onc Brst Ca Dna Pik3Ca 10 Peanut Allg Asmt Epi Clin Rx Onc Nonsm Cll Lng Ca Alys 23 Abo Gnotyp App1 Exon 0	 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 	4/1/2021 - 4/1/2021 - - -	- - - - - - - - - -	- Add effective 04/01/2021

		MD Criteria: Dresodure (convice reviewed against Medical Dalia: Criteria, Submit for produtermination to avaid			
0184T	Exc Rectal Tumor Endoscopic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0184U	Do Gnotyp Art4 Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0185U	Fut1 Gnotyp Fut1 Exon 3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0186U	Fut2 Gnotyp Fut2 Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0187U	Fy Gnotyp Ackr1 Exons 1-1	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0188U	Ge Gnotyp Gypc Exons 1-3	post-service review.	-	-	-
0189U	Gypa Gnotyp Ntrns 1 5 Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0190U	Gypb Gnotyp Ntrns 1 5 Seux 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0191T	Insert Ant Segment Drain Int	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
0191U	In Gnotyp Cd44 Exons 2 3 5	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0192U	Jk Gnotyp Slc14A1 Exon 8	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
0193U	Jr Gnotyp Abcg2 Exons 2-25	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0194U	Kel Gnotyp Kel Exon 7	post-service review.	-	-	-
0195U	Klf1 Targeted Sequencing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0196U	Lu Gnotyp Bcam Exon 2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
0197U	Lw Gnotyp Icam4 Exon 0	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0198T	Ocular Blood Flow Measure	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy. 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	-	-	-
0199U	Sc Gnotyp Ermap Exons 4 11	post-service review.	-	-	-
0200T	Perq Sacral Augmt Unilat Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0200U	Xk Gnotyp Xk Exons 1-2	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0201T	Perq Sacral Augmt Bilat Inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	_
0201U	Yt Gnotyp Ache Exon 1	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0202T	Post Vert Arthrplst 1 Lumbar	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
0203U		Website Coding and Compensation Non-reimbursable EIU policy.	-	-	- Mayod to DA code list
	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	Onc Thyr Mrna Xprsn Alys 592	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0205U	Oph Amd Alys 3 Gene Variants	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0206U	Neuro Alzheimer Cell Aggregj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0207T	Clear Eyelid Gland W/Heat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	-
0207U	Neuro Alzheimer Quan Imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0208U	Onc Mtc Mrna Xprsn Alys 107	Post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		Retired	Moved to PA code list
0209U		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-		Moved to PA code list
	Cytog Const Alys Interrog		-	-	
0211U	Onc Pan-Tum Dna&Rna Gnrj Seq	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0212U	Rare Ds Gen Dna Alys Proband	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
0213T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
0213U	Rare Ds Gen Dna Alys Ea Comp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
0214T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0214U	Rare Ds Xom Dna Alys Proband	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	-	-	
0215T	Njx Paravert W/Us Cer/Thor	post-service review.	-	-	-
0215U	Rare Ds Xom Dna Alys Ea Comp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0216T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0216U	Neuro Inh Ataxia Dna 12 Com	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
0217T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0217U	Neuro Inh Ataxia Dna 51 Gene	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
0218T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	, ,	post-service review.	-	-	-

0218U	Neuro Musc Dys Dmd Seg Alys	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			Moved to PA code list
0219T	Plmt Post Facet Implt Cerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0219U	Nfct Agt Hiv Gnrj Seq Alys	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0220T	Plmt Post Facet Implt Thor	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.	-	-	-
0221T	Plmt Post Facet Implt Lumb	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0222T	Plmt Post Facet Implt Addl	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0222U	Rhd&Rhce Gntyp Next Gnrj Seq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0228T	Njx Tfrml Eprl W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0229T	Njx Tfrml Eprl W/Us Cer/Thor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0230T	Njx Tfrml Eprl W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	12/31/2020	Retire effective 12/31/2020
0231T	Njx Tfrml Eprl W/Us Lumb/Sac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0232T	Njx Platelet Plasma	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
0242U	Trgt Gen Seq Alys Pnl 55-74	Website Coding and Compensation Non-reimbursable EIU policy. 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
	0				Move to PA effective 10/01/2022
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	Add effective 04/01/2021
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
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	-	Add effective 07/01/2021
0251U	Hepcidin-25 Elisa Serum/Plsm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	-	Add effective 07/01/2021
0252U	Ftl Aneuploidy Str Alys Dna	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. May require Prior Authorization effective 04/01/2022.	7/1/2021	-	Add effective 07/01/2021
0253T	Insert Aqueous Drain Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
0253U	Rprdtve Med Rna Gen Prfl 238	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. May require Prior Authorization effective 04/01/2022.	7/1/2021	-	Add effective 07/01/2021
0254U	Reprdtve Med Alys 24 Chrmsm	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	-	Add effective 07/01/2021
0255U	Andrology Infertility Assmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
0258U	Ai Psor Mrna 50-100 Gen Alg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
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	-	Add effective 10/01/2021
0261U	Onc Clrct Ca Img Alys W/Ai	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	_	Add effective 10/01/2021
D262U	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	-	Add effective 10/01/2021
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	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.	-	_	_
0264U	Rare Ds Id Opt Genome Mapg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
0265T	Im B1 Mrw Cel Ther Hrvst Onl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	_
0265U	Rar Do Whl Gn&Mtcdrl Dna Als	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
0266T	Implt/Rpl Crtd Sns Dev Total	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0266U	Unxpl Cnst Hrtbl Do Gn Xprs	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
0267T	Implt/Rpl Crtd Sns Dev Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0267U	Rare Do Id Opt Gen Mapg&Seq	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021		Add effective 10/01/2021
0268T	Implt/Rpl Crtd Sns Dev Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-,,
2001	mpignpi cita siis pev dell	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	-	Add effective 10/01/2021
0269T	Rev/Remvl Crtd Sns Dev Total	post-service review.	-	-	-
0269U	Hem Aut Dm Cgen Trmbctpna 14	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
0270T	Rev/Remvl Crtd Sns Dev Lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0270U	Hem Cgen Coagj Do 20 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
0271T	Rev/Remvl Crtd Sns Dev Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0271U	Hem Cgen Neutropenia 23 Gen	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
0272T	Interrogate Crtd Sns Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0272U	Hem Genetic Bld Do 51 Genes	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021		Add effective 10/01/2021
0273T		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	-	
	Interrogate Crtd Sns W/Pgrmg	post-service review.	-	-	-
0273U	Hem Gen Hyprfibrnlysis 8 Gen	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	-	Add effective 10/01/2021
0274T	Perq Lamot/Lam Crv/Thrc	post-service review.	-	-	-
0274U	Hem Gen Pitit Do 43 Genes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
0275T	Perq Lamot/Lam Lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0276U	Hem Inh Thrombocytopenia 23	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
0277U	Hem Gen Pltlt Funcj Do 31	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
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 Pitit Funcj Do 31	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
0281U	Hem Vwd Propeptide Ag Lvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	10/1/2021	_	Add effective 10/01/2021
0282U	Rbc Dna Gntyp 12 Bld Grp Gen	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
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	1/1/2022		Add effective 01/01/2022
0286U		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
	Cep72 Nudt15&Tpmt Gene Alys	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0287U	Onc Thyr Dna&Mrna 112 Genes	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
0288U	Onc Lung Mrna Quan Pcr 11&3	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
0289U	Neuro Alzheimer Mrna 24 Gen	post-service review.	1/1/2022	-	Add effective 01/01/2022
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	-	Add effective 01/01/2022
0291U	Psyc Mood Do Mrna 144 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0292U	Psyc Strs Do Mrna 72 Genes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0293U	Psyc Suicidal Idea Mrna 54	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0294U	Lngvty&Mrtlty Rsk Mrna 18Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	1/1/2022	_	Add effective 01/01/2022
0295U	Onc Brst Dux Carc 7 Proteins	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
0296U	Onc Orl&/Orop Ca 20 Mlc Feat	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
02970	Onc Pan Tum Whl Gen Seg Dna	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		-	
0298U	Onc Pan Tum Whl Trns Seq Rna	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
0299U	Onc Pan Tum Whl Gen Opt Mapg	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
0300U	Onc Pan Tum Whl Gen Seq&Opt	post-service review.	1/1/2022	-	Add effective 01/01/2022
0303U	Hem Rbc Ads Whl Bld Hypoxic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0304U	Hem Rbc Ads Whl Bld Normoxic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0305U	Hem Rbc Fnclty&Dfrm Shr Strs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0308T	Insj Ocular Telescope Prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0312T	Laps Impltj Nstim Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0313T	Laps Rmvl Nstim Array Vagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0314T	Laps Rmvl Vgl Arry&Pls Gen	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0315T	Rmvl Vagus Nerve Pls Gen	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
03131	Ninivi Vagus Iverve Fis Gell	post-service review.	-	-	-

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
0316T	Replc Vagus Nerve Pls Gen	post-service review.	-	-	-
0317T	Elec Alys Vagus Nrv Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0329T	Mntr Io Press 24Hrs/> Uni/Bi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0330T	Tear Film Img Uni/Bi W/I&R	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.	_	_	_
0331T	Heart Symp Image Plnr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
0332T	Heart Symp Image Plnr Spect	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0335T	Insj Sinus Tarsi Implant	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0338T	Trnscth Renal Symp Denrv Unl	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0339T	Trnscth Renal Symp Denrv Bil	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0342T	Thxp Apheresis W/Hdl Delip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	_
0345T	Transcath Mtral Vive Repair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0347T	Ins Bone Device For Rsa	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	-	-	-
0348T	Rsa Spine Exam	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	-	-	-
0349T	Rsa Upper Extr Exam	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0350T	Rsa Lower Extr Exam	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0351T	Intraop Oct Brst/Node Spec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0352T	Oct Brst/Node I&R Per Spec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0353T	Intraop Oct Breast Cavity	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0354T	Oct Breast Surg Cavity I&R	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0355T	Gi Tract Capsule Endoscopy	Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0356T	Insrt Drug Device For Iop	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
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			
0379T	Vis Field Assmnt Tech Suppt	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	-	-	-
0381T	Ext H Rate Epi Sz 14 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
0382T	Ext H Rate Sz 14 Day Ri Only	post-service review.	-	12/31/2020	Retire effective 12/31/2020
0383T	Ext H Rate Sz 15-30 Days	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
0384T	Ex H Rate Sz 15-30 Day Ri	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	12/31/2020	Retire effective 12/31/2020
0385T	Ex H Rate For Sz Ovr 30 Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	12/31/2020	Retire effective 12/31/2020
0386T	Ex H Rate Sz 30+ 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
	· ·	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	_	_	_
0404T	Trnscrv Uterin Fibroid Abltj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	-	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
0405T	Ovrsght Xtrcorp Liv Asst Pat	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
0408T	Insj/Rplc Cardiac Modulj Sys	post-service review.	-	-	-
0409T	Insj/Rplc Car Modulj Pls Gn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	_
0410T	Insj/Rplc Car Modulj Atr Elt	post-service review.			
0410T 0411T	Insj/Rplc Car Modulj Atr Elt Insj/Rplc Car Modulj Vnt Elt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-conject conject conject.	_	-	-
0411T	Insj/Rplc Car Modulj Vnt Elt	MP Criteria: Procedure/service reviewed against Medical 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 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.	-	-	-
0415T	Repos Car Modulj Tranvns Elt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0416T	Reloc Skin Pocket Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0417T	Prgrmg Eval Cardiac Modulj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
0418T	Interro Eval Cardiac Modulj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0421T	Waterjet Prostate Abltj Cmpl	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 Ii Pla1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	Retired	Retired effective 12/31/2021
0424T	Insj/Rplc Nstim Apnea 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
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	4/14/2022	
0425T	Insj/Rplc Nstim Apnea Sen Ld	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
0425T	Insj/Rplc Nstim Apnea Sen Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	4/14/2022	Retire effective 04/14/2022
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
0426T	Insj/Rplc Nstim Apnea Stm Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	4/14/2022	Retire effective 04/14/2022
0427T	Insj/Rplc Nstim Apnea Pls Gn	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
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
0427T	Insj/Rplc Nstim Apnea Pls Gn	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	4/14/2022	Retire effective 04/14/2022
0428T	Rmvl Nstim Apnea Pls Gen	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
0428T	Rmvl Nstim Apnea Pls Gen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	4/14/2022	Retire effective 04/14/2022
0429T	Rmvl Nstim Apnea Sen Ld	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
0429T	Rmvl Nstim Apnea Sen Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	4/14/2022	Retire effective 04/14/2022
0430T	Rmvl Nstim Apnea Stimj 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
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/15/2022	-	
0430T	Rmvl Nstim Apnea Stimj Ld	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	4/14/2022	Retire effective 04/14/2022
0431T	Rmvl/Rplc Nstim Apnea Pls Gn	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
0431T	Rmvl/Rplc Nstim Apnea Pls Gn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	4/14/2022	Retire effective 04/14/2022
0432T	Repos Nstim Apnea Stimj 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
0432T	Repos Nstim Apnea Stimj Ld	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	4/14/2022	Retire effective 04/14/2022
0433T	Repos Nstim Apnea Sensing 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
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	4/15/2022	-	
0433T	Repos Nstim Apnea Sensing Ld	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	4/14/2022	Retire effective 04/14/2022
0434T	Interro Eval Npgs Apnea	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2022
0434T	Interro Eval Npgs Apnea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	4/14/2022	Retire effective 04/14/2022
0435T	Prgrmg Eval Npgs Apnea 1 Ses	EIU: 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
0435T	Prgrmg Eval Npgs Apnea 1 Ses	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	4/14/2022	Retire effective 04/14/2022
0436T	Prgrmg Eval Npgs Apnea Study	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
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	,,	-	
0436T	Prgrmg Eval Npgs Apnea Study	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	4/14/2022	Retire effective 04/14/2022
0440T	Abltj Perc Uxtr/Perph Nrv	post-service review.	-	-	-
0441T	Abltj Perc Lxtr/Perph Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		-	
0442T	Abltj Perc Plex/Trncl Nrv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
0443T	R-T Spctrl Alys Prst8 Tiss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0444T	OTh Plmt Drug Elut Oc Ins	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	-	-	-
0445T	Sbsqt Plmt Drug Elut Oc Ins	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0449T	Insj Aqueous Drain Dev 1St	post-service review.	-	-	-
0450T	Insj Aqueous Drain Dev Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0451T	Insj/Rplcmt Aortic Ventr Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
0452T	Insj/Rplcmt Dev Vasc Seal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	Retired effective 12/31/2021
0453T	Insj/Rplcmt Mech-Elec Ntrfce	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	Retired effective 12/31/2021
04331	msy optime ween-ciec Ntrice	post-service review.	-	nettreu	neureu enecuve 12/31/2021

0455T R 0456T R 0457T R 0458T R	insj/Rpicmt Subq Electrode Remvl Aortic Ventr Cmpl Sys Remvl Aortic Dev Vasc Seal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	Retired	Retired effective 12/31/2021 Retired effective 12/31/2021
0456T R 0457T R 0458T R	Remvl Aortic Dev Vasc Seal	post-service review.	-	Retired	Retired offective 12/21/2021
0457T R 0458T R	Remvi Aortic Dev Vasc Seal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			Retired effective 12/31/2021
0458T R		post-service review.	-	Retired	Retired effective 12/31/2021
	Remvl Mech-Elec Skin Ntrfce	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	Retired	Retired effective 12/31/2021
	Remvl Subq Electrode	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	Retired effective 12/31/2021
04391 N		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
	Relocaj Rplcmt Aortic Ventr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	Retired	Retired effective 12/31/2021
0460T R	Repos Aortic Ventr Dev Eltrd	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	Retired	Retired effective 12/31/2021
0461T R	Repos Aortic Contrpulsj Dev	post-service review.	-	Retired	Retired effective 12/31/2021
0462T P	Prgrmg Eval Aortic Ventr Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0463T Ir	Interrog Aortic Ventr Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
0464T V	Visual Ep Test For Glaucoma	Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	_	-
0465T Si	Supchrdl Njx Rx W/O Supply	EIU: 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	-	Retired	Retired effective 12/31/2021
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
	Revj/Rpimnt Ch Respir Eitrd	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	Retired	Retired effective 12/31/2021
	Rmvi Ch Wal Respir Eltrd/Ra	post-service review.	-	Retired	Retired effective 12/31/2021
	Rta Polarize Scan Oc Scr Bi Oct Skn Img Acquisj I&R 1St	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	-	-	-
0471T O	Oct Skn Img Acquisj I&R Addl	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0472T P	Prgrmg Io Rta Eltrd Ra	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0473T R	Reprgrmg Io Rta Eltrd Ra	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0474T Ir	Insj Aqueous Drg Dev Io Rsvr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
0479T F:	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 F:	Fxjl Abl Lsr Ea Addl 100Sqcm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0481T N	Njx Autol Wbc Concentrate	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0484T Ti	Tmvi Transthoracic Exposure	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0485T O	Oct Mid Ear I&R Unilateral	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0486T O	UCT IVIIO FAR I&K BIJATERAI	EIU: 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	-	12/31/2020	Retire effective 12/31/2020
0491T A	Abl Lsr Opn Wnd 1St 20 Sqcm	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0492T A	Abl Lsr Opn Wnd Addl 20 Sqcm	post-service review.	-	-	-
0493T N	Near Ifr Spectrsc Of Wounds	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0494T P	Prep & Cannulj Cdvr Don Lung	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
0495T N	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 N	Mntr Cdvr Don Lng Ea Addl Hr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
	Cysto E/Lirtl Strix/Stenosis	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	-	-	-
	нру 5+ ні кіšк нру Турез	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
0507T N	Near Ifr 2Img Mibmn GInd I&R	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0508T P	Pls Echo Us B1 Dns Meas Tib	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0509T P	Pattern Erg W/I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		5/14/2021	
0509T P	Pattern Erg W/I&R	Ell: 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	-	-
0510T R	Rmvl Sinus Tarsi Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0511T R	Rmvl&Rinsj Sinus Tarsi Implt	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	-	-	-
	Esw Integ Wnd Hlg 1St Wnd	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 E	Esw Integ Wnd Hlg Ea Addl	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0514T Ir	Intraop Vis Axis Id Pt Fixj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0518T	Rmvl 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	-	-	-
0519T	Rmvl & Rplcmt Pg Compnt Wcs	post-service review.	-	-	-
0520T	Rmvl&Rplcmt Pg Wcs New Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0521T	Interrog Dev Eval Wcs Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0522T	Prgrmg Dev Eval Wcs Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
0524T	Ev Cath Dir Chem Abltj W/Img	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0525T	Insj/Rplcmt Compl lims	post-service review.	-	-	-
0526T	Insj/Rplcmt lims Eltrd Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
0527T	Insj/Rplcmt lims Implt Mntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0528T	Prgrmg Dev Eval lims 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	_	-	-
0529T	Interrog Dev Eval lims Ip	post-service review.	-	-	-
0530T	Removal Complete lims	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0531T	Removal lims Electrode Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
0532T	Removal lims Implt Mntr Only	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	-	-	-
0533T	Cont Rec Mvmt Do 6-10 Days	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	-	-	-
0534T	Cont Rec Mvmt Do Setup&Train	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0535T	Cont Rec Mvmt Do Reprt Cnfig	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
0536T	Cont Rec Mvmt Do DI W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	_
0537T	Bld Drv T Lymphcyt Car-T Cll	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. 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.	-	Retired	Retired effective 12/31/2021
0549T	Tprnl Balo Cntnc Dev Uni	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0550T	Tprnl Balo Cntnc Dev Rmvl Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retired effective 12/31/2021
0551T	Tprnl Balo Cntnc Dev Adjmt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	Retired	Retired effective 12/31/2021
0552T	Low-Level Laser Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0554T	B1 Str & Fx Rsk Analysis	post-service review.	-	-	-
0555T	B1 Str&Fx Rsk Transmis Data	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0556T	B1 Str & Fx Rsk Assessment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0557T	B1 Str & Fx Rsk I&R	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
0558T	Ct Scan F/Biomchn Ct Alys	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0559T	Antmc Mdl 3D Print 1St Cmpnt	post-service review.	-	Retired	Retired effective 12/31/2021
0560T	Antmc Mdl 3D Print Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
0561T	Antmc Guide 3D Print 1St Gd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retired effective 12/31/2021
0562T	Antmc Guide 3D Print Ea Addl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		Retired	Retired effective 12/31/2021
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-		
0563T	Evac Meibomian Glnd Heat Bi	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
0565T	Autol Cell Implt Adps Hrvg	post-service review.	-	8/14/2021	Retire effective 08/14/2021
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
0566T	Autol Cell Implt Adps Njx	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	8/14/2021	Retire effective 08/14/2021
		post-service review.			

OFEET	Autol Coll Implt Adors Niv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	8/15/2021		Add offective 08/15/2021
0566T	Autol Cell Implt Adps Njx	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
0571T	Insj/Rplcmt lcds Ss Eltrd	post-service review.	-	-	-
0572T	Insertion Ss Dfb Electrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0573T	Removal Ss Dfb Electrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0574T	Repos Prev Ss Impl Dfb Eltrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. 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	_	-	-
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	_	_	_
0580T	Rmvl Ss Impl Dfb Pg 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	-	-	-
0581T	Abltj Mal Brst Tum Perq Crtx	post-service review.	-	-	-
0584T	Perq Islet Cell Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0585T	Laps Islet Cell Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
0586T	Open Islet Cell Transplant	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
0587T	Perg Impltj/Rplcmt Isdns Ptn	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. 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	_	-	-
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 post-service review.	-	_	-
0591T	HIth&Wb Coaching Indiv 1St	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
0592T	HIth&Wb Coaching Indiv F-Up	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
0593T	Hlth&Wb Coaching Group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
0594T	Osteot Hum Xtrnl Lngth Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0595T	Rmvl Humrl Xtrnl Lngth Dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	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	-		
	Tomp Emil III Vilu Dmp 16t Inci				
0596T	Temp Fml Iu Vlv-Pmp 1St Insj	post-service review.	-	-	-
05961 0597T	Temp Fml Iu Vlv-Pmp 1St Insj Temp Fml Iu Valve-Pmp Rplcmt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
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0597T	Temp Fml lu Valve-Pmp Rplcmt	post-service review. MP Criteria: Procedure/service reviewed against Medical 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 0598T	Temp Fml Iu Valve-Pmp Rplcmt Ncntc R-T Fluor Wnd Img 1St	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - -	- - - -
0597T 0598T 0599T 0600T	Temp Fml Iu Valve-Pmp Rplcmt Ncntc R-T Fluor Wnd Img 1St Ncntc R-T Fluor Wnd Img Ea Ire Abltj 1+Tum Organ Perq	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - -	- - - -	- - - -
0597T 0598T 0599T 0600T 0601T	Temp Fml Iu Valve-Pmp Rpicmt Ncntc R-T Fluor Wnd Img 1St Ncntc R-T Fluor Wnd Img Ea Ire Abitj 1+Tum Organ Perq Ire Abitj 1+Tumors Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	- - - - -	- - - - - -
0597T 0598T 0599T 0600T	Temp Fml Iu Valve-Pmp Rplcmt Ncntc R-T Fluor Wnd Img 1St Ncntc R-T Fluor Wnd Img Ea Ire Abltj 1+Tum Organ Perq	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - - - 4/1/2021	- - - - - - -	- - - - - - -
0597T 0598T 0599T 0600T 0601T	Temp Fml Iu Valve-Pmp Rpicmt Ncntc R-T Fluor Wnd Img 1St Ncntc R-T Fluor Wnd Img Ea Ire Abitj 1+Tum Organ Perq Ire Abitj 1+Tumors Open	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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 ElU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - 4/1/2021 -	- - - - - - - 3/31/2021	- - - - - - -
0597T 0598T 0599T 0600T 0600T 0602T	Temp Fml Iu Valve-Pmp Rplcmt Ncntc R-T Fluor Wnd Img 1St Ncntc R-T Fluor Wnd Img Ea Ire Abitj 1+Tum Organ Perq Ire Abitj 1+Tumors Open Transdermal Gfr Measurements	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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 Website Coding and Compensation Non-reimbursable ElU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - 4/1/2021 4/1/2021	- - - - - - 3/31/2021	- - - - - - - - -
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0668T	Bkbench Prep Don Uter Algrft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	-	Add effective 08/15/2021
0668T	Bkbench Prep Don Uter Algrft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	8/14/2021	Retire effective 08/14/2021
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0683T	Prgrmg 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
0684T	Peri-Px Dev Eval Isdss Ip	post-service review.	1/1/2022	-	Add effective 01/01/2022
0685T	Interrog Dev Eval Isdss Ip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0686T	Histotripsy Mal Hepatcel Tis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0687T	Tx Amblyopia Dev Setup 1St	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
0688T	Tx Amblyopia Assmt W/Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
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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
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2010 Muklaines availing 1/2 Int Non Covered: Proceedury/service nance covered by the Plan. Net subject to pre-service review.	A0390	Advanced life support mileag		_	_	_
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Altal Rotary wing air transport MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			•	-	-	-
D432 Pi volunteer ambulance co Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	A0430	Fixed wing air transport	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
Mail 2 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - Mail 4 Speciality care transport MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - Mail 5 Fixed wing air mileage MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. - - - - Mail 6 Rotary wing air mileage MP Criteria: Procedure/service review. - - - - MB Oncovered ambulance mileage MP Criteria: Procedure/service review. - - - - MB Ambulance response/treatment MP Criteria: Procedure/service review. - - - - MD Innovamatrix Ac Per Sq Cm MP Criteria: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. - - - - MD Innovamatrix Ac Per Sq Cm WD Criteria: Procedure/service not specifically defined or classified, may be subject to pre-service review. 4/15/2022 4/14/2022 Add effective 01/01/2022 MD Innovamatrix Ac Per Sq Cm	A0431			-	-	-
Markaas 2pots-service review <td>A0432</td> <td>PI volunteer ambulance co</td> <td></td> <td>_</td> <td>_</td> <td>_</td>	A0432	PI volunteer ambulance co		_	_	_
Map Specialty care transport MP Criteria: Procedure/service review. Just and the process of the proces of the process of the proces of the process of the p	A0433	als 2		_	_	_
MathSpecialty care transportpost-service review <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Detail MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	A0434	Specialty care transport		-	-	-
Noncovered ambulance mileage MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 0998 Ambulance response/treatment MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 0999 Unlisted ambulance service Unlisted: Procedure/service rot 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 4/15/2022 Add effective 04/15/2035 2001 Innovamatrix Ac Per Sq Cm MP Criteria: Procedure/service rotiewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 1/1/2022 4/14/2022 Add effective 04/15/2035 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 04/15/2035 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 04/15/2037 2004 Kcellistem Per Sq	A0435	Fixed wing air mileage	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	-
Noncovered ambulance mileage post-service review.	A0436	Rotary wing air mileage	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	-
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Website Coding and Compensation Non-reimbursable EU 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	A2005	Microlyte 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 04/15/2038
post-service review.					4/14/2022	
	.2005	She oryce matrix Fel Sy Cill	post-service review.	-, -, -, -, -, -, -, -, -, -, -, -, -, -	., 17, 2022	,

A9150 A9152 A9153 A9270 A9272	Misc/exper non-prescript dru Single vitamin nos Multi-vitamin nos Non-covered item or service Disp wound suct drsg/access	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. 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	- - -	-	
A9152 A9153	Single vitamin nos Multi-vitamin nos	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.	-	-	-
A9152	Single vitamin nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
			_	_	-
A9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
		post-service review.			_
A7026	Replace chst cmprss sys hose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
A7025	Replace chest compress vest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A7020	Interface cough stim device	post-service review.	-	-	_
A6550	Neg pres wound ther drsg set	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	-	-	
A6549	G compression stocking	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
A6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	
A6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
A6261	Wound filler gel/paste /oz	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
A6000	Wound warming wound cover	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
A5507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A4913	Misc dialysis supplies noc		-	-	-
		Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		_	
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
A4639	Infrared ht sys replcmnt pad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
A4638	Repl batt pulse gen sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A4630	Repl bat t.e.n.s. own by pt	post-service review.	-	-	
	Sleeve inter limb comp dev	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
A4600		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
A4595	TENS suppl 2 lead per month	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
A4575	Hyperbaric o2 chamber disps	Ell: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable ElU policy.	-	-	_
A4557	Lead wires pair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A4556	Electrodes pair	post-service review.	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
A4554 A4555	Ca tx e-stim electr/transduc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
A4553 A4554	Nondisp underpads all sizes Disposable underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
A4520	Incontinence garment anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
A4459	Manual pump enema reusable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
A4458	Reusable enema bag	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	_	_	_
A4453	Pump-Operated Enema System Replacement Only	post-service review.	10/1/2021	-	Add effective 10/01/2021
	Rectal Catheter For Use With The Manual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	40/4/2000		
A4421	Ostomy supply misc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	_
A4337	Incontinent rectal insert	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
A4335	Incontinence supply	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	
A4290	Sacral nerve stim test lead	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A4226	Weekly supply maint cgs pump	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
A2010	Apis Per Square Centimeter	post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022
A2010	Apis 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	4/15/2022	-	Add effective 04/15/2043
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
A2009	Symphony Per Sq Cm	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
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 04/15/2042
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
A2008	Theragenesis Per Sq Cm	Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2041
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
A2007	Restrata 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		-	Add effective 04/15/2040
	Postrata Por Sa Cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	· ·	Add offective 04/15/2040
A2006	Novosorb Synpath Per Sq Cm	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
A2006	Novosorb Synpath Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	_	Add effective 04/15/2039

A9273	Hot/cold botle/cap/col/wrap	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	_	_	_
A9274	Ext amb insulin delivery sys	post-service review.	-	-	-
A9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
A9280	Alert device noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
A9282	Wig any type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
A9285	Inversion eversion cor devic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	_
	Any hygienic item device	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
A9300	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	_	_	-
A9515	Choline c-11	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
A9526	Nitrogen N-13 ammonia	post-service review.	3/1/2021	-	-
A9552	F18 fdg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	-	-
A9555	Rb82 rubidium	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	3/1/2021	_	-
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
A9580	Sodium fluoride F-18	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
A9582	lodine I-123 iobenguane	post-service review.	-	-	-
A9586	Florbetapir F18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
A9587	Gallium ga-68	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
A9588	Fluciclovine f-18	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie	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
		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
A9595	Piflu F-18 Dia 1 Millicurie	post-service review.		-	
A9595 A9597	Piflu F-18 Dia 1 Millicurie Pet dx for tumor id noc	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
		·	-	-	-
A9597	Pet dx for tumor id noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-
A9597 A9598 A9698	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC	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.	-	-	-
A9597 A9598 A9698 A9699	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc	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.	-	- - -	-
A9597 A9598 A9698	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC	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.	- - - -	- - - -	- - - -
A9597 A9598 A9698 A9699	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc	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.	- - - - -	- - - - -	- - - - -
A9597 A9598 A9698 A9699 A9900	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service	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.	-	- - - - -	- - - - -
A9597 A9598 A9698 A9699 A9900 A9999	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos	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.	- - - - - - - -	- - - - -	- - - - - -
A9597 A9598 A9698 A9699 A9900 A9990 B4102 B4103	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos EF adult fluids and electro EF ped fluid and electrolyte	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 agreement.		- - - - - - - - -	- - - - - - - - -
A9597 A9598 A9698 A9699 A9900 A9900 B4102 B4102 B4103	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos EF adult fluids and electro EF ped fluid and electrolyte Additive for enteral formula	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 agreement.		- - - - - - - - -	- - - - - - - - - - - -
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A9597 A9598 A9698 A9699 A9900 A9900 B4102 B4102 B4103	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos EF adult fluids and electro EF ped fluid and electrolyte Additive for enteral formula	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 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.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - -
A9597 A9598 A9698 A9699 A9900 A9999 B4102 B4103 B4104 B4105	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos EF adult fluids and electro EF ped fluid and electrolyte Additive for enteral formula Enzyme cartridge enteral nut	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 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.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
A9597 A9598 A9698 A9699 A9900 B4102 B4102 B4103 B4104 B4105 B4149	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos EF adult fluids and electro EF ped fluid and electrolyte Additive for enteral formula Enzyme cartridge enteral nut EF blenderized foods	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 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. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
A9597 A9598 A9698 A9699 A9900 B4102 B4102 B4103 B4104 B4105 B4149 B4152 B4152	Pet dx for tumor id noc Pet dx for non-tumor id noc Non-rad contrast materialNOC Radiopharm rx agent noc Supply/accessory/service DME supply or accessory nos EF adult fluids and electro EF ped fluid and electrolyte Additive for enteral formula Enzyme cartridge enteral nut EF blenderized foods EF complet w/intact nutrient EF calorie dense>/=1.5Kcal	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 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. 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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1317 Septial Defect limp Sys post-service review. - <th< td=""><td>C1816</td><td>Receiver/Transmitter Neuro</td><td></td><td>-</td><td>-</td><td></td></th<>	C1816	Receiver/Transmitter Neuro		-	-	
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - 1818 Integrated keratoprosthesis 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 reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - 1821 Interspinous implant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 1822 Gen neuro hf rechg bat MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. _	C1817	Septal Defect Imp Sys		_	-	-
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 1820 Interspinous implant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 1821 Interspinous implant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 1822 Gen neuro hf rechg bat MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. _ <td>C1818</td> <td>Integrated keratoprosthesis</td> <td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid</td> <td>-</td> <td>_</td> <td>_</td>	C1818	Integrated keratoprosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	_
1821 Interspinous implant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - 1822 Gen neuro hf rechg bat MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement. _ _ _ _ 1823 Gen Neuro Trans Sen/Stim EIU: Procedure/service not reimbursable FIU policy. 4/15/2022 _ Add effective 04/15/2044 1823 Gen neuro trans sen/Stim MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	C1820	Generator neuro rechg bat sy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
1822 Gen neuro hf rechg bat MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	C1821	Interspinous implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
1823 Gen Neuro Trans Sen/Stim ElU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider 4/15/2022	C1822			_	_	_
1823 Gen reuro trans sen/stim MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 4/14/2022 Retire effective 04/15/2022 1824 Generator ccm implant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 4/14/2022 Retire effective 04/15/2022	C1823		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	-	Add effective 04/15/2044
1824 Generator. ccm. implant MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid				,,,	-	
1824 Generator ccm implant				-	.1 171 2022	ACTIC CITCUIVE 04/15/2022
	01024	Generator com implant	post-service review.	-	-	-

C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C1831	Personalized Anterior And Lateral Interbody Cage (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
C1832	Auto Cell Process Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	_	Add effective 01/01/2022
C1833	Cardiac Monitor Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
C1840	Lens Intraocular (Telescopic)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
C1841	Retinal prosth int/ext comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	_
C1842	Retinal prosth add-on	Ellu: Procedure/Service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable ElU policy.	_	_	_
C1849	Skin substitute synthetic	MP Criteria: Procedure/service reviewed against Medical Policy. post-service review.	_	_	_
C1882	Aicd Other Than Sing/Dual	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
C1883	Adapt/Ext Pacing/Neuro Lead	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	
C1889	Implant/insert device noc	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
C1895	Lead Aicd Endo Dual Coil	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C1896	Lead Aicd Non Sing/Dual	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C1897	Lead neurostim test kit	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	5/1/2021	-	Add effective 05/01/2021
C1899	Lead Pmkr/Aicd Combination	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C1982	Cath pressure valve-occlu	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
C2596	Probe robotic water-jet	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	_
C2614	Probe perc lumb disc	post-service review.	-	-	-
C2616	Brachytx Source Yttrium-90 "Non-Stranded"	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C2623	Cath translumin drug-coat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C2624	Wireless pressure sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C2634	Brachytx non-str HA I-125	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C2635	Brachytx non-str HA P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C2636	Brachy linear non-str P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C2637	Brachy non-str Ytterbium-169	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
C2638	Brachytx stranded I-125	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
C2639	Brachytx non-stranded I-125	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
C2640	Brachytx stranded P-103	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
C2641	Brachytx non-stranded P-103	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
C2642	Brachytx stranded C-131	post-service review. 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	-	-	
C2644	Brachytx cesium-131 chloride	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
C2645		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Brachytx planar p-103	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	12/31/2020	Moved to PA code list
C9047	Injection caplacizumab-yhdp	post-service review.	-	-	-
C9060	Fluoroestradiol f18	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
C9062	Daratumumab hyaluronidase	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
C9064	Mitomycin pyelocalyceal inst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
C9066	Sacituzumab govitecan-hziy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
	Gallium ga-68 dotatoc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			

C9068	Copper cu-64, dotatate, diagnostic, 1 millicurie	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
C9069	Injection, belantamab 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 post-service review.	-	Retired	Retire effective 03/31/2021
C9072	Injection, immune globulin (asceniv), 500 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
C9073	-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	Retired	Retire effective 03/31/2021
C9074	Injection, lumasiran, 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	6/30/2021	Retired effective 06/30/2021
C9075	Injection Casimersen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9076	Lisocabtagene Car Pos T	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9079	Inj Evinacumab-Dgnb 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9080	Inj Melphalan Flufen 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	9/30/2021	Retire effective 09/30/2021; Add effective 07/01/2021
C9081	-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9082	Injection Dostarlimab-Gxly 100 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9083	Injection Amivantamab-Vmjw 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	12/31/2021	Retired effective 12/31/2021
C9084	Injection Loncastuximab Tesirine-Lpyl 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
C9085	Inj Avalglucosid Alfa-Ngpt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
C9086	Inj Anifrolumab-Fnia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
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
C9257	Bevacizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
C9354	Veritas collagen matrix cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
C9356	TenoGlide tendon prot cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
C9358	Dermal Substitute Native Non-Denatured Collagen Fetal Bovine Origin (Surgimend Collagen Matrix) Per 0.5 Square Centimeters	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
C9359	Implnt,bon void filler-putty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
C9360	SurgiMend neonatal	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.	-	-	-
C9362	ImpInt,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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
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	-	-
C9364	Porcine implant Permacol	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
C9399	Unclassified Drugs Or Biologicals	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
C9726	Placement And Removal (If Performed) Of Applicator Into Breast For Radiation Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C9727	Insert palate implants	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
C9734	U/S trtmt not leiomyomata	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C9740	Cysto impl 4 or more	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C9745	Nasal endo eustachian tube	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.	-	12/31/2020	Retire effective 12/31/2020
C9747	Ablation HIFU prostate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
C9749	Repair nasal stenosis w/imp	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.	-	12/31/2020	Retire effective 12/31/2020
C9751	Microwave bronch 3d ebus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
C9752	Intraosseous des lumb/sacrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
C9753	Intraosseous destruct add'l	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	Retired	Retired effective 12/31/2021
C9757	Spine/Lumbar Disk Surgery	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.			

09762	Non-blind interatrial shunt	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	_	_	_
	Cardiac mri seg dys strain	post-service review.	9/15/2021	-	Add effective 09/15/2021
C9764	Revasc intravasc lithotripsy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	-	Add effective 05/15/2021
C9765	Revasc intra lithotrip-stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	-	Add effective 05/15/2021
C9766	Revasc intra lithotrip-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	_	Add effective 05/15/2021
C9767	Revasc lithotrip-stent-ather	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	5/15/2021	_	Add effective 05/15/2021
C9768	Endo us-guide hep porto grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	3/1/2021	_	_
C9768	Endo us-guide hep porto grad	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	
	Cysto w/temp pros implant	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		_
	Vitrec/mech pars subret inj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Nsl/sins cryo post nasal tis	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	6/30/2021	Retire effective 06/30/2021
C9771	Nsl/sins cryo post nasal tis	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	-	-
C9772	Revasc lithotrip tibi/perone	post-service review.	-	8/14/2021	Retire effective 08/14/2021
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
C9773	Revasc lithotr-stent tib/per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	8/14/2021	Retire effective 08/14/2021
C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	-	Add effective 08/15/2021
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
C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	8/15/2021	_	Add effective 08/15/2021
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
C9775	Revasc lith-sten-ath 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
	Esophag muc integ w/eso egd	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	8/15/2021		Add effective 08/15/2021
	Esophag muc integ w/eso egd	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
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		8/14/2021	
	Colpopexy min/inv ex-perit	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
C9780	Insert cv cath inf & sup app	post-service review.	10/1/2021	-	Add effective 10/01/2021
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.	-	-	-
E0170	Commode chair electric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
	Seat lift mechanism toilet	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
	Water circ heat pad w pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0218	Fluid circ cold pad w pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
E0221	Infrared heating pad system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	_
0225	Hydrocollator unit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
.0225		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
E0231	Wound warming device	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0232	Warming card for NWT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
		Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
	Pump for water circulating p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Hydrocollator unit portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	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.			
	Over-bed table	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	_	-	-
	Enclosed ped crib hosp grade	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.	-	-	-
20010	Control unit bowel system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	_
E0350	Disposable pack w/bowel syst	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0350 E0352	Disposable pack w/bowel syst Topical Ox Deliver sys nos	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.		-	-
E0350 E0352 E0446	Topical Ox Deliver sys 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	- 7/1/2021		- - Add effective 07/01/2021
E0350 E0352 E0446 E0470	Topical Ox Deliver sys nos Rad W/O Backup Non-Inv Intfc	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - 7/1/2021	- - -	- - Add effective 07/01/2021
E0350 E0352 E0446 E0470 E0471	Topical Ox Deliver sys nos Rad W/O Backup Non-Inv Intfc RAD w/backup non inv intrfc	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.	- - 7/1/2021 -	- - -	 Add effective 07/01/2021
E0350 E0352 E0446 E0470 E0471 E0481	Topical Ox Deliver sys nos Rad W/O Backup Non-Inv Intfc	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.	- - 7/1/2021 - -	- - - -	

E0483	Hi freq chest wall oscil sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0484	Non-elec oscillatory pep dvc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
E0485	Oral device/appliance prefab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
10485		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
E0486	Oral device/appliance cusfab	post-service review.	-	-	-
E0487	Electronic spirometer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	-
E0616	Cardiac event recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
E0617	Automatic ext defibrillator	post-service review.	_	-	-
E0618	Apnea monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0619	Apnea monitor w recorder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
E0621	Patient lift sling or seat	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
20021	Patient int sing of seat	post-service review.		-	-
E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E0627	Seat lift mech electric any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
E0629	Seat lift mech non-electric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
E0630	Patient lift hydraulic	post-service review.	_	-	-
E0635	Patient lift electric	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	_	_	_
E0636	PT support & positioning sys	post-service review.	-	-	-
E0637	Combination sit to stand sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
E0638	Standing frame sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
E0639	Moveable patient lift system	post-service review.	-	-	-
E0640	Fixed patient lift system	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	_	_	_
E0641	Multi-position stnd fram sys	post-service review.	-	-	-
E0642	Dynamic standing frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
E0650	Pneuma compresor non-segment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· · ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
E0651	Pneum compressor segmental	post-service review.	-	-	-
E0652	Pneum compres w/cal pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
E0655	Pneumatic appliance half arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
E0656	Segmental pneumatic trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
10050		post-service review.	-	-	-
1		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid			
E0657	Segmental pneumatic chest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0657 E0660	Segmental pneumatic chest Pneumatic appliance full leg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
E0660	Pneumatic appliance full leg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	-
E0660 E0665	Pneumatic appliance full leg Pneumatic appliance full 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 post-service review.	-	-	-
E0660	Pneumatic appliance full leg	post-service review. PPC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PPC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PPC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. PPC Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	- - -	
E0660 E0665	Pneumatic appliance full leg Pneumatic appliance full 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 MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - -	- - - -	- - - -
E0660 E0665 E0666	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg	post-service review. Porteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. 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	- - - - -	- - - -	- - - -
E0660 E0665 E0666 E0667 E0668	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full 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 post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	- - - -	- - - - -
E0660 E0665 E0666 E0667	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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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E0660 E0665 E0666 E0667 E0668 E0669	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full arm Seg pneumatic appli half leg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - - - -	- - - - - - - - -	- - - - - - - -
E0660 E0665 E0666 E0667 E0668 E0669 E0670 E0671	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full arm Seg pneumatic appli half leg Seg pneum int legs/trunk Pressure pneum appl full leg	post-service review. Poriteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. M	- - - - - - - -	- - - - - - - - - - - - - -	- - - - - - - - - - - - -
E0660 E0665 E0667 E0667 E0669 E0670 E0671 E0672	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl half leg Seg pneum int legs/trunk Pressure pneum appl full leg Pressure pneum appl full arm	post-service review. Porteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. <	- - - - - - - -	- - - - - - - - - -	- - - - - - - - - - - -
E0660 E0665 E0666 E0667 E0668 E0669 E0670 E0671	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full arm Seg pneumatic appli half leg Seg pneum int legs/trunk Pressure pneum appl full leg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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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E0660 E0665 E0667 E0667 E0668 E0669 E0670 E0671 E0671 E0672 E0673	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full arm Seg pneumatic appli half leg Seg pneum int legs/trunk Pressure pneum appl full leg Pressure pneum appl full leg	post-service review. Porteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP	- - - - - - - - - - - -	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - -
E0660 E0665 E0667 E0667 E0668 E0669 E0670 E0671 E0672 E0673 E0675 E0676	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full arm Seg pneumatic appli half leg Seg pneum int legs/trunk Pressure pneum appl full leg Pressure pneum appl full leg Pressure pneum appl full arm Pressure pneum appl half leg Pneumatic compression device Inter limb compress dev NOS	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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 poli	- - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	
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E0660 E0665 E0667 E0668 E0669 E0670 E0671 E0672 E0673 E0675 E0675 E0676 E0691 E0693 E0694	Pneumatic appliance full leg Pneumatic appliance full arm Pneumatic appliance half leg Seg pneumatic appl full leg Seg pneumatic appl full arm Seg pneumatic appl half leg Seg pneum int legs/trunk Pressure pneum appl full arm Pressure pneum appl full arm Pressure pneum appl full arm Inter limb compress dev NOS Uvl pnl 2 sq ft or less Uvl sys panel 4 ft Uvl sys panel 6 ft Uvl md cabinet sys 6 ft	post-service review. Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria:	- - - - - - - - - - - - - - - - - - -		
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		MD Criteria: Presedure/convice reviewed against Medical Delicy Criteria. Submit for predetermination to avoid			
E0731	Conductive garment for tens/	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0740	Non-implant pelv flr e-stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0744	Neuromuscular stim for scoli	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
E0745	Neuromuscular stim for shock	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E0745	Electromyograph biofeedback	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0747	Elec osteogen stim not spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0748	Elec osteogen stim spinal	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E0749	Elec osteogen stim implanted	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; May require PA effective 07/01/2021
E0765	Nerve stimulator for tx n&v	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0766	Elec stim cancer treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
E0769	Electric wound treatment dev	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
20703		Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E0770	Functional electric stim NOS	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. May require Prior Authorization based on contract agreement until 12/31/2021.	-	-	-
E0781	External ambulatory infus pu	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
E0782	Non-programble infusion pump	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	_
E0783	Programmable infusion pump	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
E0784	Ext amb infusn pump insulin	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	-	-	=
E0785	Replacement impl pump cathet	post-service review.	-	-	-
1		MP Criteria: Procedure/service reviewed against Medical Policy Criteria, Submit for predetermination to avoid			
E0786	Implantable pump replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E0786 E0787	Implantable pump replacement Cgs dose adj insulin inf pmp		-	-	-
		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	-	-	-
E0787	Cgs dose adj insulin inf pmp	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		-	- - -
E0787 E0830 E0840	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard	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.	-	- - -	- - -
E0787 E0830 E0840 E0849	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip	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. 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. 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.		- - - -	- - - -
E0787 E0830 E0840	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard	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. EIU: 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. 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.	-	- - - - - -	- - - - - - -
E0787 E0830 E0840 E0849	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip	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 EU policy. 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. 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. 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. 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. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	- - - - - -	- - - - - - -
E0787 E0830 E0840 E0849 E0850	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing	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. 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. 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. 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. 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. 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. 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. 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. 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.	-	- - - - - - - -	- - - - - - -
E0787 E0830 E0840 E0849 E0850 E0855	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment	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. 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. 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. 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. 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. 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. 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. 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. 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. EU: Procedure	-	- - - - - - - - -	- - - - - - -
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract equip cervical tract	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. 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. 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. 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. 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. 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. 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. 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. 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.	-	- - - - - - - - - - - - - - -	- - - - - - - - - - - -
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0860 E0890	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract equip cervical tract Traction frame attach pelvic	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. 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. 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. 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. 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. 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. 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. 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. 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.	-	- - - - - - - -	- - - - - - - - -
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract equip cervical tract	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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. EU: Procedure/service not reimbursed by the Plan. Not subject to	-	- - - - - - - - - - - - - - - - - - -	
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0860 E0890	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract equip cervical tract Traction frame attach pelvic	post-service review. MP Criteria: Procedure/service net 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. 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. 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. 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. 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. 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. 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. 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. 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. EU: Procedure/	-	- - - - - - - - - - - - -	- - - - - - - - - - - - - - - - -
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0860 E0890 E0920	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Cract equip cervical tract Tract equip cervical tract Tract on frame attach pelvic Fracture frame attached to b	post-service review. MP Criteria: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-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. 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. 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. 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. 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. 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. 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. </td <td>-</td> <td></td> <td></td>	-		
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E0787 E0830 E0840 E0849 E0855 E0856 E0856 E0860 E0890 E0920 E0930 E0935	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Cervic collar w air bladders Tract equip cervical tract Tract on frame attach pelvic Fracture frame attached to b Fracture frame free standing Cont pas motion exercise dev	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. 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. 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. 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. 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. 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. 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. 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. 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. <td< td=""><td>-</td><td>- - - - - - - - - - - - - - - - - - -</td><td></td></td<>	-	- - - - - - - - - - - - - - - - - - -	
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E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856 E0890 E0930 E0930 E0935 E0936 E0934 E0941 E0944 E0944	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract on frame attach pelvic Fracture frame attach pelvic Fracture frame free standing Cont pas motion exercise dev CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot	 post-service review. MP Criteria: Procedure/service net 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. MP	-		-
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E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856 E0890 E0930 E0930 E0935 E0936 E0936 E0941 E0942 E0944 E0946	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract on frame attach pelvic Fracture frame attach pelvic Fracture frame free standing Cont pas motion exercise dev CPM device other than knee Gravity assisted traction de Cervical head harness/halter Pelvic belt/harness/boot	 post-service review. 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 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. EIU: 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. 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. 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.	-	- - - - - - - - - - - - - - - - - - -	-
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856 E0856 E0850 E0930 E0930 E0930 E0935 E0936 E0941 E0942 E0944 E0944	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract equip cervical tract Traction frame attach pelvic Fracture frame free standing Cont pas motion exercise dev 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. 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 EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service revi	-		-
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856 E0890 E0930 E0930 E0935 E0935 E0936 E0941 E0942 E0944 E0944 E0946	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract on frame attach pelvic Tracture frame attach de lob Fracture frame free standing Cont pas motion exercise dev 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. 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. EIU: 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. EIU: 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. <li< td=""><td>-</td><td></td><td>-</td></li<>	-		-
E0787 E0830 E0840 E0849 E0850 E0855 E0856 E0856 E0860 E0890 E0930 E0930 E0932 E0935 E0936 E0941 E0942 E0944 E0944 E0947 E0948 E0950	Cgs dose adj insulin inf pmp Ambulatory traction device Tract frame attach headboard Cervical pneum trac equip Traction stand free standing Cervical traction equipment Cervic collar w air bladders Tract equip cervical tract Traction frame attach pelvic Fracture frame free standing Cort pas motion exercise dev CPM device other than knee Gravity assisted traction de Fracture frame attachnylater Pelvic belt/harness/boat Fracture frame attachmnts pe Fracture frame attachmnts ce	 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 EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EUD policy. EU: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service revi	-		-

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E0961	Wheelchair brake extension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – –	
E0968	Wheelchair commode seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
E0969	Wheelchair narrowing device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – – – – – – – – – – – – – – – – –	
E0971	Wheelchair anti-tipping devi	post-service review.	
E0973	W/Ch access det adj armrest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	
E0974	W/Ch access anti-rollback	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
E0981	Seat upholstery replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – – 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	post-service review.	
E0984	Add pwr tiller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
E0985	W/c seat lift mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
E0986	Man w/c push-rim powr system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
	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	post-service review.	
E0992	Wheelchair solid seat insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	
E1002	Pwr seat tilt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
E1003	Pwr seat recline	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
E1004	Pwr seat recline mech	post-service review. – – – – – – – – – – – – – – – – – – –	
E1005	Pwr seat recline pwr	post-service review.	
E1006	Pwr seat combo w/o shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – –	
E1007	Pwr seat combo w/shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –	
E1008	Pwr seat combo pwr shear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
		post-service review. – – – – – – – – – – – – – – – – – – –	
E1009	Add mech leg elevation	post-service review.	
E1009 E1010	Add mech leg elevation Add pwr leg elevation	post-service review. – – – – – – – – – – – – – – – – – – –	
		post-service review. – – – – – – – – – – – – – – – – – – –	
E1010	Add pwr leg elevation	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 - - -	
E1010 E1012 E1014	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c	post-service review. -	
E1010 E1012 E1014 E1028	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway	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 - - -	
E1010 E1012 E1014	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c	post-service review. -	
E1010 E1012 E1014 E1028	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway	post-service review. -	
E1010 E1012 E1014 E1028 E1031	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters	post-service review. -	
E1010 E1012 E1014 E1028 E1031 E1035	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review. -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299 Patient transfer system >299 Transport chair ped size	post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review <td< td=""><td></td></td<>	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review. -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review. -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review <td< td=""><td></td></td<>	
E1010 E1012 E1014 E1028 E1031 E1035 E1035 E1037 E1038 E1039	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review <td< td=""><td></td></td<>	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review. -	
E1010 E1012 E1014 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1050 E1070	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	
E1010 E1012 E1014 E1031 E1035 E1035 E1036 E1037 E1038 E1039 E1050 E1060 E1060 E1083	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1050 E1060 E1070 E1083 E1084	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review.PPPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.PPMP Criteria: Procedure/service reviewed against Medical Policy Criteri	
E1010 E1012 E1014 E1031 E1035 E1035 E1036 E1037 E1038 E1039 E1050 E1060 E1060 E1083	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	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 - - - post-service review. - - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - post-service review. - - - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1050 E1060 E1070 E1083 E1084	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system >299 Patient transfer system >299 Transport chair ped size Transport chair pt wt<=300lb	post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service reviewMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. <td< td=""><td></td></td<>	
E1010 E1012 E1014 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1060 E1060 E1083 E1084 E1085	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	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 - - post-service review. - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - post-service review. - - - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1060 E1060 E1083 E1084 E1085 E1086 E1087	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	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 - - - post-service review. - - - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - <td></td>	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1050 E1060 E1070 E1083 E1084 E1085 E1086 E1087 E1088	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	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 - - post-service review. - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - post-service review. - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - post-service review. -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1060 E1060 E1083 E1084 E1085 E1086 E1087	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	ppst-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 - - - psts-service review. - - - - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid -	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1050 E1060 E1070 E1083 E1084 E1085 E1086 E1087 E1088	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	post-service review. — — — — — — — — — — — — — — …	
E1010 E1012 E1014 E1028 E1031 E1035 E1036 E1037 E1038 E1039 E1050 E1060 E1070 E1083 E1084 E1085 E1085 E1087 E1088 E1089	Add pwr leg elevation Ctr mount pwr elev leg rest Reclining back add ped w/c W/c manual swingaway Rollabout chair with casters Patient transfer system <299	ppst-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 -	

E1093	Wheelchair wide w/ foot rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
E1100	Whchr s-recl fxd arm leg res	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
E1110	Wheelchair semi-recl detach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
E1130	Whichr stand fxd arm ft rest	post-service review. – MP Criteria: Procedure/service reviewed against Medical 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.	-	-
E1150	Wheelchair standard w/ leg r	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
E1160	Wheelchair fixed arms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
E1161	Manual adult wc w tiltinspac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
E1170	Whichr ampu fxd arm leg rest	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		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 post-service review.	_	_
E1190	Wheelchair amputee w/ leg re	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
E1195		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
	Wheelchair amputee heavy dut	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1200	Wheelchair amputee fixed arm	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. –	-	-
E1221	Wheelchair spec size w foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
E1222	Wheelchair spec size w/ leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
E1223	Wheelchair spec size w foot	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
E1224	Wheelchair spec size w/ leg	post-service review.	-	-
E1225	Manual semi-reclining back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
E1226	Manual fully reclining back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
E1227	Wheelchair spec sz spec ht a	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
			-	-
E1228	Wheelchair spec sz spec ht b	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
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	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 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	-	- - -
E1229	Pediatric wheelchair NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - -	- - -
E1229 E1230	Pediatric wheelchair NOS Power operated vehicle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - -	- - - -
E1229 E1230 E1231	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	-	- - - -
E1229 E1230 E1231 E1232 E1233	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltnspc w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - -	- - - - -
E1229 E1230 E1231 E1232 E1233 E1233	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc titnspc w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	-	- - - - - -
E1229 E1230 E1231 E1232 E1233	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltnspc w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - -	- - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1233	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc titnspc w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - - - -	- - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1233 E1234 E1235	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltnspc w/o seat Fld ped wc titnspc w/o seat Rigid ped wc adjustable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1233 E1234 E1235 E1236	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc tiltspc w/o seat Rigid ped wc adjustable Folding ped wc adjustable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - -	- - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1233 E1234 E1235 E1236 E1237 E1238	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc tiltspc w/o seat Rigid ped wc adjustable Folding ped wc adjustable Rgd ped wc adjstabl w/o seat Fld ped wc adjstabl w/o seat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - 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 Poli	- - - - - - - -	- - - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc adjustable Folding ped wc adjustable Folding ped wc adjustable Rgd ped wc adjstabl w/o seat Fld ped wc adjstabl w/o seat Ped power wheelchair NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	- - - - - - - - - - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1240	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc tiltnspc w/o seat Rigid ped wc adjustable Folding ped wc adjustable Rgd ped wc adjstabl w/o seat Fld ped wc adjstabl w/o seat Pld power wheelchair NOS Whchr litwt det arm leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	- - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc adjustable Folding ped wc adjustable Folding ped wc adjustable Rgd ped wc adjstabl w/o seat Fld ped wc adjstabl w/o seat Ped power wheelchair NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - 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 Poli	- - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1240	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc tiltnspc w/o seat Rigid ped wc adjustable Folding ped wc adjustable Rgd ped wc adjstabl w/o seat Fld ped wc adjstabl w/o seat Pld power wheelchair NOS Whchr litwt det arm leg rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	
E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1239 E1240 E1250	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fld ped wc tiltspc w/o seat Rigid ped wc adjustable Folding ped wc adjustable Folding ped wc adjustable Rgd ped wc adjstabl w/o seat Fld ped wc adjstabl w/o seat Ped power wheelchair NOS Whchr litwt det arm leg rest Wheelchair lightwt fixed arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - 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 Poli	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
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E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1240 E1250 E1260 E1260 E1260	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltnspc w/o seat Fild ped wc titnspc w/o seat Rigid ped wc adjustable Folding ped wc adjustable Rgd ped wc adjustable Rgd ped wc adjstabl w/o seat Fild ped wc adjstabl w/o seat Ped power wheelchair NOS Whchr litwt det arm leg rest Wheelchair lightwt foot rest Wheelchair lightwt foot rest Whchr h-duty det arm leg res	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - 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 Poli	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1240 E1250 E1260 E1270 E1280 E1285	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltspc w/o seat Fid ped wc tiltspc w/o seat Folding ped wc adjustable Folding ped wc adjustable Folding ped wc adjustable Folding ped wc adjustable Ped power wheelchair NOS Whchr litwt det arm leg rest Wheelchair lightwt fixed arm Wheelchair lightweight leg r Wheelchair lightweight leg rst Wheelchair lightweight leg r Wheelchair lightweight leg r Wheelchair lightweight leg r Wheelchair heavy duty fixed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -	
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E1229 E1230 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1240 E1250 E1250 E1260 E1260 E1285 E1285 E1290	Pediatric wheelchair NOS Power operated vehicle Rigid ped w/c tilt-in-space Folding ped wc tilt-in-space Rig ped wc tiltnspc w/o seat Fild ped wc adjustable Folding ped wc adjustable Folding ped wc adjustable Rgd ped wc adjustable Rgd ped wc adjustable Voesat Fild ped wc adjustable Rgd ped wc adjustable Rgd ped wc adjustable Wheelchair NOS Whchr litwt det arm leg rest Wheelchair lightwt foot rest Wheelchair lightweight leg r Whchr h-duty det arm leg res Wheelchair heavy duty fixed Wheelchair heavy duty fixed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.		- - - - - - - - - - - - - - - - - - -
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		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E1298	Wheelchair spec seat depth/w	post-service review.	-	-	-
E1300	Whirlpool portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
E1310	Whirlpool non-portable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
E1399	Durable medical equipment mi	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E1629	Tablo For Dialysis Service	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.			
E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
E1700	Jaw motion rehab system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	_
54704		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
E1701	Repl cushions for jaw motion	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
E1702	Repl measr scales jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	_	-
E1902	AAC non-electronic board	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
E2120	Pulse gen sys tx endolymp fl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2201	Man w/ch acc seat w>=20<23	post-service review.	-	-	-
E2202	Seat width 24-27 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
E2203	Frame depth less than 22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2205		post-service review.	-	-	-
E2204	Frame depth 22 to 25 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2206	Man wc whl lock comp repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
E2207	Crutch and cane holder	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2209	Arm trough each	post-service review.	-	-	-
E2211	Pneumatic propulsion tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2212	Pneumatic prop tire tube	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
E2213	Pneumatic prop tire insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2214	Pneumatic caster tire each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2215	Pneumatic caster tire tube	post-service review.	-	-	-
E2216	Foam filled propulsion tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2217	Foam filled caster tire each	post-service review.	-	-	-
E2218	Foam propulsion tire each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
E2219	Foam caster tire any size ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Toam caster the any size ea	post-service review.	-	-	-
E2220	Solid propuls tire repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2221	Solid caster tire repl each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2222	Solid caster integ whl repl	post-service review.	-	-	-
E2228	Mwc acc wheelchair brake	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2230	Manual standing system	post-service review.	-	-	-
E2231	Solid seat support base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2291	Planar back for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
-2271	Hanar back for peu size wc	post-service review.	-	-	-
E2292	Planar seat for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
E2293	Contour back for ped size wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
E2294	Contour seat for ped size wc	post-service review.	-	-	-
E2295	Ped dynamic seating frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
E2300	Pwr seat elevation sys	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
E2300	Pwr standing	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	-
E2310	Electro connect btw control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
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E2311	Electro connect btw 2 sys	post-service review.	-	-	
E2311 E2312	Electro connect btw 2 sys Mini-prop remote joystick	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
E2312	Mini-prop remote joystick	post-service review.	-	-	-
E2312		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	- -	-
E2312 E2313	Mini-prop remote joystick	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - -	- - -	-
E2312 E2313 E2321	Mini-prop remote joystick PWC harness expand control Hand interface joystick	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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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	Mini-prop remote joystick PWC harness expand control Hand interface joystick	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - - -	- - - -	- - -
E2312 E2313 E2321 E2322	Mini-prop remote joystick PWC harness expand control Hand interface joystick Mult mech switches	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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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Number of the product review Image: Control of the product review	E2388	Foam drive wheel tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
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12132 Spir and pull interface put service recew. put service recew. 1238 Preseth take kit MC citetions Proceeduring/recer received against Medical Policy Citeria. Submit for predetermination to avoid put service receive. 1239 Inside citetion infracte method. MC citetions Proceeduring/receive received against Medical Policy Citeria. Submit for predetermination to avoid put service receive. 1239 Inside citetion infracte method. MC citetion Proceeduring/receive reviewed against Medical Policy Citeria. Submit for predetermination to avoid put service receive. 1233 Mead control moniproportional MC citetian Proceeduring/receive reviewed against Medical Policy Citeria. Submit for predetermination to avoid put service receive. 1233 Mead control moniproportional MC citetian Proceeduring/receive reviewed against Medical Policy Citeria. Submit for predetermination to avoid put service receive. 1234 Wice with 20 23 in sest frame MC citetian Proceeduring/receive reviewed against Medical Policy Citeria. Submit for predetermination to avoid put service receive. 1234 Wice with 20 23 in sest frame MC citetian Proceeduring/receive reviewed against Medical Policy Citeria. Submit for predetermination to avoid put service receive.	E2375	Non-expandable controller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
12.12.9 Spin and put interface pot service now. - - - - 12.22.6 Bercath table bit MP Cinterine Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.23.6 Med Control infortem mech MP Cinteria. Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.33. Nead control infortem mech MP Cinteria. Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.33. Nead control propainity switz MP Cinteria. Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.34. Med control propainity switz MP Cinteria. Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.34. Wick with 20.21 in set frame MP Cinteria. Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.34. Wick with 20.21 in set frame MP Cinteria. Proceeding/Proving reviewed against Medical Policy Cinteria. Submit for predetermination to avoid - - - 12.34.	E2374	Hand/chin ctrl std joystick		-	_	_
1212 Spin and put institute post-service review. - - - - 1238 By and put institute MPC Criteric Procedure/Service reviewed against. Medical Policy Criteria. Submit for predetermination to avoid - - - 1237 Bead control Information Informatio	E2373	Hand/chin ctrl spec joystick		-	-	-
12.142 Sip and put intention	E2372	Gr27 non-sealed leadacid	post-service review.	-	-	-
12429 Spin and pull interface pot service relever.				-	-	-
12.143 Sp and put interface post-service review.						
1234 Spin and purt interface post-service review. post-service review. post-service review. 12328 Breath lube kit MC Chrena: Proceedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 12329 Head control interface mech MC Chrena: Proceedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 12328 Head/ontrol interface mech post-service review. post-service review. 12329 Head control inoproportional MC Chrena: Proceedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 12330 Head control inoproportional MC Chrena: Proceedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 12331 Attendant control post-service review. post-service review. post-service review. 12344 W/k with 30-23 in seat frame MC Criteria: Proceedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 12343 W/k with 30-23 in seat frame MC Criteria: Proceedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. 12344 W/k with 30-23 in s	E2367	Battery charger dual mode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
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12430 sp and put interface pot service review. pot service review. <t< td=""><td>E2365</td><td>U1 sealed leadacid battery</td><td>post-service review.</td><td>-</td><td>-</td><td>-</td></t<>	E2365	U1 sealed leadacid battery	post-service review.	-	-	-
21230 Sp and put interfere pots service review.	E2364	o monsealed leadacid battery	post-service review.	-	-	-
E2426 Spin and puth interface post-service review.				-	-	-
E2325 Sip and put interface pot service review. - - - - E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2327 Head control interface mech MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2328 Head control inter MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2329 Head control inter face review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2330 Head control proximity switc MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2340 W/c wdth 20-23 in seat frame MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2341 W/c wdth 20-23 in seat frame MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - E2343 W/c dpth 20-21	E2363	Gr24 sealed leadacid battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
21232 Sip and put interface post-service review.	E2362	Gr24 nonsealed leadacid		_	_	_
2232 Sp and put interface pot-service review. - - - - 2232 Breath tube kit MP Criteria: Procedure/service review. - - - - 2232 Head control interface mech MP Criteria: Procedure/service review. - - - - 2232 Head control interface mech MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid - - - 2232 Head control interface mech MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid - - - 2233 Head control interface mech MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid - - - 2233 Head control proximity switc MP Criteria: Procedure/service review. - - - - 2234 W/c wdth 20-23 in sest frame MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - 2334 W/c wdth 20-23 in sest frame MP Criteria: Procedure/service review against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - - - - - <t< td=""><td>E2361</td><td>22nf sealed leadacid battery</td><td>post-service review.</td><td>-</td><td>-</td><td>-</td></t<>	E2361	22nf sealed leadacid battery	post-service review.	-	-	-
22325 Sp and put interface post-service review.	E2360	22nf nonsealed leadacid	post-service review.	-	-	-
L235 Sip and put interface post-service review.						
L225 sp and put interface post-service review. - - - - L2326 Breath tube kit post-service review. - - - - L2327 Head control interface mech MP Criteria: Procedure/service review. - - - - L2328 Head control interface mech MP Criteria: Procedure/service review. - - - - L2329 Head control nonproportional MP Criteria: Procedure/service review. - - - - - L2330 Head control nonproportional MP Criteria: Procedure/service review. -	E2359	Sealed Lead Acid Battery Each (E.G. Gel Cell		_	_	_
E232 Sip and putf interface post-service review.	E2358	Sealed Lead Acid Battery Each		-	-	-
E232 Sp and putri interface post-service review.				-	_	-
E232 Sp and putri interface post-service review. – – – – – E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2327 Head control interface mech MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2328 Head/extremity control inter MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – <td></td> <td></td> <td>post-service review.</td> <td>-</td> <td>-</td> <td>-</td>			post-service review.	-	-	-
E2225 sip and putti interface post-service review. – – – – E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – E2327 Head control interface mech MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – E2328 Head control inter MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – E2329 Head control nonproportional MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – E2330 Head control nonproportional MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – E2331 Attendant control MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – E2340 W/c wdth 20-23 in seat frame MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-s			•	-	-	-
E2225 sip and putit interface post-service review.	F2342	W/c doth 20-21 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2325 Sip and putti interface post-service review. – – – – E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2327 Head control interface mech MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2328 Head/extremity control inter MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –<	E2341	W/c wdth 24-27 in seat frame	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
E2325 Sip and putt interface post-service review.	E2340	W/c wdth 20-23 in seat frame			_	-
E2325 Sip and putt interface post-service review. – – – – E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2327 Head control interface mech MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2328 Head/extremity control inter MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2329 Head control nonproportional MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – E2330 Head control proximity switc MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – E2330 Head control proximity switc MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – E2330 Head	E2331	Attendant control	post-service review.	-	-	-
E2325 Sip and putt interface post-service review. - <td< td=""><td></td><td></td><td>•</td><td>-</td><td>-</td><td>-</td></td<>			•	-	-	-
E2325 Sip and putti interface post-service review. _ <t< td=""><td></td><td></td><td>•</td><td>-</td><td>-</td><td>-</td></t<>			•	-	-	-
E2325 Sip and putti interface post-service review. – <t< td=""><td>E2329</td><td>Head control nonproportional</td><td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid</td><td></td><td></td><td></td></t<>	E2329	Head control nonproportional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2325 Sip and putt interface post-service review. - - - - E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - - - F2327 Head control interface mech MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - - -	E2328	Head/extremity control inter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
E2325 Sip and putt interface post-service review. - - - E2326 Breath tube kit MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. - - -	E2327	Head control interface mech		-	-	-
22325 Sip and putt interface post-service review. – – – – – – – – – – – – – – – – – – –	E2326	Breath tube kit	post-service review.	-	-	-
52225 Signand puff interface MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			· · · · · · · · · · · · · · · · · · ·	-	-	-
	53335	Sin and puff interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			

E2511	SGD sftwre prgrm for PC/PDA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
E2512	SGD accessory mounting sys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
E2599	SGD accessory noc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
E2601	Gen w/c cushion wdth < 22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
E2602	Gen w/c cushion wdth >=22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2603	Skin protect wc cus wd <22in	post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2604	Skin protect wc cus wd>=22in	post-service review.	-	-	-
52005	Position wc cush wdth <22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2605	Position we cash wath <22 In	post-service review.	-	-	-
E2606	Position wc cush wdth>=22 in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
E2607	Skin pro/pos wc cus wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. 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.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2609	Custom fabricate w/c cushion	post-service review.	-	-	-
52610	Powered w/s suchien	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			
12011		post-service review.	-	-	-
E2612	Gen use back cush wdth>=22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
		post-service review.			
E2613	Position back cush wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2614	Position back cush wd>=22in	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 width>=22:-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2616	Pos back post/lat wdth>=22in	post-service review.	-	-	-
E2617	Custom fab w/c back cushion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
12017		post-service review.	-	-	-
E2619	Replace cover w/c seat cush	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
E2620	WC planar back cush wd <22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2621	WC planar back cush wd>=22in	post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2622	Adj skin pro w/c cus wd<22in	post-service review.	-	-	-
E2623	Adjekin pro we gus wd>-22in	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2023	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	_	_	_
		post-service review.	-	-	_
E2626	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
12020	Balanced Adjustable	post-service review.	-	-	-
	Wheelchair Accessory Shoulder Elbow	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2627	Mobile Arm Support Attached To Wheelchair	post-service review.	-	-	-
	Balanced Adjustable Rancho Type				
	Wheelchair Accessory Shoulder Elbow	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2628	Mobile Arm Support Attached To Wheelchair	post-service review.	-	-	-
	Balanced Reclining				
	Wheelchair Accessory Shoulder Elbow				
52620		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2629	Balanced Friction Arm Support (Friction	post-service review.	-	-	-
	Dampening To Proximal And Distal Joints)				
	Wheelchair Accessory Shoulder Elbow				
52620	Mobile Arm Support Monosuspension Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2630	And Hand Support Overhead Elbow Forearm	post-service review.	-	-	-
	Hand Sling Support Yoke Type Suspension Support				
	Sabbolt				
	Wheelchair Accessory Addition To Mobile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2631	Arm Support Elevating Proximal Arm	post-service review.	-	-	-
	Wheelchair Accessory Addition To Mobile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for producermination to avaid			
E2632	Arm Support Offset Or Lateral Rocker Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
	With Elastic Balance Control	post scivice review.			
	Wheelchair Accessory Addition To Mobile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
E2633	Arm Support Supinator	post-service review.	-	-	-
G0028	Doc Med Rsn No Scr Tob	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0029	No Tob Scr/Cess Int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0030	Pt Scr Tob & Cess Int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0031	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0032	2+ Antipsy Schiz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0033	2+ Benzo Seiz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0034	Pall Serv During Meas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G0035	Pt Ed Pos 23	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	-	Add effective 01/01/2022
G0036	Pt/Ptn Decln Assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022

G0037	Pt Not Able To Participate									t to pre-service		1/1/2022		Add effective 01/01/2022
G0038	Clin Pt No Ref	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0039	Pt No Ref Rn Spec	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0040	Pt Phys/Occ Therapy	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022		Add effective 01/01/2022
G0041	Pt/Ptn Decln Referral	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0042	Ref To Therapy	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0043	Pt Mech Pros Ht Valv	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0044	Pt Mitral Stenosis	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0045	Mrs 90 Days Post Stk	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022		Add effective 01/01/2022
G0046	No Mrs 90 Days Post Stk							-		t to pre-service		1/1/2022		Add effective 01/01/2022
G0047	Ped Blunt Hd Traum							-		t to pre-service		1/1/2022		Add effective 01/01/2022
								-						
G0048	Pall Serv During Meas							-		t to pre-service		1/1/2022		Add effective 01/01/2022
G0049	Main Hemo In-Cntr							-		t to pre-service		1/1/2022		Add effective 01/01/2022
G0050	Pt W/ Lmted Life Expec							,		t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0051	Pt Hospice Mnth	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0052	Pt Peri Dialysis Dur Mo	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0053	Adv Rheum Pt Care Mvp	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0054	Strk Cr Prev Pos Outcme Mvp	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0055	Adv Care Heart Dx Mvp	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0056	Opt Chronic Dx Mang Mvp									t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0057	Best Pct Pt Safety Em Mvp							-		t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0058								-				1/1/2022		
	Imprv Care Le Jnt Repr Mvp							-		t to pre-service				Add effective 01/01/2022
G0059	Pt Sfty Pos Exp W Aneth Mvp							-		t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0060	Allergy/Immunology Ss							-		t to pre-service		1/1/2022		Add effective 01/01/2022
G0061	Anesthesiology Ss									t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0062	Audiology Ss	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022		Add effective 01/01/2022
G0063	Cardiology Ss	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	1/1/2022	_	Add effective 01/01/2022
G0064	Cert Nurse Midwife Ss									t to pre-service		1/1/2022		Add effective 01/01/2022
G0065	Chiropractic Ss									t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0066	Clinical Social Work Ss							,		t to pre-service		1/1/2022	-	Add effective 01/01/2022
G0067										t to pre-service		1/1/2022	-	Add effective 01/01/2022 Add effective 01/01/2022
	Dentistry Ss							,	· · ·			1/1/2022	-	Aud enective 01/01/2022
G0068	Adm of infusion drug in home							-		t to pre-service		-		
G0069	Adm of immune drug in home							-		t to pre-service		-	_	-
G0070	Adm of chemo drug in home							-		t to pre-service		_	_	_
G0071	Comm svcs by rhc/fqhc 5 min	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	_	12/31/2020	Retire effective 12/31/202
G0076	Care manag h vst new pt 20 m	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	_	_	_
G0077	Care manag h vst new pt 30 m	No	Non Covere	ed: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review.	_	_	_
G0078	Care manag h vst new pt 45 m							-		t to pre-service		-		
G0079	Care manag h vst new pt 60 m							-		t to pre-service		-		_
G0080	Care manag h vst new pt 00 m									t to pre-service		-	-	
							overeu b	y the Fian. I	vot subject		ICVICW.	-	-	-
G0081	Care man h v ext pt 20 mi	INC					and a second lab							
								-		t to pre-service	review.			
G0082	Care man h v ext pt 30 m		Non Covere	red: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service t to pre-service	review. review.	_	_	-
G0083	Care man h v ext pt 30 m Care man h v ext pt 45 m		Non Covere	red: Pro	ocedure/se	rvice not co	overed b	y the Plan. I	Not subject	t to pre-service	review. review.	-		
		No	Non Covere Non Covere	red: Pro red: Pro	ocedure/se ocedure/se	rvice not co rvice not co	overed b overed b	y the Plan. I y the Plan. I	Not subject Not subject	t to pre-service t to pre-service	review. review. review.	- - -		
G0083	Care man h v ext pt 45 m	No No	Non Covere Non Covere Non Covere	red: Pro red: Pro red: Pro	ocedure/se ocedure/se ocedure/se	rvice not co rvice not co rvice not co	overed b overed b overed b	y the Plan. I y the Plan. I y the Plan. I	Not subject Not subject Not subject	t to pre-service t to pre-service t to pre-service	review. review. review. review.	-		
G0083 G0084	Care man h v ext pt 45 m Care man h v ext pt 60 m	No No No	Non Covere Non Covere Non Covere Non Covere	red: Pro red: Pro red: Pro red: Pro	ocedure/se ocedure/se ocedure/se ocedure/se	rvice not co rvice not co rvice not co rvice not co	overed b overed b overed b overed b	y the Plan. I y the Plan. I y the Plan. I y the Plan. I	Not subject Not subject Not subject Not subject	t to pre-service t to pre-service t to pre-service t to pre-service	review. review. review. review. review.	- - - -	- - - - -	- - - - -
G0083 G0084 G0085 G0086	Care man h v ext pt 45 m Care man h v ext pt 60 m Care man h v ext pt 75 m Care man home care plan 30 m	No No No	Non Covere Non Covere Non Covere Non Covere Non Covere	red: Pro red: Pro red: Pro red: Pro red: Pro	ocedure/se ocedure/se ocedure/se ocedure/se ocedure/se	rvice not co rvice not co rvice not co rvice not co rvice not co	overed b overed b overed b overed b overed b	y the Plan. I y the Plan. I y the Plan. I y the Plan. I y the Plan. I	Not subject Not subject Not subject Not subject Not subject	t to pre-service t to pre-service t to pre-service t to pre-service t to pre-service t to pre-service t to pre-service	review. review. review. review. review. review.	_ _ _ _ _ _	- - - - - - -	- - - - - -
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G0177 G0180	OPPS/PHP; train & educ serv MD certification HHA patient	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2021	Retire effective 12/31/2021
G0219	PET img wholbod melano nonco	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	– Moved to PA code list
G0235	Pet Imaging Any Site Not Otherwise Specified	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
G0245	Initial foot exam pt lops	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
G0246	Followup eval of foot pt lop	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0247	Routine footcare pt w lops	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0252	PET imaging initial dx	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	12/31/2020	Moved to PA code list
G0255	Current percep threshold tst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0260	Inj for sacroiliac jt anesth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0276	Pild/placebo control clin tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G0277	Hbot full body chamber 30m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0281	Elec stim unattend for press	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0282	Elect stim wound care not pd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
G0295	Electromagnetic therapy onc	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
G0327	Colon Ca Scrn;Bld-Bsd Biomrk	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	7/1/2021	-	Add effective 07/01/2021
G0329 G0333	Electromagntic tx for ulcers Dispense fee initial 30 day	Website Coding and Compensation Non-reimbursable ElU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0333	Percutaneous islet celltrans	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-
G0342	Laparoscopy islet cell trans	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0343	Laparotomy islet cell transp	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	_
G0400	Home sleep test/type 4 Porta	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	
G0416	Prostate biopsy any mthd	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
G0420	Ed svc CKD ind per session	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G0421	Ed svc CKD grp per session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
G0422	Intens cardiac rehab w/exerc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
00422	intens cardiae renab wyexere	post-service review.	-	-	-
G0423	Intens cardiac rehab no exer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0428	Collagen Meniscus Implant Procedure For Filling Meniscal Defects (E.G. Cmi Collagen Scaffold Menaflex)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0429	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G. As A Result Of Highly Active Antiretroviral Therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0448	Insertion Or Replacement Of A Permanent Pacing Cardioverter-Defibrillator System With Transvenous Lead(S) Single Or Dual Chamber With Insertion Of Pacing Electrode Cardiac Venous System For Left Ventricular Pacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
G0453	Cont intraop neuro monitor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0455	Fecal microbiota prep instil	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
G0458	LDR prostate brachy comp rat	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
G0460	Autologous PRP for ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
G0465	Autolog Prp Diab Wound Ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2046
G0465	Autolog Prp Diab Wound Ulcer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/13/2021	4/14/2022	Add effective 04/13/2021 and Retire effective 04/14/2022
G0490	Home Visit by a RN or LPN by RHC/FQHC	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0493	Rn care ea 15 min hh/hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
G0494	Lpn care ea 15min hh/hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-

G0495	Rn care train/edu in hh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
G0496	Lpn care train/edu in hh	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
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G0501	Resource-inten svc during ov	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	-	_	-
G0516	insert drug del implant >=3	post-service review.	-	-	-
G0517	Remove 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	-	-	-
G0518	Remove w insert drug implant	post-service review.	-	-	-
	Improvement In Visual Function Achieved				
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	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
00314	Patient	Non covered. Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0915	Improvement In Visual Function Not Achieved	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	Within 90 Days Following Cataract Surgery	· · · · · · · · · · · · · · · · · · ·	-	-	-
60046	Satisfaction With Care Achieved Within 90				
G0916	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	Non Covered: Presedure (copies not covered by the Disp. Not subject to pre-copies raviou			
	Completed By Patient	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G1001 G1002	Cdsm evicore Cdsm medcurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G1002 G1003	Cdsm medicalis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
G1003	Cdsm ndsc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
G1004	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
G1005	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
G1000	Cdsm aim	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G1007	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.	-		
G1010	Cdsm stanson	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G1011	Cdsm qualified nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G1012	Cdsm agilemd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G1013	Cdsm evidencecare	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G1014	Cdsm inveniga	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.	_	_	_
	Colore Infland	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G1018	Cdsm infinx				
G1019	Cdsm logicnets	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G1019 G1020		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G1019	Cdsm logicnets		_ 		
G1019 G1020 G1021 G1022	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -		- - -
G1019 G1020 G1021 G1022 G1023	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_ _ _ _ _	_ _ _ _	- - - -
G1019 G1020 G1021 G1022 G1023 G1024	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mnth 1 Mcp Prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo < 3Mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2002	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-D/C H Vst new pt 30 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2002 G2003	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-D/C H Vst new pt 45 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2002 G2003 G2004	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-d/C H Vst new pt 45 m Post-d/c h vst new pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2000 G2001 G2002 G2003 G2004 G2005	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-d/C h Vst new pt 45 m Post-d/C h vst new pt 60 m Post-d/c h vst new pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1025 G1026 G1027 G2000 G2001 G2002 G2003 G2004 G2005 G2006	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-d/C H Vst new pt 45 m Post-d/c h vst new pt 60 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1025 G1026 G1027 G2000 G2001 G2002 G2003 G2004 G2005 G2006 G2007	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm intermountain Cdsm persivia Cdsm Radrite Pt Mnth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-D/C H Vst new pt 45 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 75 m Post-d/c h vst new pt 75 m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
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G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2002 G2003 G2004 G2005 G2006 G2010 G2011 G2012 G2013 G2014 G2015 G2016 G2022 G2022 G2025 G2026 G2027 G2028 G2029 G2020 G2021 G2022 G2023 G2024 G2025 G2058 G2070 G2071	Cdsm logicnets Cdsm curbside Cdsm pealthline Cdsm nerrivia Cdsm persivia Cdsm Radrite Pt Mth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-D/C H Vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 75 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 75 m Post-d/c h vst ext pt 75 m Post-d/c h vst ext pt 60 m Remot Image Submit By Pt Alcohol/Sub misuse assess Brief Check In By Md/Qhp Post-d/c care plan overs 30m Post-d/c care plan overs 60m 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) Hea care pract tx in place Benef refuses service mod Dis Site Tele Svcs 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure	1/1/2022 1/1/2022 - - - - - - - - - - - - -	- 2/3/2020 - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2002 G2003 G2004 G2003 G2004 G2005 G2006 G2007 G2008 G2007 G2010 G2011 G2012 G2013 G2014 G2015 G2021 G2022 G2025 G2025 G2025 G2026 G2070	Cdsm logicnets Cdsm curbside Cdsm ehealthline Cdsm netermountain Cdsm persivia Cdsm Radrite Pt Mth 1 Mcp Prov Pt Hemo > 3M0 Pit Hemo > 3M0 Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-D/C H Vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 75 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 30 m Post-d/c are plan overs 30m Post-d/c care plan overs 30m Post-d/c care plan overs 60m 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) Hea care pract tx in place Benef refuses service mod 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to 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 - - - - - - - - - - - - -	- 2/3/2020 - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022
G1019 G1020 G1021 G1022 G1023 G1024 G1025 G1026 G1027 G2000 G2001 G2002 G2003 G2004 G2005 G2006 G2010 G2011 G2012 G2013 G2014 G2015 G2020 G2020 G2021 G2022 G2020 G2021 G2022 G2020 G2021 G2022 G2025 G2026 G2027 G2058 G2070 G2071 G2071	Cdsm logicnets Cdsm curbside Cdsm pealthline Cdsm nerrivia Cdsm persivia Cdsm Radrite Pt Mth 1 Mcp Prov Pt Hemo > 3Mo Pt Hemo > 3Mo Blinded conv. tx mdd clin tr Post D/C H Vst new pt 20 m Post-D/C H Vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 75 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 75 m Post-d/c h vst ext pt 75 m Post-d/c h vst ext pt 60 m Remot Image Submit By Pt Alcohol/Sub misuse assess Brief Check In By Md/Qhp Post-d/c care plan overs 30m Post-d/c care plan overs 60m 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) Hea care pract tx in place Benef refuses service mod Dis Site Tele Svcs 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure	1/1/2022 1/1/2022 - - - - - - - - - - - - -	- 2/3/2020 - - - -	Add effective 01/01/2022 Add effective 01/01/2022 Add effective 01/01/2022

2082	Visit Esketamine 56M Or Less	post-service review.	against Medical Policy Criteria. Submit for predetermination to a	08/01/2021	-	Add effective 08/01/2021
2083	Visit Esketamine > 56M	MP Criteria: Procedure/service reviewed	against Medical Policy Criteria. Submit for predetermination to a	os/01/2021	-	Add effective 08/01/2021
2089	A1c level 7 to 9%	post-service review.	ered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
2090	Pt 66+ frailty and med dem		ered by the Plan. Not subject to pre-service review.		12/31/2020	Netire effective 12/31/2020
2091	Pt 66+ frailty and adv ill		ered by the Plan. Not subject to pre-service review.	-	-	-
092	Ace arb arni		ered by the Plan. Not subject to pre-service review.	-	_	-
093	Med doc rsn no ace arn arni		ered by the Plan. Not subject to pre-service review.	-	_	
094	Pt rsn no ace arn arni		ered by the Plan. Not subject to pre-service review.	-	_	
095	Sys rsn no ace arn arni		ered by the Plan. Not subject to pre-service review.	-		
096	No rsn ace arb arni		ered by the Plan. Not subject to pre-service review.	-		
097	Child dx uri 3d of other dx		ered by the Plan. Not subject to pre-service review.	-		
2098	Pt 66+ frailty and med dem		ered by the Plan. Not subject to pre-service review.			
099	Pt 66+ frailty and adv ill		ered by the Plan. Not subject to pre-service review.	-	-	_
100	Pt 66+ frailty and med dem		ered by the Plan. Not subject to pre-service review.	-		
101	Pt 66+ frailty and adv ill		ered by the Plan. Not subject to pre-service review.	-		
102	Dil retinal eye exam		ered by the Plan. Not subject to pre-service review.		12/31/2020	 Retire effective 12/31/2020
103	6 stereo photos interpret		ered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
104	Eye img valid w/7 stereo		ered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
105	Pt 66+ lt ints > 90		ered by the Plan. Not subject to pre-service review.		,.,	
106	Pt 66+ lt ints > 90		ered by the Plan. Not subject to pre-service review.			
107	Pt 66+ frailty and adv ill		ered by the Plan. Not subject to pre-service review.			
108	Pt 66+ lt ints > 89		ered by the Plan. Not subject to pre-service review.	-	-	
.09	Pt 66+ frailty and med dem		ered by the Plan. Not subject to pre-service review.	-	-	
.10	Pt 66+ frailty and adv ill		ered by the Plan. Not subject to pre-service review.	-	-	-
10	Pred<=5 mg ra glu <6m		ered by the Plan. Not subject to pre-service review.	-	-	-
12	Pred<=5 mg ra giu <6m Pred>5 mg >6m no chg da		ered by the Plan. Not subject to pre-service review.	-	-	-
13 14			ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.	-		 Retire effective 12/31/2020
.14	Pt 66-80 frailty and med dem		, , , ,	-	12/ 31/ 2020	netire enective 12/51/2020
	Pt 66+ frailty and med dem		ered by the Plan. Not subject to pre-service review.	-	-	-
16	Pt 66+ frailty and adv ill		ered by the Plan. Not subject to pre-service review.	-	-	- Rotico offortivo 12/21/2020
17	Pt 66-80 frailty and adv ill		ered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
18	Pt 81+ frailty		ered by the Plan. Not subject to pre-service review.	-	-	-
19	Calc vitd opt	· · ·	ered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
.20	No calc vitd opt		ered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
21	Psy dep anx ap and icd asse		ered by the Plan. Not subject to pre-service review.			
.22	Psy/dep/anx/apandicd noasse		ered by the Plan. Not subject to pre-service review.	-	_	
23	Pt 66-80 frailty med dem		ered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
24	Pt 66-80 frailty adv ill		ered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
25	Pt 81+ frailty		ered by the Plan. Not subject to pre-service review.	_	_	_
26	Pt 66+ frailty adv ill		ered by the Plan. Not subject to pre-service review.	_	_	_
127	Pt 66+ frailty med dem	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.			
.28	No aspirin med rsn	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.			_
129	No bp outpt	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	
130	Pt 66+ lt inst > 89	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
.31	Pt 81+ frailty	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
132	Pt 66-80 frailty and med dem	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
133	Pt 66-80 frailty and adv ill	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
.34	Pt 66+ frailty and med dem	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
.35	Pt 66+ frailty and adv ill	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
36	Bk pain vas 6-20wk = 2	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	_
.37	Bk pain vas 6-20wk > 2	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	_
.38	Bk pain vas 9-15mo = 2	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	_
39	Bk pain vas 9-20mo > 2	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	_
40	Leg pain vas 6-20wk = 2	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	-	_	_
41	Leg pain vas 6-20wk > 2	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	_
42	Fs odi 9-15mo postop<= 21	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.	_	_	_
43	Fs odi 9-15mo > 21		ered by the Plan. Not subject to pre-service review.	_	_	_
.44	Fs odi 6-20wk postop > 21		ered by the Plan. Not subject to pre-service review.	_	_	_
45	Fsodi 6-20wk >22 or chg 30pt	Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review.		_	_
	Leg pain vas 9-15mo <= 2					
46		Non Covered: Procedure/service not covered	ered by the Plan. Not subject to pre-service review.		_	_
	Leg pain vas 9-15mo > 2					_
47		Non Covered: Procedure/service not covered	ered by the Plan. Not subject to pre-service review.	-		-
47 48	Leg pain vas 9-15mo > 2	Non Covered: Procedure/service not covered: Procedure/service	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.	-		
.47 .48 .49	Leg pain vas 9-15mo > 2 Mpm used	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.	- - - -		
47 48 49 50	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.	- - - - - - -		- - - -
.47 .48 .49 .50 .51	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.		-	- - - - -
47 48 49 50 51 52	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.	-	_ _ _ _ _ _ _ 	
.47 .48 .49 .50 .51 .52 .53	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.	-	_ _ _ _ _ _ 12/31/2020 12/31/2020	
47 48 49 50 51 52 53 54	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
17 18 19 50 51 52 53 54 55	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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
47 48 50 51 52 53 54 55 56	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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
17 18 19 50 51 52 53 54 55 56 57	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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
47 48 49 50 51 52 53 53 54 55 55 56 57 58	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered by the Plan. Not subject to pre-service review.		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
47 48 50 51 52 53 54 55 56 57 58 59	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc = 1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc 12 mo 60+	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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
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146 147 148 150 151 152 153 154 155 156 157 158 159 160 161	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx No pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 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
47 48 49 50 51 52 53 54 55 55 55 55 55 55 55 55 60 61 62	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx No pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
447 448 450 551 552 553 554 555 558 559 660 661 662 663	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
447 448 450 551 552 553 554 555 555 555 559 660 661 661 663 664	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx No pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29 Adv rx infl vacc	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 12/31/2020 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
447 448 449 550 551 552 553 554 455 555 556 60 60 61 61 62 663 664 665	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm D degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx No pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29 Adv rx infl vacc No infl vacc 07/01 to 06/29	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 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
47 48 50 51 52 53 55 55 55 55 55 55 55 55 55 55 55 60 61 62 63 64 65 66	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29 Adv rx infl vacc No infl vacc 07/01 to 06/29 No infl vacc 07/01 to 06/29 No pt adm dx no neck fs prom	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 12/31/2020 12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
47 48 50 51 52 53 55 55 55 55 55 55 55 55 55 55 55 60 61 62 63 64 65	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm D degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx No pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29 Adv rx infl vacc No infl vacc 07/01 to 06/29	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 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
47 48 50 51 52 53 55 55 55 55 55 55 55 55 55 55 55 60 61 62 63 64 65 66	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc adv rx No pneum vacc 12 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29 Adv rx infl vacc No infl vacc 07/01 to 06/29 No ynt adm dx no neck fs prom Res change sc < 1	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 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
47 48 49 50 51 52 53 55 55 56 57 55 56 50 51 52 53 55 55 55 56 55 55 55 55 55 55 55 55 55	Leg pain vas 9-15mo > 2 Mpm used No mpm med rsn No mpm Dx degen neuro Res change sc =1 Hosp dur meas pd Td 9 yrs start end meas Hist contraindications No prior td or hx contra Pneum vacc 12 mo 60+ Pneum vacc 21 mo 60+ Herpzos 50+ Adv rx zos No herpzos 50+ Infl vacc 07/01 to 06/29 Adv rx infl vacc No infl vacc 07/01 to 06/29 No infl vacc 07/01 to 06/29 No pt adm dx no neck fs prom	Non Covered: Procedure/service not cov Non Covered: Procedure/service not cov	ered by the Plan. Not subject to pre-service review. ered 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 12/31/2020 12/31/2020 12/31/2020 12/31/2020 12/31/2020	

G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	-	Add effective 04/01/2021
G2173	Uri episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2174	Uri episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2175	Episodes where the patient had a competing comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2176	Outpatient, ed, or observation visits that result in an inpatient admission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
G2177	Acute bronchitis/bronchiolitis episodes when the patient had a new or refil prescription of antibiotics (table 1) in the 30 days prior to or on the episode date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2178	Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2179	Clinician documented that patient had medical reason for not performing lower extremity neurological exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2180	Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2181	Bmi not documented due to medical reason or patient refusal of height or weight measurement	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2182	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2183	Documentation patient unable to communicate and informant not available	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2184	Patient does not have a caregiver Documentation caregiver is trained and	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
G2185	certified in dementia care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2186	Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
G2187	Patients with clinical indications for imaging of the head: head trauma	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G2188	Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2189	Patients with clinical indications for imaging of the head: abnormal neurologic exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2190	Patients with clinical indications for imaging of the head: headache radiating to the neck	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2191	Patients with clinical indications for imaging of the head: positional headaches	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2192	Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2193	Patients with clinical indications for imaging of the head: new onset headache in pre- school children or younger (<6 years of age)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G2194	Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2195	Patients with clinical indications for imaging of the head: occipital headache in children	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2196	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2197	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2199	Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2200	Patient identified as an unhealthy alcohol user received brief counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2202	Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2204	Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2205	Patients with pregnancy during adjuvant treatment course	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2206	Patient received adjuvant treatment course including both chemotherapy and her2- targeted therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2207	Reason for not administering adjuvant treatment course including both chemotherapy and her2-targeted therapy (e.g. poor performance status (ecog 3-4; karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2208	Patient did not receive adjuvant treatment course including both chemotherapy and her2- targeted therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2209		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
G2210	Risk-adjusted functional status change residual score for the neck impairment not measured because the patient did not complete the neck fs prom at initial evaluation and/or near discharge, reason not given	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G2251		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
G2252		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2021	Retire effective 12/31/2021
G4000 G4001		Non Covered: Procedure/service not covered 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
G4001 G4002	-	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022
G4003		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022		Add effective 01/01/2022

64004 I	Endocrinology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022		Add effective 01/01/2022
	Family Medicine Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
						-	
	Gastroenterology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	-	Add effective 01/01/2022
4007 (General Surgery Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4008 (Geriatrics Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022		Add effective 01/01/2022
	Hospitalists Ss					-	Add effective 01/01/2022
			covered by the Plan. Not subject to p		1/1/2022	-	
4010 I	Infectious Disease Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4011 I	Internal Medicine Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022		Add effective 01/01/2022
	Interventional Rad Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
						-	
	Mentl/Behav Health Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
4014 1	Nephrology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4015 I	Neurology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	re-service review	1/1/2022	_	Add effective 01/01/2022
	Neurosurgical Ss		, , ,			-	
			covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
4017 I	Nutrition/Dietician Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4018 (Ob/Gyn Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022		Add effective 01/01/2022
	Oncology/Hema Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
						-	
	Ophthalmology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
4021 (Orthopedic Surgery Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4022 (Otolaryngology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022		Add effective 01/01/2022
						-	
	Pathology Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
4024 I	Pediatric Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4025 I	Physical Medicine Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022		Add effective 01/01/2022
					1/1/2022	-	
	Phys/Occ Therapy Ss		covered by the Plan. Not subject to p			-	Add effective 01/01/2022
	Plastic Surgery Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p		1/1/2022	_	Add effective 01/01/2022
4028 I	Podiatry Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
	Preventive Medicine Ss		covered by the Plan. Not subject to p		1/1/2022		Add effective 01/01/2022
						-	
	Pulmonology Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
4031 I	Radiation Oncology Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4032 I	Rheumatology Ss		covered by the Plan. Not subject to p		1/1/2022		Add effective 01/01/2022
	Skilled Nursing Facility Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
	, ,					-	
	Speech Language Path Ss		covered by the Plan. Not subject to p		1/1/2022	_	Add effective 01/01/2022
4035 1	Thoracic Surgery Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	_	Add effective 01/01/2022
4036 I	Urgent Care Ss		covered by the Plan. Not subject to p		1/1/2022		Add effective 01/01/2022
						-	
	Urology Ss		covered by the Plan. Not subject to p		1/1/2022	-	Add effective 01/01/2022
4038 \	Vascular Surgery Ss	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	1/1/2022	-	Add effective 01/01/2022
8395 I	LVEF>=40% doc normal or mild	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.			
					-	-	-
	LVEF not performed		covered by the Plan. Not subject to p		-	-	_
8397 I	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	ore-service review.	_	_	_
8398 [Dil macular/fundus not perfo	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.		12/31/2020	Retire effective 12/31/2020
	Pt w/dxa results document		covered by the Plan. Not subject to p		-		
					-	-	-
	Pt w/dxa no results doc	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	-	-	-
8404 1	Low extemity neur exam docum	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	_	_	_
8405 I	Low extemity neur not perfor	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.			
	Eval on foot documented		covered by the Plan. Not subject to p		-	-	-
					-	-	-
8415 1	Eval on foot not performed		covered by the Plan. Not subject to p			_	
8416 I	Pt inelig footwear evaluatio	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.	_	_	_
8417 (Calc bmi abv up param f/u		covered by the Plan. Not subject to p				
					-	-	_
	Calc bmi blw low param f/u		covered by the Plan. Not subject to p			-	
8419 (Calc bmi out nrm param nof/u	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	ore-service review.	_	_	
8420 (Calc bmi norm parameters	Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.			
	Bmi not calculated		covered by the Plan. Not subject to p		-	-	_
0421 1	Bill not calculated	Non covered. Procedure/service not	covered by the Flan. Not subject to p	Jie-selvice leview.	-	-	-
8422 I	Pt inelig bmi calculation	Non Covered: Procedure/service not	covered by the Plan Net subject to r	ore-service review		Retired	Retired effective 12/31/2021
0.22	i chichg bini carcalation				-	neurea	
			covered by the Plan. Not subject to p				
8427	Docrey cur meds by elig clin			pre-service review.			
	Docrev cur meds by elig clin	Non Covered: Procedure/service not	covered by the Plan. Not subject to p		_	_	
8428 (Cur meds not document	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review.		_	
8428 (8430 I	, ,	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p	pre-service review.		- -	
8428 (8430 I	Cur meds not document	Non Covered: Procedure/service not Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review.	<u>-</u>		-
8428 (8430 I 8431 I	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc	Non Covered: Procedure/service not Non Covered: Procedure/service not Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review.	- - -	- - -	- - -
8428 (8430 (8431 (8432 (Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng	Non Covered: Procedure/service not Non Covered: Procedure/service not Non Covered: Procedure/service not Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review.	- - - -	- - - -	- - - -
8428 (8430 f 8431 f 8432 f 8433 s	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - -	- - - - -	- - - -
8428 (8430 f 8431 f 8432 f 8433 s	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	-	 12/31/2020	_ _ _ _ _ _
8428 (8430 [8431 [8432 [8433 [8433] 8442 [Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - - - -	- - - - - 12/31/2020	
8428 (8430 [8431] 8432 [8433] 8433] 8442 [8442]	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - - - -	- - - - 12/31/2020 -	- - - - - Retire effective 12/31/2020 -
8428 (8430 [8431] 8432 [8433 <u>5</u> 8433 <u>5</u> 8442 [8450] 8451]	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - - - -	- - - - 12/31/2020 - -	_ _ _ _ _ _
3428 0 3430 1 3431 1 3432 1 3433 2 3443 2 3442 1 3450 1 3451 1 3452 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - - - - - - -	- - - - - - 12/31/2020 - -	
8428 0 8430 1 8431 1 8432 1 8433 2 8433 2 8442 1 8450 1 8451 1 8452 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - - - - - - - - - -	- - - - 12/31/2020 - - -	- - - - - Retire effective 12/31/2020 - - -
3428 0 3430 1 3431 1 3432 1 3433 2 3443 2 3442 1 3450 1 3451 1 3452 1 3452 1 3452 1 3452 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review. pre-service review.	- - - - - - - - -	- - - - - - - - - - - - - - - -	
3428 0 3430 1 3431 1 3433 1 3433 2 3433 2 3442 1 3450 1 3451 1 3452 1 3452 1 3452 1 3452 1 3452 1 3452 1 3453 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	
8428 () 8430 [] 8431 [] 8432 [] 8433 [] 8443 [] 8443 [] 8443 [] 8445 [] 8452 [] 8445 [] 8445 [] 8447 // 8447 //	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review.	- - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	
3428 () 3430 [] 3431 [] 3432 [] 3433 [] 3433 [] 3443 [] 3443 [] 3445 [] 3450 [] 3451 [] 3452 [] 3465 [] 3473 /] 3474 /] 3475 /]	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d ACE/ARB thxpy not rx?d	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review.	- - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	
3428 () 3430 [] 3431 [] 3432 [] 3433 [] 3433 [] 3443 [] 3443 [] 3445 [] 3450 [] 3451 [] 3452 [] 3465 [] 3473 /] 3474 /] 3475 /]	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - 12/31/2020 - - - - - - - - - - - - - - - - - -	
3428 (4330) [1] 3430 [1] [3] 3431 [1] [3] 3432 [1] [3] 3433 [2] [3] 3434 [1] [3] 3445 [1] [3] 3455 [1] [3] 3445 [1] [3] 3447 [2] [3] 34473 [2] [3] 34474 [2] [3] 34475 [4] [4]	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys <140 and dias <89	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -	
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8428 (1) 8430 [1] 8431 [1] 8433 [2] 8433 [2] 8433 [2] 8433 [2] 8433 [2] 8433 [2] 8442 [1] 8451 [1] 8452 [1] 8455 [1] 8456 [1] 8465 [1] 8465 [1] 8465 [1] 8473 [2] 8474 [3] 8475 [2] 8476 [1] 8477 [1] 8478 [1] 8483 [1] 8483 [1] 8483 [1] 8483 [1] 8483 [1] 8483 [1] 8483 [1] 8483 [1] 8483 [1] 8484 [1] <td>Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx7d Ace/arb not rx7d; doc reas ACE/ARB thxpy not rx7d Bp sys <140 and dias <89 BP not performed/doc Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd</td> <td>Non Covered: Procedure/service not Non Covered: Procedure/service not</td> <td>covered by the Plan. Not subject to p covered by the Plan. Not subject to p</td> <td>pre-service review. pre-service review. pre-se</td> <td></td> <td>-</td> <td>- - - - - - - - - - - - - - - - -</td>	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx7d Ace/arb not rx7d; doc reas ACE/ARB thxpy not rx7d Bp sys <140 and dias <89 BP not performed/doc Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-se		-	- - - - - - - - - - - - - - - - -
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8428 0 8430 F 8431 F 8433 F 8442 F 8455 F 8465 F 8465 F 8475 J 8476 F 8477 F 8478 F 8478 F 8482 F 8488 F 8500 F 8509 F 8510 S 8511 S	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx7d Ace/arb not rx7d; doc reas ACE/ARB thxpy not rx7d Bp sys <140 and dias <89 BP not performed/doc Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-service review. pre-servi		-	- - - - - - - - - - - - - - - -
8428 0 8430 1 8431 1 8431 1 8431 1 8431 1 8433 1 8433 1 8433 1 8433 1 8433 1 8443 1 8445 1 8445 1 8445 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8487 1 8488 1 8488 1 8488 1 8506 1 8510 2 8531 2 8535 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scm f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys <140 and dias <89 Bp sys>=140 and/or dias >=89 BP not performed/doc Flu immunize order/admin Flu immunize no admin doc rea Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep nog no plan doc rng Eld maltreatment not doc	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-se		-	- - - - - - - - - - - - - - - -
8428 0 8428 0 8430 1 8431 1 8432 1 8433 2 8442 1 8442 1 8442 1 8442 1 8442 1 8442 1 8445 1 8447 1 8447 1 8447 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8475 1 8477 1 8483 1 8484 1 8506 1 8510 2 8511 2 8535 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys <140 and/or dias >=89 Bp sys >=140 and/or dias >=89 BP not performed/doc Flu immunize order/admin Flu immunize order/admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep nog no plan reqd Scr dep pos no plan doc rng Eld maltreatment not doc No doc elder mal scrn	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-se		-	- - - - - - - - - - - - - - - -
3428 () 3430 [) 3431 [) 3431 [) 3432 [) 3433 () 3433 () 34342 [) 3433 () 3442 [) 3443 () 34451 [] 34452 [] 34451 [] 3475 /) 3476 [] 34776 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3483 [] 3483 [] 3550 [] 35510 [] 35535 [] 3535 [] 3536 []	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx?d; doc reas ACE/ARB thxpy not rx?d Bp sys <140 and dias <89 BP not performed/doc Flu immunize or admin Flu immunize no admin doc rea Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd Scr dep pos no plan doc rng Eld maltreatment not doc No doc elder mal scrn Doc funct and care plan	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-se	 	-	- - - - - - - - - - - - - - - -
3428 () 3430 [) 3431 [) 3431 [) 3432 [) 3433 () 3433 () 34342 [) 3433 () 3442 [) 3443 () 34451 [] 34452 [] 34451 [] 3475 /) 3476 [] 34776 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3478 [] 3483 [] 3483 [] 3550 [] 35510 [] 35535 [] 3535 [] 3536 []	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys <140 and/or dias >=89 Bp sys >=140 and/or dias >=89 BP not performed/doc Flu immunize order/admin Flu immunize order/admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep nog no plan reqd Scr dep pos no plan doc rng Eld maltreatment not doc No doc elder mal scrn	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject to p	pre-service review. pre-se		-	- - - - - - - - - - - - - - - -
8428 0 8430 1 8431 1 8431 1 8431 1 8431 1 8433 2 8433 2 8433 2 8433 2 8432 1 8435 1 8451 1 8452 1 8473 2 8473 2 8474 2 8477 1 8477 1 8478 1 8478 1 8483 1 8483 1 8500 1 8530 1 8531 2 8535 1 8535 1 8536 1 8536 1 8539 1 8539 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scm f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys<140 and dias <89 BP not performed/doc Flu immunize order/admin Flu imm no admin doc rea Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd Scr dep nos pal ndoc rng Eld maltreatment not doc No doc elder mal scrn Doc funct and care plan Foa not doc as being perf	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject	pre-service review. pre-service review. pre-servi		-	- - - - - - - - - - - - - - - -
8428 0 8430 1 8431 1 8431 1 8431 1 8431 1 8431 1 8431 1 8432 1 8433 1 8442 1 8443 1 8445 1 8445 1 8445 1 8447 1 8474 1 8475 1 8476 1 8477 1 8478 1 8478 1 8484 1 8506 1 8500 1 8551 2 85535 1 8533 1 8533 1 8539 1 8540 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys>=140 and/or dias >=89 Bp sys>=140 and/or dias >=89 BP not performed/doc Flu immunize order/admin Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd Scr dep neg no plan doc rng Eld maltreatment not doc No doc elder mal scrn Doc funct and care plan Foa not doc as being perf No doc cur funct assess	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject	pre-service review. pre-se		-	- - - - - - - - - - - - - - - - -
8428 (8430 I 8431 I 8432 I 8433 S 8442 I 8452 I 8451 I 8474 I 8475 I 8477 I 8475 I 8476 I 8477 I 8476 I 8477 I 8482 I 8483 I 8482 I 8483 I 8506 I 8510 S 8533 I 8536 I 8536 I 8540 I 8541 I 8542 I <td>Cur meds not document Ec at doc medrec pt not elig Pos clin depres scm f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef inelig b-bloc Pt w/abn lvef not elg hyperse scale for the scale sc</td> <td>Non Covered: Procedure/service not Non Covered: Procedure/service not</td> <td>covered by the Plan. Not subject to p covered by the Plan. Not subject</td> <td>pre-service review. pre-service review. pre-se</td> <td></td> <td>-</td> <td>- - - - - - - - - - - - - - - - -</td>	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scm f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef inelig b-bloc Pt w/abn lvef not elg hyperse scale for the scale sc	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject	pre-service review. pre-se		-	- - - - - - - - - - - - - - - - -
8428 0 8430 1 8431 1 8431 1 8431 1 8431 1 8431 1 8431 1 8432 1 8433 2 8442 1 8451 1 8452 1 8452 1 8452 1 8477 1 8475 1 8477 1 8477 1 8482 1 8482 1 8482 1 8482 1 8482 1 8482 1 8482 1 8483 1 8550 1 85510 2 85535 1 85536 1 85539 1 85540 1	Cur meds not document Ec at doc medrec pt not elig Pos clin depres scrn f/u doc Dep scr not doc rng Scr for dep not cpt doc rsn Doc pain as nt perf not elg Beta-bloc rx pt w/abn lvef Pt w/abn lvef inelig b-bloc Pt w/abn lvef b-bloc no rx High risk recurrence pro ca ACE/ARB thxpy rx?d Ace/arb not rx'd; doc reas ACE/ARB thxpy not rx?d Bp sys>=140 and/or dias >=89 Bp sys>=140 and/or dias >=89 BP not performed/doc Flu immunize order/admin Flu immunize no admin Pt rec ACE/ARB Pos pain assess no f/u doc Scr dep neg no plan reqd Scr dep neg no plan doc rng Eld maltreatment not doc No doc elder mal scrn Doc funct and care plan Foa not doc as being perf No doc cur funct assess	Non Covered: Procedure/service not Non Covered: Procedure/service not	covered by the Plan. Not subject to p covered by the Plan. Not subject	pre-service review. pre-se		-	- - - - - - - - - - - - - - - - -

G8561	Pt inelig for ref oto eval	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8562	Pt no hx act drain 90 d	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8563	Pt no ref oto reas no spec	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_		_
G8564	Pt ref oto eval	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8565	Ver doc hear loss	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8566	Pt inelig ref oto eval	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8567	Pt no doc hear loss	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8568	Pt no ref otolo no spec	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8569	Prol intubation req	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8570	No prol intub req	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_		
G8571	Ster wd 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
G8572	No ster wd ifx	Non Covered: Procedure/service not covered by the Plan.		-	12/31/2020	Retire effective 12/31/2020
G8573	Stk CABG	Non Covered: Procedure/service not covered by the Plan.	· · ·	-	12/31/2020	Retire effective 12/31/2020
G8574	No strk CABG	Non Covered: Procedure/service not covered by the Plan.		-	12/31/2020	Retire effective 12/31/2020
G8575	Postop ren fail	Non Covered: Procedure/service not covered by the Plan.	· · ·	-	12,01,2020	10010 01100000 12,01,2020
G8576	No postop ren fail	Non Covered: Procedure/service not covered by the Plan.	, i	-	-	
G8577	Reop req bld grft oth	Non Covered: Procedure/service not covered by the Plan.	, i	-	-	-
G8578			, ,	_	_	
	No reop req bld grft oth	Non Covered: Procedure/service not covered by the Plan.		-	-	
G8598	Asa/antiplat ther used	Non Covered: Procedure/service not covered by the Plan.		-	-	-
G8599	No asa/antiplat ther use rng	Non Covered: Procedure/service not covered by the Plan.		-	-	-
G8600	tPA initi w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan.		_		
G8601	No elig tPA init w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan.		_	_	_
G8602	No tPA init w/in 3 hrs	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.			
G8627	Surg proc w/in 30 days	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G8628	No surg proc w/in 30 days	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G8633	Pharm ther osteo rx	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	
G8635	No pharm ther osteo rx	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.	_	_	_
G8647	Rafscrs ki scor >= 1	Non Covered: Procedure/service not covered by the Plan.	· · ·	_	_	_
G8648	Rafscrs ki scor < 1	Non Covered: Procedure/service not covered by the Plan.		_	_	
G8650	Rafs crs ki no scor no surv	Non Covered: Procedure/service not covered by the Plan.		_	_	
G8651	Rafscrs hi scor >=1	Non Covered: Procedure/service not covered by the Plan.	· · ·	-	-	-
G8652	Rafscrs hi scor < 1	Non Covered: Procedure/service not covered by the Plan.	· · ·	-		-
G8654	Rafs crs hi no scor no surv	Non Covered: Procedure/service not covered by the Plan.		-	-	-
G8655	Rafscrs Ilfai scor >= 1	Non Covered: Procedure/service not covered by the Plan.		-	-	
G8656	Rafscrs Ilfai scor < 1	Non Covered: Procedure/service not covered by the Plan.		-	-	-
				-	-	-
G8658	Rafscrs Ilfai no scor + surv	Non Covered: Procedure/service not covered by the Plan.		-	-	-
G8659	Rafscrs lbi scor >= 1	Non Covered: Procedure/service not covered by the Plan.	· · ·	-	-	_
G8660	Rafscrs lbi scor < 1	Non Covered: Procedure/service not covered by the Plan.	· · ·	-	_	_
G8661	Rafscrs Ibi no scor	Non Covered: Procedure/service not covered by the Plan.				
G8662	Rafs crs lbi no scor no surv	Non Covered: Procedure/service not covered by the Plan.				
G8663	Rafscrs si scor >= 1	Non Covered: Procedure/service not covered by the Plan.		-	-	-
G8664	Rafscrs si scor < 1	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review.			
			· · ·	_	-	-
G8666	Rafs crs si no scor no surv	Non Covered: Procedure/service not covered by the Plan.	· · ·		-	-
G8667	Rafscrs ewh scor >= 1	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	- - -	- - -	_ _ _
		Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.	- - -	- - -	- - -
G8667	Rafscrs ewh scor >= 1	Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.	- - -	- - -	- - - -
G8667 G8668	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.	- - - -	- - - - 12/31/2020	- - - - Retire effective 12/31/2020
G8667 G8668 G8670	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review. Not subject to pre-service review.	-		
G8667 G8668 G8670 G8671	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-		
G8667 G8668 G8670 G8671 G8672 G8674	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1 Rafscrs goi scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1 Rafscrs goi scor < 1 Rafscrs neck no msr/no foto	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1 Rafscrs goi scor < 1 Rafscrs neck no msr/no foto Left Ventriucular Ejection Fraction (Lvef) <	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1 Rafscrs goi scor < 1 Rafscrs neck no msr/no foto Left Ventriucular Ejection Fraction (Lvef) < 40%	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1 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	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8694	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1 Rafs crs ewh no scor no surv Rafscrs goi scor >= 1 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	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711 G8712	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711 G8712	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711 G8712	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8674 G8694 G8708 G8709 G8710 G8711 G8712 G8721 G8722	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8672 G8674 G8694 G8708 G8709 G8710 G8711 G8712 G8721	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8674 G8694 G8708 G8709 G8710 G8711 G8712 G8721 G8722	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8674 G8674 G8694 G8708 G8709 G8710 G8711 G8712 G8721 G8722 G8723	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.	- - - - - - - - -	12/31/2020	Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8674 G8674 G8708 G8709 G8709 G8710 G8711 G8712 G8721 G8722 G8722 G8723 G8724	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020
G8667 G8668 G8670 G8671 G8674 G8708 G8709 G8709 G8709 G8710 G8711 G8712 G8721 G8722 G8722 G8722 G8723 G8724 G8730	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G8670 G8671 G8674 G8708 G8709 G8709 G8710 G8711 G8712 G8721 G8722 G8722 G8723 G8723 G8724 G8731	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G871 G874 G8708 G8709 G8710 G8711 G8712 G8721 G8722 G8723 G8730 G8731	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G871 G874 G8708 G8709 G8710 G8711 G8712 G8721 G8722 G8723 G8730 G8731	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G8670 G8671 G8671 G8704 G8709 G8709 G8709 G8710 G8711 G8712 G8721 G8722 G8722 G8723 G8723 G8724 G8730 G8731 G8732 G8732 G8733	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G8670 G8671 G8674 G8708 G8708 G8709 G8710 G8711 G8712 G8712 G8721 G8722 G8723 G8724 G8730 G8731 G8732 G8733 G8733 G8734	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G8671 G8772 G8774 G8774 G8774 G8773 G8710 G8711 G8712 G8712 G8721 G8722 G8723 G8724 G8733 G8733 G8734 G8735 G8749	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G8671 G8672 G8709 G8710 G8711 G8712 G8721 G8722 G8723 G8724 G8733 G8734 G8735 G8734 G8735	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G8671 G8772 G8774 G8774 G8774 G8773 G8710 G8711 G8712 G8712 G8721 G8722 G8723 G8724 G8733 G8733 G8734 G8735 G8749	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G8671 G8672 G8709 G8710 G8711 G8712 G8721 G8722 G8723 G8724 G8733 G8734 G8735 G8734 G8735	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G8770 G8671 G8672 G8774 G8709 G8709 G8710 G8711 G8712 G8722 G8723 G8724 G8733 G8733 G8734 G8735 G8749 G8732 G8733 G8734 G8735 G8752 G8753	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G8671 G872 G8709 G8710 G8711 G8712 G8721 G8722 G8723 G8731 G8732 G8733 G8734 G8735 G8753 G8753 G8754	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G8711 G8708 G8710 G8711 G8712 G8713 G8722 G8723 G8724 G8733 G8734 G8735 G8749 G8752 G8733 G8734 G8755 G8755 G8756	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -
G8667 G8668 G870 G871 G874 G8772 G8710 G8711 G8712 G8721 G8722 G8723 G8724 G8730 G8731 G8732 G8733 G8734 G8735 G8753 G8754 G8754	Rafscrs ewh scor >= 1 Rafscrs ewh scor < 1	Non Covered: Procedure/service not covered by the Plan. Non Covered: Procedure/service not covered by the Plan.	Not subject to pre-service review. Not subject to pre-service review.		12/31/2020 12/31/2020 - - - - - - - - - - - - -	Retire effective 12/31/2020 Retire effective 12/31/2020 -

	Specimen Site Other Than Anatomic Location				
G8797	Of Esophagus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8798	Specimen Site Other Than Anatomic Location Of Prostate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8806	Perf ultrsnd to lct preg doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G8807 G8808	No ta tv ultrasnd Ultrasound not perf rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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.			– 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 Patient Discharge To Home No Later Than	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8818	Post-Operative Day #7 Patient Not Discharged To Home By Post-	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8825	Operative Day #7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8826	Patient Discharge To Home No Later Than Post-Operative Day #2 Following Evar	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8833	Pt not disch home day#2 EVAR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8834	Patient Discharged To Home No Later Than Post-Operative Day #2 Following Cea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8838	Not disch home by day #2 Sleep Apnea Symptoms Assessed Including	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G8839	Sleepiness	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8840	Doc reas no sleep apnea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G8841	No sleep apnea assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G8842	Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Measured At The Time Of Initial Diagnosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8843	Doc reas no ahi or rdi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8844	No AHI or RDI initial dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8845	Positive Airway Pressure Therapy Prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8846	Moderate Or Severe Obstructive Sleep Apnea (Apnea Hypopnea Index (Ahi) Or Respiratory Disturbance Index (Rdi) Of 15 Or Greater)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8849	Doc reas no Pos Air Press	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8850	No PAP prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8851	Objective Measurement Of Adherence To Positive Airway Pressure Therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8852	Documented Positive Airway Pressure Therapy Prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8854	Reas no adhere Pos Air Pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G8855	Pos Air Press adhere no perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8856	Referral To A Physician For An Otologic	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
00000	Evaluation Performed Patient Is Not Eligible For The Referral For	Non covered. Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8857	Otologic Evaluation Measure (E.G. Patients Who Are Already Under The Care Of A Physician For Acute Or Chronic Dizziness)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8858	Not ref for oto eval	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
G8863	No assess bone loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8864	Pneumococcal Vaccine Administered Or Previously Received	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8865	Documentation Of Medical Reason(S) For Not Administering Or Previously Receiving Pneumococcal Vaccine (E.G. Patient Allergic Reaction Potential Adverse Drug Reaction)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8866	Documentation Of Patient Reason(S) For Not Administering Or Previously Receiving Pneumococcal Vaccine (E.G. Patient Refusal)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8867	No pneumococcal admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8869	Doc immune hep b antitnf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
G8872	Excised Tissue Evaluated By Imaging Intraoperatively To Confirm Successful Inclusion Of Targeted Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8873	Specimen not intraop image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G8874	Excised Tissue Not Evaluated By Imaging Intraoperatively To Confirm Successful Inclusion Of Targeted Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8875	Method	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
G8876	Doc reas no min inv dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8877	No brst cncr dx min invasive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_

G8878	Sentinel Lymph Node Biopsy Procedure	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
C9990	Performed		-	-	_
G8880	Sen lym p node biop not perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8881	Stage Of Breast Cancer Is Greater Than T1N0M0 Or T2N0M0	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8882	No sent lymph node biopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
			-	-	_
G8883	Biopsy Results Reviewed Communicated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Tracked And Documented				
	Clinician Documented Reason That Patient'S				
G8884	Biopsy Results Were Not Reviewed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	biopsy nesatio were not nervened				
	Bipsy Results Not Reviewed Communicated				
G8885	Tracked Or Documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8907	Pt doc no events on discharge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G8907 G8908	Pt doc w burn prior to D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8909	Pt doc no burn prior to D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G8910	Pt doc to have fall in ASC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G8911	Pt doc no fall in ASC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G8912	Pt doc with wrong event	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8913	Pt doc no wrong event	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8914	Pt trans to hosp post D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8915	Pt not trans to hosp at D/C	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G8916	Pt w IV AB given on time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G8917	Pt w IV AB not given on time	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G8918	Pt w/o preop order IV AB prop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G8923	LVEF < 40% or lvsd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G8924	Spir fev1/fvc<70% fev<60%	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8925	Spir fev1/fvc>=60% & no copd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		Retired	Retired effective 12/31/2021
30323	op., review - 00% & no copu	non cover call i roccaare/service not cover ca by the rian. Not subjett to pre-service review.	-	Activeu	
G8926	Spiro no perf or doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		Retired	Retired effective 12/31/2021
			-		
G8934	LVEF <40% or dep lv sys fcn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8935	Rx ACE or ARB therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G8936	Pt not eligible ace/arb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
G8937	No rx ACE/ARB therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8938	Bmi doc onl fup nt doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	Retired	Retired effective 12/31/2021
G8939	Pain as doc positive no f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G8941	Eld maltreatment doc as pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Refire enceave 12/51/2020
G8942	Doc fcn/care plan w/30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8944	AJCC Mel cnr stg 0 - IIC	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8946	Mibm but no dx of breast ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8950	Pre-htn or htn doc f/u indc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G8952	Pre-htn/htn no f/u not gvn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G8955	Most recent assess vol mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G8956	Pt rcv HeDia outpt dyls fac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G8958	Assess vol mgmt not doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8959	Clin tx MDD comm to tx clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G8960	Clin tx MDD not comm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G8961	CSIT lowrisk surg pts preop	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8962	CSIT on pt any reas 30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8963	CSI per asx pt w/PCI 2 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8964	CSI any other than PCI 2 yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8965	CSIT perf on low CHD rsk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8966	CSIT perf sx or high CHD rsk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G8967	Warf or other fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G8968	Doc med not presb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
G8969	Doc pt rsn no presc warf/fda	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
G8970	No rsk fac or 1 mod risk TE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
G8973	Mst rcnt Hbb < 10g/dL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8974	Hgb not doc rns not gvn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8975	Hgb <10g/dL med rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G8976	Hgb >= 10 g/dL	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
G9013	ESRD demo bundle level I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9013	ESRD demo bundle-level II	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9014 G9016	Demo-smoking cessation coun	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9050	Oncology work-up evaluation	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9051	Oncology tx decision-mgmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9052	Onc surveillance for disease	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
G9053	Onc expectant management pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9054	Onc supervision palliative	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9055	Onc visit unspecified NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9056	Onc prac mgmt adheres guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9057	Onc pract mgmt differs trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9058	Onc prac mgmt disagree w/gui	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9059	Onc prac mgmt pt opt alterna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G9060	Onc prac mgmt dif pt comorb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9061	Onc prac cond noadd by guide	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9062	Onc prac guide differs nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
G9063	Onc dx nsclc stgl no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9064	Onc dx nsclc stg2 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9065 G9066	Onc dx nsclc stg3A no progre Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		-

G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9070	Onc dx sclc/nsclc ext unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9071	Onc dx brst stg1-2B HR nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9075	One dx brst metastic/ recur	Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service review.
G9077	One dx prostate T1no progres	Non Covered. Procedure/service not covered by the Plan. Not subject to pre-service review.
G9078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9079	Onc dx prostate T3b-T4noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review
G9083	Onc dx prostate unknwn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review
G9084	Onc dx colon t1-3 n1-2 no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review
G9085	Onc dx colon T4 N0 w/o prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review
G9086	Onc dx colon T1-4 no dx prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9087	Onc dx colon metas evid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9088	Onc dx colon metas noevid dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9089	Onc dx colon extent unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9090	Onc dx rectal T1-2 no progr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9092	Onc dx rectal T1-3 N1-2noprg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9093	Onc dx rectal T4 N M0 no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9094	One dx rectal M1 w/mets prog	Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service review.
G9094 G9095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9096 G9097	Onc dx esophageal T4 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
	Onc dx esophageal mate regur	Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service review.
G9098	Onc dx esophageal mets recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9101	Onc dx gastric p R1-R2noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9102	Onc dx gastric unresectable	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9103	Onc dx gastric recurrent	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review
G9104	Onc dx gastric unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9106	Onc dx pancreatc p R1/R2 no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9107	Onc dx pancreatic unresectab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9108	Onc dx pancreatic unknwn NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9109	Onc dx head/neck T1-T2no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9110	Onc dx head/neck T3-4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9112	Onc dx head/neck ext unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9113	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9114	Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9115	One dx ovarian stg3/4 noprog	
09113		
		Non Covered: Procedure/Service not covered by the Plan. Not subject to pre-service review.
G9116	Onc dx ovarian recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117	Onc dx ovarian recurrence Onc dx ovarian unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123	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.
G9116 G9117 G9123 G9124	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.
G9116 G9117 G9123 G9124 G9125	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.
G9116 G9117 G9123 G9124	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.
G9116 G9117 G9123 G9124 G9125	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.
G9116 G9117 G9123 G9124 G9125 G9126	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML blast 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.
G9116 G9117 G9123 G9124 G9125 G9126 G9128	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML caceler phase Onc dx CML blast phase Onc dx CML termission Onc dx multi myeloma stage I	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9129	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 ML remission Onc dx mult imyeloma stage 1 Onc dx mult myeloma stg2 hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9129 G9130	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 mult imyeloma stage I Onc dx mult myeloma stg2 hig Onc dx mult myeloma unknown Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9129 G9130 G9131	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML last phase Onc dx CML remission Onc dx CML remission Onc dx multi myeloma stage 1 Onc dx multi myeloma stage 1 Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9129 G9130 G9131 G9132	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML chronic phase Onc dx CML blast phase Onc dx CML blast phase Onc dx CML remission Onc dx multi myeloma stage I Onc dx multi myeloma stage J Nor dx multi myeloma stage J Onc dx multi myeloma unknown Onc dx brst unknown NOS Onc dx prostate mets no cast Onc dx prostate clinical met	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9129 G9130 G9131 G9132 G9133	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML chronic phase Onc dx CML blast phase Onc dx CML blast phase Onc dx CML remission Onc dx multi myeloma stage 1 Onc dx multi myeloma unknown Onc dx multi myeloma unknown Onc dx prostate mets no cast Onc dx prostate clinical met Onc NHLstg 1-2 no relap no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135	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 acceler phase Onc dx CML remission Onc dx mult myeloma stage 1 Onc dx mult myeloma stg2 hig Onc dx mult myeloma unknown Onc dx prostate mets no cast Onc dx prostate clinical met Onc NHLstg 1-2 no relap no Onc dx NHL stg 3-4 not relap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9135	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML bast phase Onc dx CML bast phase Onc dx CML bast phase Onc dx CML premission Onc dx CML remission Onc dx multi myeloma stage I Onc dx multi myeloma stg2 hig Onc dx multi myeloma nknown Onc dx prostate mets no cast Onc dx prostate efinical met Onc NHLstg 1-2 no relap no Onc dx NHL trans to Ig Bcell	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9135 G9137	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML blast phase Onc dx CML blast phase Onc dx CML blast phase Onc dx CML remission Onc dx Multi myeloma stage I Onc dx multi myeloma stage Jig Onc dx multi myeloma stage Jig Onc dx multi myeloma stage Nig Onc dx multi myeloma stage Nig Onc dx prostate mets no cast Onc dx prostate elinical met Onc dx NHLstg 1-2 no relap no Onc dx NHL trans to Ig Bcell Onc dx NHL relapse/refractor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML caceler phase Onc dx CML blast phase Onc dx Mult imyeloma stage I Onc dx mult imyeloma stage Jig Onc dx mult imyeloma stage Nig Onc dx prostate entes no cast Onc dx prostate clinical met Onc dx NHL stg 3-4 not relap no Onc dx NHL trans to Ig Bcell Onc dx NHL relapse/refractor Onc dx NHL relapse/refractor Onc dx NHL stg unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9137 G9138 G9139	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 acceler phase Onc dx CML remission Onc dx mult myeloma stage 1 Onc dx mult myeloma stage 10 Onc dx mult myeloma stage 10 Onc dx mult myeloma stage 10 Onc dx prostate mets no cast Onc dx prostate clinical met Onc dx NHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg suknown Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx CML dx status unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML caceler phase Onc dx CML blast phase Onc dx Mult imyeloma stage I Onc dx mult imyeloma stage Jig Onc dx mult imyeloma stage Nig Onc dx hust unknown NOS Onc dx prostate mets no cast Onc dx NHL stg 3-4 not relap no Onc dx NHL trans to Ig Bcell Onc dx NHL relapse/refractor Onc dx NHL relapse/refractor Onc dx NHL stg unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9137 G9138 G9139	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 acceler phase Onc dx CML remission Onc dx mult myeloma stage 1 Onc dx mult myeloma stage 10 Onc dx mult myeloma stage 10 Onc dx mult myeloma stage 10 Onc dx prostate mets no cast Onc dx prostate clinical met Onc dx NHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg suknown Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx CML dx status unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9137 G9138 G9139	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx CML remission Onc dx multi myeloma stage 1 Onc dx multi myeloma stage 10 Onc dx multi myeloma unknown Onc dx prostate mets no cast Onc dx prostate clinical met Onc dx NHL stg 1-2 no relap no Onc dx NHL stg 3-4 not relap Onc dx NHL relapse/refractor Onc dx NHL relapse/refractor Onc dx CML dx status unknown Frontier extended stay demo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9137 G9138 G9139	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chonic phase Onc dx CML acceler phase Onc dx CML cremission Onc dx CML remission Onc dx Mult myeloma stage 1 Onc dx mult myeloma stg2 hig Onc dx mult myeloma stg2 hig Onc dx prostate mets no cast Onc dx prostate clinical met Onc dx NHL stg 3-4 not relap Onc dx NHL relapse/refractor Onc dx NHL stg unknown Onc dx INL stag unknown Onc dx INL dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9137 G9138 G9139	Onc dx ovarian unknown NOS Onc dx CNL chronic phase Onc dx CML acceler phase Onc dx CML blast phase Onc dx CML blast phase Onc dx CML acceler phase Onc dx CML blast phase Onc dx CML premission Onc dx multi myeloma stage 1 Onc dx Nulti stuse Onc dx Not prostate clinical met Onc dx NHL stg 3 -4 not relap Onc dx NHL stg 3 -4 not relap Onc dx NHL stg 3 -4 not relap Onc dx NHL stg unknown Onc dx CML dx status unknown Onc dx CML dx status unknown Onc dx CML dx status unknown Prontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9139 G9139 G9139 G9139	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML bast phase Onc dx CML bast phase Onc dx CML bast phase Onc dx CML remission Onc dx Multi myeloma stage I Onc dx prostate mets no cast Onc dx prostate etnical met Onc dx NILstg 1-2 no relap no Onc dx NHL stg 3-4 not relap Onc dx NHL stg 0xnown Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx CML dx status unknown Frontier extended sty demo Outpatient Intravenous Insulin Treatment (OlVT)? either pulsatile or continuous, by any means, guided by the results of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9139 G9139 G9139 G9139	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chonic phase Onc dx CML acceler phase Onc dx CML acceler phase Onc dx CML remission Onc dx Mult myeloma stage 1 Onc dx prostate mets no cast Onc dx prostate clinical met Onc MIL stg 1-2 no relap no Onc dx NHL stg 3-4 not relap Onc dx NHL stg 3-4 not relapso/refractor Onc dx CML dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient;	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9128 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9139 G9139 G9139 G9139	Onc dx ovarian recurrence Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx Mult myeloma stage I Onc dx prostate mets no cast Onc dx prostate clinical met Onc dX NHL stg 3-4 nor relap Onc dx NHL stg 3-4 nor relap Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx CML dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, urine urea nitrogen (UUN); and/or,	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9140	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 acceler phase Onc dx CML remission Onc dx CML remission Onc dx mult myeloma stage I Onc dx mult myeloma stg2 hig Onc dx mult myeloma stg2 hig Onc dx mult myeloma stg2 hig Onc dx prostate mets no cast Onc dx prostate mets no cast Onc M krutstg 1-2 no relap no Onc dx NHL stg 3-4 not relap Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx KML dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary gluccse; and/or potassium concentration	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9139 G9139 G9139 G9139 G9139 G9139 G9140 G9147 G9148	Onc dx ovarian unknown NOS Onc dx CML chronic phase Onc dx CML chronic phase Onc dx CML bast phase Onc dx CML bast phase Onc dx CML bast phase Onc dx CML remission Onc dx Multi myeloma stage 1 Onc dx hult stage 1 Onc dx hult stage 1 Onc dx prostate clinical met Onc MIL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg 1-4 norelap Onc dx NHL stg unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, unaterial, venous or capillary glucose; and/or potassium concentration Medical Home Level 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9134 G9135 G9136 G9137 G9138 G9139 G9140 G9141 G9142 G9143 G9144 G9145 G9147	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 acceler phase Onc dx CML remission Onc dx mult myeloma stage 1 Onc dx mult myeloma stage 10 Onc dx mult myeloma stage 1 Onc dx prostate mets no cast Onc dx prostate clinical met Onc dX NHL stg 1-2 no relap no Onc dx NHL stg 3-4 not relap Onc dx (ML status unknown Onc dx (ML status unknown Onc dx (ML status unknown <td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. </td>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9128 G9129 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9140 G9147 G9148 G9149 G9150	Onc dx ovarian urknown NOS Onc dx ovarian urknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx Mult myeloma stage 1 Onc dx prostate mets no cast Onc dx prostate clinical met Onc MHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx CML dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration Medical Home Level 1 Medical Home Level 1 Medical Home Level III	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9140 G9140 G9140 G9140 G9147 G9148 G9150 G9151	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 acceler phase Onc dx CML remission Onc dx Mult myeloma stage I Onc dx prostate mets no cast Onc Mx prostate mets no cast Onc Mx Istg 1-2 no relap no Onc dx NHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg 0-2 no relap no Onc dx NHL stg 0-2 no relap no Onc dx NHL stg 1-2 no relap no Onc dx NHL stg 1-2 no relap no Onc dx NHL stg 1-3 no relap no Onc dx NHL stg 1-4 nor relap Onc dx NHL stg 1-4 nor relap Onc dx CML dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, urine urea nitro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
G9116 G9117 G9123 G9124 G9125 G9126 G9127 G9130 G9131 G9132 G9133 G9134 G9135 G9136 G9137 G9138 G9139 G9140 G9140 G9140 G9147 G9148 G9149 G9150 G9151 G9152	Onc dx ovarian urknown NOS Onc dx ovarian urknown NOS Onc dx CML chronic phase Onc dx CML acceler phase Onc dx Mult myeloma stage 1 Onc dx prostate mets no cast Onc dx prostate clinical met Onc MHL stg 3-4 not relap Onc dx NHL stg 3-4 not relap Onc dx NHL stg unknown Onc dx NHL stg unknown Onc dx CML dx status unknown Frontier extended stay demo Outpatient Intravenous Insulin Treatment (OIVT) either pulsatile or continuous, by any means, guided by the results of measurements for:respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration Medical Home Level 1 Medical Home Level 1 Medical Home Level III	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.
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G9307 No ret for surg w in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	S9307 No ret for surg win 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9290 G9291 G9292 G9293 G9294 G9295 G9296 G9297 G9298 G9299 G9290 G92930 G92930 G9300 G9301 G9303 G9304	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report Site not small cell lung ca Antibio rx w in 10d of sympt No antibio vin 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No do csper neport Pt cat and thck on report Non cutaneous loc Doc share dec prior proc Eval risk vte card 300 prior No eval riskk vte card prior Doc medrsn no compl antibio Norsn no pros info op rpt Pros info op rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9308 Unpl ret or w/compl w/in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	59308 Unplinet or w/compl w/in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9290 G9292 G9293 G9294 G9295 G9296 G9297 G9298 G9299 G92930 G9294 G9295 G9296 G9297 G9298 G9299 G9299 G9299 G9290 G92930 G92930 G9301 G9302 G9303 G9304 G9305	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no hist type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx wi n10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca No toc type nsm lung ca No toc type nsm lung ca No toc type nsm lung ca No to taggory on report No pt category on report Doc share dec prior proc Eval risk vte card 30d prior No eval risk vte card prior Doc medrsn no compl antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak	Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9309 No unplnd hosp readm in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	59309 No unplnd hosp readm in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9289 G9290 G9291 G9292 G9293 G9294 G9295 G9295 G9296 G9297 G9298 G9299 G93001 G9302 G9303 G9304 G9305 G9306	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scr done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx win 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No pt category on report No no cutaneous loc Doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card 30d prior Doc medrsn no compl antibio Norsn no compl antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak Interv req for leak	Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9310 Unplnd hosp readm in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	93910 Unplnd hosp readm in 30d Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9289 G9290 G9292 G9293 G9294 G9295 G9295 G9296 G9297 G9298 G9292 G9293 G9294 G9295 G9295 G9296 G9297 G9298 G9299 G9300 G9301 G9303 G9304 G9305 G9306 G9307	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx wi n 10d of sympt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No pt category on report No actagory on report No doc share dec prior proc No soul riskk vte card prior Doc medrs no pt stibio Norsn no compl inf antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak No ret for surg win 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9311 No surg site infection Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	59311 No surg site infection Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9277 G9277 G9277 G9277 G9277 G9278 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9290 G9291 G9292 G9293 G9294 G9295 G9296 G9297 G9298 G9299 G92930 G92930 G9300 G9303 G9304 G9305 G9306 G9307 G9308	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx wi n 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No a tat thck on report Pt cat and thck on report No no cutaneous loc Doc share dec prior proc Eval risk vte card grior No red risk vte card prior Norsn incomp inf antibio Norsn incom pinf antibio Norsn incom pinf antibio Norsn fice surg win 30d Unpl ret or w/compl w/in 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9312 Surgical site infection Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	Surgical site infection Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9289 G9290 G9291 G9292 G92930 G9294 G9295 G9296 G9297 G9298 G9299 G9209 G9209 G9209 G9209 G9209 G9209 G9209 G9209 G9209 G9200 G9300 G9303 G9304 G9305 G9307 G9308	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx wi n 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No a tat thck on report Pt cat and thck on report No no cutaneous loc Doc share dec prior proc Eval risk vte card grior No red risk vte card prior Norsn incomp inf antibio Norsn incom pinf antibio Norsn incom pinf antibio Norsn fice surg win 30d Unpl ret or w/compl w/in 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9312 Surgical site infection Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	Surgical site infection Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9287 G9288 G9287 G9288 G9290 G9291 G9292 G9293 G9294 G9295 G9296 G9297 G9298 G9299 G92930 G9294 G9295 G9296 G9297 G9298 G9299 G9290 G92930 G9301 G9302 G93030 G9304 G9305 G9306 G9307 G9308 G9309	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx wi n 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Not nsm lung ca Medrsn no pt category No pt category on report Pt cat and thck on report No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card prior Doc medrsn no compl antibio Doc compl inf antibio Norsn no pros info op rpt Pros info op rpt No ret for surg w in 30d Ungl ret or w/compl w/in 30d	Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Nan Covered: Pr	12/31/2020 12/31/2020 12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020 Retire effective 12/31/2020
G9313 Amoxic not presc as 1st line Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	S9313 Amoxic not presc as 1st line Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9290 G9292 G9293 G9294 G9295 G9295 G9296 G9297 G9298 G92930 G9303 G9304 G9305 G9306 G9307 G9308 G9309 G93010	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report Site not small cell lung ca Antibio rx win 10d of sympt No antibio win 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No pt category on report Pt cat and thck on report No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card prior Doc medrsn no gong antibio Doc morp nt Norsn incomp inf antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak No unplnd hosp readm in 30d Unplnd hosp readm in 30d	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
G9314 Norsn not first line amox Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	Sp314 Norsn not first line amox Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Sp315 Doc first line amox Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9289 G9290 G9292 G9293 G9294 G9295 G9296 G9297 G9298 G9299 G9209 G9300 G9301 G9302 G9303 G9304 G9305 G9307 G9308 G9307 G9308 G9309 G9309 G9309 G9301 G9302 G9303 G9304 G9305 G9306 G9307 G9308 G9309 G9310 G9311 </td <td>Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no hist type Hist type doc on report Site not small cell lung ca Antibio rx win 10d of sympt No antibio win 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No fuctategory on report Pt cat and thck on report No cutaneous loc Doc share dec prior proc No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card 30d prior No eval riskk vte card 30d prior No resin no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak No ret for surg w in 30d Unplind hosp readm in 30d No surg site infection</td> <td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. </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>	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no hist type Hist type doc on report Site not small cell lung ca Antibio rx win 10d of sympt No antibio win 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca No fuctategory on report Pt cat and thck on report No cutaneous loc Doc share dec prior proc No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card 30d prior No eval riskk vte card 30d prior No resin no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak No ret for surg w in 30d Unplind hosp readm in 30d No surg site infection	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
G9315 Doc first line amox Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	59315 Doc first line amox Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9289 G9290 G9291 G9292 G9293 G9294 G9295 G9296 G9297 G9298 G9299 G9209 G9209 G9209 G9209 G9209 G9209 G9209 G9209 G9209 G9200 G9301 G9302 G9303 G9304 G9305 G9306 G9307 G9308 G9309 G9310 G9311 G9312	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no histo type Hist type doc on report Site not small cell lung ca Antibio rx wi n 10d of sympt No antibio v in 10d of sympt Doc medrsn no hist type pt Doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No a tcategory on report Pt cat and thck on report No doc share dec prior proc Doc share dec prior proc Eval risk vte card grior No eval riskk vte card prior No rest no compl antibio Dor compl inf antibio Norsn incomp inf antibio Norsn no pro info op rpt Pros info op rpt No interv req for leak Interv req for leak	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
		G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9287 G9288 G92929 G92929 G92929 G92926 G92927 G9298 G92929 G92930 G92930 G92930 G92931 G93030 G93030 </td <td>Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no hist type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx u in 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca Not nsm lung ca Medrsn no pt category No pt category on report Pt cat and thck on report No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card prior Doc medrsn no compl antibio Doc medrsn no compl antibio Doc share dec prior prot Fva link vte card prior No seval riskk vte card prior Doc medrsn no compl antibio Dor compl inf antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak Interv req for leak Interv req for leak No rupInd hosp readm in 30d No surg site infection Amoxic not presc as 1st line</td> <td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.</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>	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scrn done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no hist type Hist type doc on report No hist type doc on report Site not small cell lung ca Antibio rx u in 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca Not nsm lung ca Medrsn no pt category No pt category on report Pt cat and thck on report No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card prior Doc medrsn no compl antibio Doc medrsn no compl antibio Doc share dec prior prot Fva link vte card prior No seval riskk vte card prior Doc medrsn no compl antibio Dor compl inf antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak Interv req for leak Interv req for leak No rupInd hosp readm in 30d No surg site infection Amoxic not presc as 1st line	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
	boo comministrate in a concernant is the interval in the concernant in the concernant is the interval in the concernant is the interval in the concernant is the interval interval in the concernant is the interval interv	G9276 G9277 G9278 G9279 G9280 G9281 G9282 G9283 G9284 G9285 G9286 G9287 G9288 G9289 G9290 G9291 G9292 G9293 G9294 G9295 G9295 G9296 G9297 G9298 G92930 G9294 G9295 G9295 G9296 G9297 G9298 G92930 G9301 G9302 G9303 G9304 G9305 G9306 G9307 G9308 G9310 G9311 G9312 G9313 G9314	Doc of tobacco user Doc daily aspirin or contra Doc no daily aspirin or contra Doc no daily aspirin Pne scr done doc vac done Pne not given norsn Pne scrn done doc not ind Doc medrsn no hist bype Hist type doc on report Site not small cell lung ca Antibio rx win 10d of sympt No antibio win 10d of sympt Doc medrsn no hist type rpt Doc type nsm lung ca No doc type nsm lung ca Medrsn no pt category No pt category on report Pt cat and thck on report No doc share dec prior proc Eval risk vte card 30d prior No eval riskk vte card prior Doc medrsn no compl antibio Doc share dec prior prot Eval risk vte card 30d prior No eval risk vte card prior Doc medrsn no compl antibio Dorsn incomp inf antibio Norsn no pros info op rpt Pros info op rpt No interv req for leak Interv req for leak Interv req for leak Interv req for leak No unplnd hosp readm in 30d Unpl hosp readm in 30d No surg site infection Amoxic not presca s1st line Norsn not first line amox	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

60247	No doc comm risk calc				
G9317 G9318		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
	Image std nomenclature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G9319	Image not std nomenclature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G9321	Doc count of ct in 12mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G9322	No doc count of ct in 12mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G9326	Ct done no rad ds index nrg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9327	Ct done rad ds index	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9329	Norsn no dicom format doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9340	Dicom format doc on rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9341	Srch for ct w in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9342	No srch for ct in 12mo norsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9344	Sysrsn no dicom srch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9345	Follow up pulm nod	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9347	No follow up pulm nod norsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9348	Decision for and at scap	Non Covered: Presedure (convice not covered by the Plan, Net subject to pre-service review		Patirod	Patirad affective 12/21/2021
69348	Doc rsn for ord ct scan	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
C0240	Churithia 20 daus			Detined	Detine d affective 12/21/2021
G9349	Ct within 28 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
C0350	No doo sigura at 20d oo du	New Coursed: Descedure (see the second but he Dise. Net subject to see the second in the		Detined	Detired offertive 12/21/2021
G9350	No doc sinus ct 28d or dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9351	Doc >1 sinus ct w 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9352	Not >1 sinus ct w 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9353	Medrsn >1 sinus ct w 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9354	1 or no ct sinus w/in 90d dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G9355	No early ind/delivery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9356	Early ind/delivery	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9356 G9357	Pp eval/edu perf		-	-	_
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9358	Pp eval/edu not perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9359	Neg mgd pos tb notact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9360	No doc of neg or man pos tb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9361	Doc rsn elect c-sec/induct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
G9364	Sinus caus bac inx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9365	1high risk med ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9366	1high risk no ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9367	>= 2 same hi-rsk med ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9368	>= 2 same hi-rsk med not ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9380	Off assis eol iss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9382	No off assis eol	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9383	Recd scrn hcv infec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9384	Doc med rsn no hcv scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9385	Doc pt reas not rec hcv srn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
G9386	Scrn hcv infec not recd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		—
G9389	Unpln rup post cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	– Retire effective 12/31/2020
G9390	No unpln rup post cap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9393			-	12/51/2020	Retire effective 12/31/2020
G9394	Ini phq9 >9 remiss <5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
	Dx bipol death nhres hosp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
G9395	Ini phq9 >9 no remiss >=5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9396	Ini phq9 >9 not assess	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
G9399	Doc disc tx choices	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	Retired	Retired effective 12/31/2021
G9400	Doc reas no disc tx opt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	Retired	Retired effective 12/31/2021
			_		
G9401	No disc tx choices	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	Retired	Retired effective 12/31/2021
			_		
G9402	Recd f/u w/in 30d disch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9403	Doc reas no 30 day f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9404	No 30 day f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9405	Recd f/u w/in 7d dc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9406	Doc reas no 7d f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9407	No 7d f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9408	Card tamp w/in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9409	No card tamp e/in 30d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9410	Admit w/in 180d req remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9411	No admit w/in 180d req remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9412	Admit w/in 180d req surg rev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9413	No admit req surg rev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9413	1dose menig vac btwn 11 & 13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9414 G9415	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		-	-	_
G9416		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9417	Pt not 1 tdap betw 10-13 yrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G9418	Lungcx bx rpt docs class		-		
G9418 G9419	Med reas not incl histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	_
G9418 G9419 G9420	Med reas not incl histo type Spec site no lung	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G9418	Med reas not incl histo type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- - -
G9418 G9419 G9420 G9421	Med reas not incl histo type Spec site no lung	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -		- - - -
G9418 G9419 G9420	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -		- - - -
G9418 G9419 G9420 G9421 G9422	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - -		- - - - -
G9418 G9419 G9420 G9421 G9422 G9423	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - -	- - - - - - - -	-
G9418 G9419 G9420 G9421 G9422 G9423 G9423 G9424 G9425	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	- - - - - - - -	
G9418 G9419 G9420 G9421 G9422 G9423 G9423 G9424 G9425 G9426	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - -		- - - - - - -
G9418 G9419 G9420 G9421 G9422 G9423 G9424 G9425 G9426 G9427	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med No impro med time pain med	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - -		- - - - - - - - -
G9418 G9419 G9420 G9421 G9422 G9423 G9424 G9425 G9425 G9426 G9427 G9428	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med No impro med time pain med Patho rpt incl pt ctg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - -		- - - - - - - - - - - - -
G9418 G9419 G9420 G9421 G9422 G9423 G9424 G9425 G9425 G9426 G9427 G9428 G9429	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med No impro med time pain med Patho rpt incl pt ctg Doc med rsn no pt cat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9418 G9419 G9420 G9421 G9422 G9423 G9424 G9425 G9426 G9427 G9428 G9429 G9429	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med No impro med time pain med Patho rpt incl pt ctg Doc med rsn no pt cat Spec site no cutaneous	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9418 G9419 G9420 G9421 G9422 G9423 G9424 G9425 G9426 G9427 G9428 G9429 G9429 G9430 G9431	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med No impro med time pain med Patho rpt incl pt ctg Doc med rsn no pt cat Spec site no cutaneous Patho rpt no pt ctg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9418 G9419 G9420 G9421 G9422 G9423 G9424 G9425 G9426 G9427 G9428 G9429	Med reas not incl histo type Spec site no lung Lung cx bx rpt no doc class Rpt doc class histo type Med reas rpt no histo type Site no lung or lung cx Spec rpt no doc class histo Impr med time edarr pain med No impro med time pain med Patho rpt incl pt ctg Doc med rsn no pt cat Spec site no cutaneous	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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
69450	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
69451	1x scrn hcv infect	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
69453	Pt reas no hcv infect	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
69454	No scr hcv inf 12 mth rp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
69455	Abd imag w/us ct or mri	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39456	Doc med pt reas no hcc scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39457	Pt no abd img no doc rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
39458 39459	Tob user recd cess interv Tob non-user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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
39470	No rec cortico>60d 1rx 600mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39471	W/in 2yr dxa not order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39473	Chap services at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
39474	Diet counsel at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
39475	Other counselor at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	-
39476	Volun service at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9477	Care coord at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9478	Othe therapist at hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	Moved to MP Criteria from Non Covered
G9479	Pharmacist at hospice	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9480	Admission to mccm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39481	Remote E/M new pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
69482	Remote E/M new pt 20mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
59483	Remote E/M new pt 30mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9484	Remote E/M new pt 45mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9485	Remote E/M new pt 60mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39486 39487	Remote E/M est. pt 10mins Remote E/M est. pt 15mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39488	Remote E/M est. pt 25mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
59489	Remote E/M est. pt 40mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9490	CMMI mod home visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9497	Rec inst no smoke day surg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9498	Abx reg prescribed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9500	Rad expos ind/exp tm doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9501	Rad expos ind/exp tm no doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9502	Med reas no perf foot exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9503 G9504	Pt tk tams hcl Doc rsn hep b stat not asses	Non Covered: Procedure/service not covered 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
G9505	Abx pres w/in 10 dys of symp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
G9506	Bio imm resp mod presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
39507	Doc reas on statin or contra	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39508	Doc pt not on statin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39509	Adit mdd dys rem 12 mnths	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39510	Remis12m not phq-9 score <5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
39511	Idx evt dte phq>9 doc 12 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9512	Indiv pdc > 0.8	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
59513 59514	Indiv pdc not > 0.8 Req ret or w/in 90d of surg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
39514 39515	No reas no ret or w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9516	Impr vis acuit w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9517	No impr vis acuit w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
69518	Doc active inj drug use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9519	Final ref +/- 1.0 w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
39520	Refract not +/- 1.0 w/in 90d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
59521	Er and ip hosp <2 in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
39522	Er/ip hosp =/>2 in 12 mos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	- Potico offective 12/21/2020
69523 69524	D/c hemo or perit dialysis Refer to hospice	Non Covered: Procedure/service not covered 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
59525 59525	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
i9525	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.			
69530	Pt mbht hd ct ord ec prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
69531	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 9541	Pt alive 3 mos post proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9541 9542	Filter rem 3 mon plmt Doc reass appr remo filt 3ms	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Doc 12 re-assess filt remov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
69543		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	No filt remov w/in 3mos nlcm				
39544	No filt remov w/in 3mos plcm Cys ren les or adren		_	_	
9544 9547	No filt remov w/in 3mos plcm Cys ren les or adren No f/u rec image study	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
G9543 G9544 G9547 G9548 G9549	Cys ren les or adren	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - -		

G9551	Imag no les	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9552	Inc thyr node <1.0 in rpt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9553	Prior thyroid dise dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9554	Ct/cta/mri/a chst foll rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9555	Doc med rsn for follup image	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9556	Ct/cta/mri/a no follup imag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9557	Ct/cta/mri/a no thyr <1.0cm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G9558	Tx beta-lactam abx therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9559	Doc med reas no abx therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9560	No beta-lactam abx ther rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9561	Presc opiates >6 wks	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9562	Foll-up eval q3mo opiod tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9563	No f/u eval q3mo opiod tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9573	Adl pt md or dys rem 6 mon	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9574	Adl pt md dys no rem 6 mon	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9577	Presc opiates >6 wks	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9578	Doc opioid tx 1x during ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9579	No doc opioid tx 1x at ther	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9580	Door to punc time <2hrs	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9582	Door to punc time >2hr nrg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9583	Presc opiates >6 wks	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9584	Eval opioid use instr/pt int	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9585	No eval opi use instr/intv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9593	Low pecarn ped head trauma	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9594	Pt mbht hd ct ord ec prov	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9595	Doc shnt/tum/coag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9596	Ped pt hd ct ord	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9597	No low pecarn ped head traum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9598	Aor ane 5.5-5.9 cm max diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9599	Aor ane >=6.0 cm max diam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9600	Symp aaa urgent repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9601	Pt dchg home post op day 7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9602	Pt no dchg home postop day 7	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9603	Pt surv improv bsline tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9604	Pt surv results not avail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9605	Surv score no improv w/tx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9606	Intraop cyst eval trac inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9607	Doc med rsn not perf cystosc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9608	Intraop cyst eval not done	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
G9609	Doc order anti-plat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G9610	Doc md rsn no antipla	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G9611	No doc order anti-plat rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
G9612	Phodoc 2 mr cec Indmk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9613	Doc post surg anatomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9614	Photodoc < 2 cec Indmk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
G9615	Pre-op asst doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9616	Doc rsn no preop assmt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9617	Pre-op asst not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9618	Doc scr uter mal or us/samp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9620	No scr utr malig/us/samp rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9621	Scr unheal etoh w/counsel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
G9622	No unheal etoh user	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9623	Doc med rsn no scr etoh use	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9624	Pt not scrn or no counseling	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9625	Pt bl srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
G9626	Med rsn no rpt baldder inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
G9627	Pt no bl srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9628	Pt bwli srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9629	Med rsn no rpt bowel inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9630	Pt no bwli srg 30 day srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9631	Pt ui srg 30 day pst srg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9632	Med rsn for no rpt uret inj	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9633 G9634	Pt no ui srg 30 day pst srg Qual life tool 2x same/impr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	 Retired	– Retired effective 12/31/2021
G9635	No doc rsn do qual life assm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9636	No life asst 2x same/decr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9637	Doc >1 dose reduc tech	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9638	No doc >1 dose reduc tech	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
				Derf I	Detined offertile 12/24/2025
G9639	Amp no reqd in48h ieler proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9640	Doc plan hybrid/stage proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9641	Amp reqd w/in 48h ieler proc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9642	Current smoker	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9643 G9644	Elective surgery	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		_
	No smok b/4 anes day of surg		overed by the Plan. Not subject to pre-service review.		_
9645	Had smoke b/4 anes day surg		overed by the Plan. Not subject to pre-service review.		_
9646	Pt w/90d mrs 0-2	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9647	No mrs score in 90d followup	Non Covered: Presedure (convise not o	overed by the Plan. Not subject to pre-service review.	Retired	Retired effective 12/31/2021
047	No mis score in sou followup	Non covered. Procedure/service not o		Ketired	Retired effective 12/31/2021
648	Pt w/90d mrs >2	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
649	Psor as doc spc bm	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
651	Psor as doc no spc bm	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		_
9654	Mon anesth care		overed by the Plan. Not subject to pre-service review.	_	_
9655	Toc tool incl key elem	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		_
9656	Pt trans from anest to pacu	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		_
9658	Toc tool incl elem not used	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9659	>85y no hx colo ca/rsn scope	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		_
9660	Doc med rsn scope pt >85y	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		_
9661	>85y scope othr rsn	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9662	Prior dx/active clin ascvd	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		_
9663	Fast/dir Idl <= 190 mg/dl	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9664	Taking statin or rec'd order	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9665	No statin/no order statin	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9666	Fas/dir ldl 70-189mg/dl mst	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	Retired	Retired effective 12/31/2021
					netired encetave 12,02,202
9674	Pt w/clin ascvd dx	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		_
9675	Pt w/fast/dir lab ldl-c >190	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9676	40-75y w/type 1/2 w/ldl-c rs	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		_
9678	Oncology Care Model Service	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
9679	Acute care pneumonia	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
9680	Acute care congestive heart		overed by the Plan. Not subject to pre-service review.	_	_
9681	Acute care chronic obstruct	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
69682	Acute care skin infection	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		_
9683	Acute fluid/electro disorder		overed by the Plan. Not subject to pre-service review.		
9684	Acute care urinary tract inf	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9685	Acute nursing facility care	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
i9687	Hospice anytime msmt per	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
59688	Pt w/hosp anytime msmt per	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
59689	Inpt elect carotid intervent	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
69690	Pt in hos	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
9691	Pt hosp dur msmt period	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	_	_
i9692	Hosp recd by pt dur msmt per	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9693	Pt use hosp during msmt per	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9694	Hosp srv used pt in msmt per		overed by the Plan. Not subject to pre-service review.	_	
69695	Long act inhal bronchdil pre	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
69696	Med rsn no presc bronchdil	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
69697	Pt rsn no presc bronchdil		overed by the Plan. Not subject to pre-service review.		
69698	Sys rsn no presc bronchdil	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
69699	Long inhal bronchdil no pres	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
69700	Pt is w/hosp during msmt per		overed by the Plan. Not subject to pre-service review.		
69701	Child anbx 30 prior dx estab		overed by the Plan. Not subject to pre-service review.	12/31/2020	Retire effective 12/31/2020
59702	Pt use hosp during msmt per	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
i9703	Child anbx 30 prior dx phary	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
i9704	Ajcc br ca stg i: t1 mic/t1a		overed by the Plan. Not subject to pre-service review.		
9705	Ajcc br ca stg ib	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9706	Low recur prost ca	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9707	Pt had hosp dur msmt per		overed by the Plan. Not subject to pre-service review.		
9708	Bilat mast/hx bi /unilat mas	Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9709	Hosp srv used pt in msmt per				
		Non Covered: Procedure/service not o			-
	Pt prov hosp srv msmt per		overed by the Plan. Not subject to pre-service review.		-
9710	Pt prov hosp srv msmt per Pt hx tot col or colon ca	Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	-	- - -
69710 69711	Pt hx tot col or colon ca	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		- - -
9710 9711 9712	Pt hx tot col or colon ca Doc med rsn presc anbx	Non Covered: Procedure/service not c Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	- - - - - -	-
9710 9711 9712 9713	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per	Non Covered: Procedure/service not c Non Covered: Procedure/service not c Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	- - - - - - - -	- - - - -
9710 9711 9712 9713 9714	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per	Non Covered: Procedure/service not c Non Covered: Procedure/service not c Non Covered: Procedure/service not c Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.	- - - - - - - - -	- - - - - - -
9710 9711 9712 9713 9714 9715	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		- - - - - - - - -
9710 9711 9712 9713 9714 9715 9716	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - -
9710 9711 9712 9713 9714 9715 9716 9717	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - -
9710 9711 9712 9713 9714 9715 9716 9716 9717 9718	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - -
9710 9711 9712 9713 9714 9715 9716 9716 9717 9718 9719	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9719	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9719 9720 9721	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9719 9720 9721 9722	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9723	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9723 9724	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+>4 Hosp rec dby pt dur msmt per Pt w/doc use anticoag mst yr	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9723 9724 9725	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+>4 Hosp recd by pt dur msmt per Pt w/doc use anticoag mst yr Pt w/hosp anytime msmt per	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9723 9723 9724 9725 9726	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9723 9724 9725 9726 9727	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+>4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate Pt unable cmplt knee fs prom	Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9722 9723 9724 9725 9724 9725 9726 9727 9728	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/inmob/wc Hospice anytime msmt per Pt not ambul/inmob/wc Doc hx renal fail or cr+>4 Hosp rec db yp t dur msmt per Pt w/doc use anticoag mst yr Pt w/hosp anytime msmt per Refused to participate Pt unable cmplt knee fs prom Refused to participate	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9717 9720 9721 9722 9723 9724 9725 9724 9725 9726 9727 9728 9729	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/inmnob/wc Hospice anytime msmt per Pt not ambul/inmnob/wc Doc hx renal fail or cr+>4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate Pt unble cmplt knee fs prom Refused to participate Pt unbl cmplt hip fs prom	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9717 9718 9720 9720 9720 9722 9723 9724 9725 9726 9725 9726 9727 9728 9729	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate Pt unable cmplt kine fs prom Refused to participate Pt unblic mplt hip fs prom Refused to participate	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9715 9716 9717 9718 9719 9720 9721 9722 9722 9722 9722 9722 9722 9722	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/doc use anticoag mst yr Pt w/hosp anytime msmt per Refused to participate Pt unable cmplt knee fs prom Refused to participate Pt unbl cmplt hip fs prom	Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9710 9711 9713 9714 9715 9716 9716 9716 9717 9718 9720 9729 9729 9729 9729 9724 9725 9726 9726 9727 9728 9729 9729 9730 9731	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/doc use anticoag mst yr Pt w/hosp anytime msmt per Pt unable cmplit knee fs prom Refused to participate Pt unable cmplit fuja fs prom Refused to participate Pt unable cmplit fuja fs prom Refused to participate Pt unable cmplit fuja fs prom Refused to participate	Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9710 9711 9713 9714 9715 9716 9716 9717 9718 9719 9720 9720 9722 9723 9722 9723 9724 9725 9725 9726 9727 9728 9729 9730 9730 9731 9731	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/inmob/wc Hospice anytime msmt per Pt not ambul/inmob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/doc use anticoag mst yr Pt w/hosp anytime msmt per Pt unable cmplt knee fs prom Refused to participate Pt unbl cmplt flyank fs prom Refused to participate Pt unbl cmplt flyank fs prom	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9713 9713 9714 9715 9716 9717 9717 9718 9719 9720 9721 9722 9723 9724 9725 9724 9725 9726 9727 9728 9729 9729 9729 9729 9730	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/inmnob/wc Hospice anytime msmt per Pt not ambul/inmnob/wc Doc hx renal fail or cr+>4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate Pt unbl cmplt f/ank fs prom Refused to participate Pt unbl cmplt ff/ank fs prom Refused to participate Pt unbl cmplt ff fank fs prom Refused to participate Pt unbl cmplt ff fank fs prom Refused to participate	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9716 9716 9717 9718 9717 9720 9721 9722 9723 9724 9725 9727 9728 9729 9727 9728 9729 9729 9730 9731 9731	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate Pt unble cmplt kip fs prom Refused to participate Pt unbl cmplt flo fs prom	Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
99710 99712 99713 99714 99715 99714 99715 99717 99717 99717 99717 99719 99720 99720 99722 99723 99724 99725 99726 99726 99726 99726 99730 99730 99730	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Pt w/hosp anytime msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/doc use anticoag mst yr Pt w/doc use anticoag mst yr Pt w/hosp anytime msmt per Pt unable cmplt knee fs prom Refused to participate Pt unble cmplt fiya fs prom Refused to participate Pt unblc mplt fif s prom	Non Covered: Procedure/service not c Non Covered: Procedure/service not c	overed by the Plan. Not subject to pre-service review.		
9710 9711 9712 9713 9714 9716 9716 9717 9718 9717 9720 9721 9722 9723 9724 9725 9727 9728 9729 9727 9728 9729 9729 9730 9731 9731	Pt hx tot col or colon ca Doc med rsn presc anbx Pt use hosp during msmt per Pt is w/hosp during msmt per Bmi doc onl fup not cmpltd Doc pt dx dep/bp f/u nt req Hospice anytime msmt per Pt not ambul/immob/wc Hospice anytime msmt per Pt not ambul/immob/wc Doc hx renal fail or cr+ >4 Hosp recd by pt dur msmt per Pt w/hosp anytime msmt per Pt w/hosp anytime msmt per Refused to participate Pt unble cmplt kip fs prom Refused to participate Pt unbl cmplt flo fs prom	Non Covered: Procedure/service not o Non Covered: Procedure/service not o	overed by the Plan. Not subject to pre-service review.		

G9740						
	Hosp srv to pt dur msmt per		red by the Plan. Not subject to pre-service review.		_	_
G9741	Pt w/hosp anytime msmt per		red by the Plan. Not subject to pre-service review.	-	-	_
G9744	Pt not eli d/t act dig htn		red by the Plan. Not subject to pre-service review.	_	-	
39745	Doc rsn no hbp scrn or f/u		red by the Plan. Not subject to pre-service review.			
G9746	Mit sten valve or trans af		red by the Plan. Not subject to pre-service review.	_	_	
G9747	Pall dialysis with catheter		red by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020 Retire effective 12/31/2020
G9748	App transpl lvg kidney donor		red by the Plan. Not subject to pre-service review.	-	12/31/2020	
39749 39750	Pall dialysis with catheter		red by the Plan. Not subject to pre-service review. red 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
39750 G9751	App transpl lvg kidney donor Pt died w/in 24 mos rpt time		red by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
			red by the Plan. Not subject to pre-service review.	-	-	-
G9752	Urgent surgery			-	-	_
G9753 G9754	Doc no dicom ct other fac		red by the Plan. Not subject to pre-service review.	-	-	_
39754 39755	Incid pulm nodule Doc med rsn no fllw up		red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.			
G9756	Surg proc w/silicone oil		red by the Plan. Not subject to pre-service review.	_	-	_
G9757	Surg proc w/silicone oil		red by the Plan. Not subject to pre-service review.	_	-	_
G9758	Pt in hos		red by the Plan. Not subject to pre-service review.	_	-	_
G9759	Hx preop post cap rup		red by the Plan. Not subject to pre-service review.	_		– Retire effective 12/31/2020
G9760	Pt w/hosp anytime msmt per		red by the Plan. Not subject to pre-service review.	-	12/51/2020	Netire encetive 12, 51, 2020
G9761	Pt w/hosp anytime msmt per		red by the Plan. Not subject to pre-service review.			
G9762	Pt had >= 2-3 hpv vaccines		red by the Plan. Not subject to pre-service review.	_	-	_
69763	Pt not have 2-3 hpv vaccines		red by the Plan. Not subject to pre-service review.	_	-	_
G9764	Pt treatd w/oral syst or bio		red by the Plan. Not subject to pre-service review.	_	-	_
39765	Doc pat declined therapy		red by the Plan. Not subject to pre-service review.	_	-	_
G9766			red by the Plan. Not subject to pre-service review.	_	-	_
39766 39767	Cva stroke dx tx transf fac Hosp new dx cva consid evst		red by the Plan. Not subject to pre-service review.	-	-	-
G9767	Pt w/hosp anytime msmt per		red by the Plan. Not subject to pre-service review.	-	-	-
G9768	Bn den 2yr/got ost med/ther		red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	-	-	-
G9769 G9770	Perip nerve block		red by the Plan. Not subject to pre-service review.	-	-	-
G9771	Anes end 1 temp >35.5(95.9)		red by the Plan. Not subject to pre-service review.	-	-	-
G9772	Doc med rsn no temp $>= 35.5$		red by the Plan. Not subject to pre-service review.	-	-	-
G9773	1 bod temp >= 35.5		red by the Plan. Not subject to pre-service review.	-	-	-
G9774	Pt had hyst		red by the Plan. Not subject to pre-service review.	-	-	-
G9775	Recd 2 anti-emet pre/intraop		red by the Plan. Not subject to pre-service review.			
G9776	Doc med rsn no proph antiem		red by the Plan. Not subject to pre-service review.			_
G9777	Pt no antiemet pre/intraop		red by the Plan. Not subject to pre-service review.	-	-	
G9778	Pts dx w/pregn		red by the Plan. Not subject to pre-service review.	-	-	_
G9779	Pts breastfeeding		red by the Plan. Not subject to pre-service review.			
G9780	Pts dx w/rhabdomyolysis		red by the Plan. Not subject to pre-service review.	-	-	_
G9781	Doc rsn no statin		red by the Plan. Not subject to pre-service review.			
G9782	Hx dx fam/pure hypercholes		red by the Plan. Not subject to pre-service review.	-		_
				-		-
G9783	Doc dx dm fast <70 no stat	Non Covered: Procedure/service not cover	red by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
G9783 G9784	Path/derm prov 2nd biop opin		red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	-	Retired	Retired effective 12/31/2021
		Non Covered: Procedure/service not cover		-	Retired	Retired effective 12/31/2021
G9784	Path/derm prov 2nd biop opin	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. Not subject to pre-service review.		Retired 	Retired effective 12/31/2021
G9784 G9785	Path/derm prov 2nd biop opin Path report sent	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - -	Retired 	Retired effective 12/31/2021
G9784 G9785 G9786 G9787	Path/derm prov 2nd biop opin Path report sent Path report not sent	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.		Retired 	Retired effective 12/31/2021
G9784 G9785 G9786	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.		Retired 	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9789 G9789	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90</td <td>Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove</td> <td>red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.</td> <td>- - - - - - - -</td> <td>Retired </td> <td>Retired effective 12/31/2021</td>	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - - - - - -	Retired 	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9789 G9789	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90<br Record bp ip er urg/self	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	Retired	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9788 G9789 G9790 G9791	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90<br Record bp ip er urg/self Most rct bp >/= 140/90	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.		Retired 	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9788 G9789 G9790 G9791 G9792	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp Most rct bp >/= 140/90	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	Retired	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9789 G9790 G9791 G9792 G9793 G9794	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90</td Record bp ip er urg/self Most rct top >/= 140/90 Most rct tob stat free Most rct tob stat not free	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.		Retired	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9789 G9790 G9790 G9791 G9792 G9793 G9794 G9795	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90<br Record bp ip er urg/self Most rct bp size 140/90 Most rct tob stat free Most rct tob stat free Pt on daily asa/antiplat Doc med rsn no daily aspirin Pt no daily asa/antiplat	Non Covered: Procedure/service not cove Non Covered: Procedure/service not cove	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	Retired	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9789 G9789 G9790 G9791 G9792 G9793 G9794 G9795 G9796	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp Most rct bp >/= 140/90 Record bp ip er urg/self Most rct bp >/= 140/90 Most rct bp >/= 140/90 Most rct bb stat free Most rct bb stat free Pt on daily asa/antiplat Doc med rsn no daily aspirin Pt not currently on statin	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	Retired	Retired effective 12/31/2021
G9784 G9785 G9786 G9787 G9788 G9789 G9790 G9791 G9792 G9793 G9794 G9795 G9796 G9797	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90</td Record bp ip er urg/self Most rct tob > Most rct tob stat free Most rct tob stat not free Pt on daily asa/antiplat Doc med rsn no daily asa/antiplat Pt not daily asa/antiplat Pt not currently on statin Pt currently on statin	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
G9784 G9785 G9786 G9787 G9788 G9789 G9790 G9791 G9792 G9793 G9794 G9795 G9796 G9797 G9798	Path/derm prov 2nd biop opin Path report sent Path report not sent Pt alive Most rct bp = 140/90</td Record bp ip er urg/self Most rct bb staf roe Most rct tob staf ree Pt on daily asa/antiplat Doc med rsn no daily aspirin Pt not currently on statin Pt currently on statin D/c ami btw 7/1-6/30 meas pd	Non Covered: Procedure/service not cover Non Covered: Procedure/service not cover	red by the Plan. Not subject to pre-service review. red by the Plan. Not subject to pre-service review.			
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G9827	Her-2 targ ther no init tx	Non Covered: Procedure/service no	t 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 no	t 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 no	t 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 no	t covered by the Plan. Not subject to pre-service review.			
G9831	Ajcc stg brt ca dx ii or iii		t covered by the Plan. Not subject to pre-service review.			
G9832	Brt ca dx i no t1/t1a/t1b		t covered by the Plan. Not subject to pre-service review.			
59833	Transf pract aft init chemo		t covered by the Plan. Not subject to pre-service review.		12/31/2020	
G9834	Pt met dis at dx		t covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
39835	Trastuz given w/in 12 mos dx		t covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9836					12/31/2020	
	Rsn no trast given doc		t covered by the Plan. Not subject to pre-service review.	-		Retire effective 12/31/2020
G9837	Trastuz not in 12 mos dx		t covered by the Plan. Not subject to pre-service review.		12/31/2020	Retire effective 12/31/2020
G9838	Pt met dis at dx		t covered by the Plan. Not subject to pre-service review.	_		
G9839	Anti-egfr mon anti ther	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9840	Gene testing performed	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	PA not required
G9841	Gene testing not performed	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	PA not required
39842	Pt met dis at dx	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9843	Kras or nras gene mutation	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9844	Pt no recd anti-egfr ther	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9845	Pt recd anti-egfr ther		t covered by the Plan. Not subject to pre-service review.			
G9846	Pt died from cancer		t covered by the Plan. Not subject to pre-service review.	-	-	_
G9847	Pt recd chemo last 14d life					
			t covered by the Plan. Not subject to pre-service review.	-	-	_
G9848	Pt no chemo last 14d life		t covered by the Plan. Not subject to pre-service review.	_		
G9849	Pt died from cancer		t covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9850	1/more ed last 30d life		t covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9851	1/no ed visit last 30d life		t covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9852	Pt died from cancer	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	-	_
G9853	Icu stay last 30d life	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.		_	_
G9854	No icu stay last 30d life		t covered by the Plan. Not subject to pre-service review.		_	_
G9855	Pt died from cancer	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9856	Pt no hospice		t covered by the Plan. Not subject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
G9857	Pt admit hospice		t covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
G9858	Pt enroll hospice		t covered by the Plan. Not subject to pre-service review.	-	,, 2020	
G9859	Pt died from cancer		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9860	Pt less 3d hospice		t covered by the Plan. Not subject to pre-service review.	-	-	
				-	-	_
G9861	Pt more than 3d hospice		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9862	Doc rsn no 10 yr follow		t covered by the Plan. Not subject to pre-service review.	_		_
G9868	Next Gen ACO model <10min	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9869	Next Gen ACO model 10-20min	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_		
G9870	Next Gen ACO model >20min	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9873	1 EM core session	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9874	4 EM core sessions	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9875	9 EM core sessions	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9876	2 EM core MS mo 7-9 no WL		t covered by the Plan. Not subject to pre-service review.			
G9877	2 EM core MS mo 10-12 no WL		t covered by the Plan. Not subject to pre-service review.		-	—
G9878	2 EM core MS mo 7-9 WL		t covered by the Plan. Not subject to pre-service review.	-	-	
G9879	2 EM core MS mo 10-12 WL					
			t covered by the Plan. Not subject to pre-service review.	-	-	_
G9880	EM 5 percent WL		t covered by the Plan. Not subject to pre-service review.	_		_
G9881	EM 9 percent WL		t covered by the Plan. Not subject to pre-service review.	-	-	
G9882	2 EM ongoing MS mo 13-15 WL		t covered by the Plan. Not subject to pre-service review.	_		_
G9883	2 EM ongoing MS mo 16-18 WL	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_		_
G9884	2 EM ongoing MS mo 19-21 WL	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9885	2 EM ongoing MS mo 22-24 WL	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	
G9890	EM Bridge Payment	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9891	EM session reporting	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9892	Doc pt rsn no dil mac exam	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9893	No mac exam		t covered by the Plan. Not subject to pre-service review.			
G9894	Adr dep thrpy prescribed	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9895	Doc med rsn no adr dep thrpy		t covered by the Plan. Not subject to pre-service review.			
G9896	Doc pt rsn no adr dep thrpy		t covered by the Plan. Not subject to pre-service review.	-	-	-
				-	-	-
G9897	Pt nt prsc adr dep thrpy rng		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9898	Pt 66+ snp or ltc pos		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9899	Scrn mam perf rslts doc		t covered by the Plan. Not subject to pre-service review.	-	-	_
G9900	Scrn mam perf rslts not doc		t covered by the Plan. Not subject to pre-service review.	_		_
G9901	Pt 66+ snp or ltc pos		t covered by the Plan. Not subject to pre-service review.	-	_	
G9902	Pt scrn tbco and id as user	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9903	Pt scrn tbco id as non user	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9904	Doc med rsn no tbco scrn		t covered by the Plan. Not subject to pre-service review.	_	_	_
G9905	No pt tbco scrn rng	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_		
G9906	Pt recv tbco cess interv		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9907	Doc med rsn no tbco interv		t covered by the Plan. Not subject to pre-service review.	_	-	-
G9908	No pt tbco cess interv rng		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9909	Doc med rsn no tbco interv		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9910				-	-	-
	Pt 66+ snp or ltc pos		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9911	Node neg pre/post syst ther		t covered by the Plan. Not subject to pre-service review.	-	-	-
G9912	Hbv status assesed and int		t covered by the Plan. Not subject to pre-service review.	-	-	_
G9913	No hbv status assesd and int		t covered by the Plan. Not subject to pre-service review.	-	_	_
G9914	Pt receiving anti-tnf agent		t covered by the Plan. Not subject to pre-service review.	_		-
G9915	No documntd hbv results rcd	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	_	_	_
G9916	Funct status past 12 months	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9917	Adv dem crgvr limited	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.			
G9918	No funct stat perf rsn nos		t covered by the Plan. Not subject to pre-service review.	_	_	_
G9919	Scrn nd pos nd prov of rec		t covered by the Plan. Not subject to pre-service review.	_	-	
03313			t covered by the Plan. Not subject to pre-service review.	_	-	
	Scrning perf and negative					
G9920				_	-	-
G9920 G9921	No or part scrn nd rng or os	Non Covered: Procedure/service no	t covered by the Plan. Not subject to pre-service review.	-	_	-
G9920		Non Covered: Procedure/service no Non Covered: Procedure/service no		-	-	

G9926 G9927 G9928	No scrn prov rsn nos Sfty cncrns scrn but no recs Doc no warf /fda pt trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		_
G9927 G9928		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9928	Doc no warf /fda pt trial				-
		Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	No warf or fda drug presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Trs/rev af	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
	Com care	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	No chad or chad scr 0 or 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
	Doc pt rsn no tb scrn recrds Canc detectd during col scrn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		– Retire effective 12/31/2020
	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
	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
	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
	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
G9938	Pt 66+ snp or ltc pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9939	Same path/derm perf biopsy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Doc reas no statin therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
	Adtl spine proc on same date	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
	Bk pn nt msr vas scl pre/pst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
	Pt w/cancer scoliosis	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Bk pain no vas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
	Adtl spine proc on same date Leg pain no vas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
	Pt >2 rsk fac post-op vomit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
	Inhint anesth only for induc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
	Doc med rsn no combo thrpy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
	No combo prohpyl thrp for pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Systemic antimicro not presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Med rsn sys antimi nt rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		_
G9961	Systemic antimicro presc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
	Embolization doc separatly	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Embolization not doc separat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Pt recv >=1 well-chld visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
	No well-child vist recv by pt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
	Scrn inter report child	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
	No scrn inter reprt child Pt refrd 2 pvdr/spclst in pp	Non Covered: Procedure/service not covered 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
	Pvdr rfrd pt rprt rcvd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
	Pvdr rfrd pt no rprt rcvd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
	Mac exam perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Doc med rsn no dil mac exam	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Doc pat rsn no mac exm perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
G9977	Dil mac exam no perf rsn nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
G9978	Remote E/M new pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
G9979	Remote E/M new pt 20mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Remote E/M new pt 30 mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Remote E/M new pt 45mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
	Remote E/M new pt 60mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
	Remote E/M est. pt 10mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
	Remote E/M est. pt 15mins Remote E/M est. pt 25mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
	Remote E/M est. pt 20mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	
	BPCI Advanced In home visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
	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
	Med Rsn No Pneum Vax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G9990	No Pneum Vax Admin 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
G9991	Pneum Vax Admin 60+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2022	_	Add effective 01/01/2022
	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
	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
	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
	Pall Serv During Meas	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
	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	-	Add effective 01/01/2022 Add effective 01/01/2022
	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
	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 Add effective 01/01/2022
	· · · ·		, -,	-	
H0046	Mental health service nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-
H0047	Alcohol/drug abuse svs pos	Indicted: Procedure/cervice not specifically defined or elastified, may be subject to contract/elini			
	Alcohol/drug abuse svc nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	
	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
J0129	Abatacept injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	_
J0172	Inj Aducanumab-Avwa 2 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	1/1/2022	-	Add effective 01/01/2022
10179	Aflibercent injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
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.	-	-	-
	Alglucosidase alfa injection	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J0220	· · ·				
	Injection Alglucosidase Alfa (Lumizyme) 10	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	

J0222	Inj. patisiran 0.1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0223	Inj givosiran 0.5 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0224	Inj. Lumasiran 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	-	Add effective 07/01/2021
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
J0270	Alprostadil for injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J0275	Alprostadil urethral suppos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
J0470	Dimecaprol injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J0490	Injection, Belimumab, 10 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J0517	Inj. benralizumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J0565	Inj bezlotoxumab 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
J0567	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-
J0584			-	-	-
	Injection burosumab-twza 1m	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0585	Injection onabotulinumtoxinA	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0586	AbobotulinumtoxinA	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0587	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0588	Injection, Incobotulinumtoxin A, 1 Unit	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J0591	Inj deoxycholic acid 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J0593	Inj. lanadelumab-flyo 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J0598	C-1 esterase cinryze	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-
J0599	Inj. haegarda 10 units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
J0600	Edetate calcium disodium inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J0638	Canakinumab injection	Pust-service review. 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.			
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
10888	Epoetin beta non esrd	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	-	-	-
J0895	Deferoxamine mesylate inj	post-service review.	-	-	-
10896	Inj Luspatercept-Aamt 0.25Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	08/01/2021	10/10/2021	Moved to PA code list
J1071	Inj testosterone cypionate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J1096	Dexametha opth insert 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
J1290	Ecallantide injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J1300	Eculizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
J1301	Injection edaravone 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
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
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 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

J1458	Galsulfase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
1459	Inj IVIG privigen 500 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		_	_
1554		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	4/1/2021	-	Add effective 04/01/2021
1555	Inj cuvitru 100 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	.,_,	-	
1556	Inj imm glob bivigam 500mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1330	Injection, Immune Globulin, (Gammaplex),	We chena. Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	
1557	Intravenous, Non-Lyophilized (E.G. Liquid), 500 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1558	Inj. xembify 100 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1559	Hizentra injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1561	Gamunex-C/Gammaked	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1562	Vivaglobin inj	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1566	Immune globulin powder	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1568	Octagam injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1569	Gammagard liquid injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1572	Flebogamma injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1575	Hyqvia 100mg immuneglobulin	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1599	lvig non-lyophilized NOS	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1602	Golimumab for iv use 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
1620	Gonadorelin hydroch/ 100 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
1627	Inj granisetron xr 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
1628	Inj. guselkumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
1632	Inj. brexanolone 1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
1675	Histrelin acetate	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	
1726	Makena 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
1729	Inj hydroxyprogst capoat nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
1743	Idursulfase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1745	Infliximab not biosimil 10mg		-	-	-
		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1746	Inj. ibalizumab-uiyk 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1786	Imuglucerase 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	-	-	-
1823	Inj. inebilizumab-cdon, 1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
1930	Lanreotide injection	post-service review.	-	-	-
1931	Laronidase injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1950	Leuprolide acetate /3.75 MG	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1951	Inj Fensolvi 0.25 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	-	Add effective 07/01/2021
1952	Leuprolide Inj Camcevi 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	-	Add effective 01/01/2022
2182	Injection mepolizumab 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
2270	Ziconotide injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	_	-
2278					
	Nandrolone decanoate 50 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
2320	Nandrolone decanoate 50 MG Natalizumab injection		-	-	-
2320 2323		post-service review.	-	-	-
2320 2323 2326	Natalizumab injection	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	- - -
2320 2323 2326 2350	Natalizumab injection Inj nusinersen 0.1mg	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.	-	-	- - -
22278 2320 2323 2326 2350 2357 2440	Natalizumab injection Inj nusinersen 0.1mg Injection ocrelizumab 1 mg	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 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	-	- - - -	- - - - -
2320 2323 2326 2350 2357 2440	Natalizumab injection Inj nusinersen 0.1mg Injection ocrelizumab 1 mg Omalizumab injection	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 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.	-	- - - -	- - - - - -
2320 2323 2326 2350 2357	Natalizumab injection Inj nusinersen 0.1mg Injection ocrelizumab 1 mg Omalizumab injection Papaverin hcl injection	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 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			
J2506	Inj Pegfilgrast Ex Bio 0.5Mg	post-service review.	1/1/2022	-	Add effective 01/01/2022
J2507	Injection Pegloticase 1 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-
J2562	Plerixafor injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J2778	Ranibizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J2786	Injection reslizumab 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	-	-
J2787	Riboflavin 5'Phos opth<=3ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
J2820	Injection Sargramostim (Gm-Csf) 50 Mcg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
J2840	Inj sebelipase alfa 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
J2860	Injection siltuximab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		10/10/2021	Moved to PA code list
J3031	Inj. fremanezumab-vfrm 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		
		post-service review.	-	-	-
J3032	Inj. eptinezumab-jjmr 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
13060	Inj taliglucerace alfa 10 u	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	-	-	-
J3111	Inj. romosozumab-aqqg 1 mg	post-service review.	-	-	-
J3121	Inj testostero enanthate 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3145	Testosterone undecanoate 1mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3241	Inj. teprotumumab-trbw 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3245	Inj. tildrakizumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3262	Tocilizumab injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3285	Treprostinil injection	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	_
13301	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
13315	Triptorelin pamoate	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
13316	Inj. triptorelin xr 3.75 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
J3355	Urofollitropin 75 iu	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
J3358	Ustekinumab iv inject 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3380	Injection vedolizumab	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3385	Velaglucerase alfa	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
J3396	Verteporfin injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
J3397	Inj. vestronidase alfa-vjbk	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
13398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
13399	Inj onase abepar-xioi treat	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.			
J3490	Drugs unclassified injection	Prior Authorization may be required per contract agreement.	-	-	-
J3520	Edetate disodium per 150 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
13570	Laetrile amygdalin vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
13590	Unclassified biologics	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
J3591	Esrd on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
J7177	Inj. fibryga 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
J7178	Inj human fibrinogen con nos	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
17192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
17195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	_	-
			-	-	-
7199	Hemophilia clot factor noc	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	-	-	-
17308	Aminolevulinic acid hcl top	post-service review.	-	-	_
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria: Submit for predetermination to avoid			
17309	Methyl aminolevulinate top	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Precedure/review reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
	Methyl aminolevulinate top Inj. retisert 0.01 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
J7309 J7311 J7312	· · ·	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - -	- - -	-

J7314 Inj. yutiq 0.01 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	
post-service review.	-
J7318 Inj durolane 1 mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – –	_
J7320 Genvisc 850 inj 1mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
post-service review. – – –	-
Hyaluronan Or Derivative Hyalgan Or Supartz MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
For Intra-Articular Injection Per Dose post-service review.	-
J7322 Hymovis injection 1 mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_
post-service review	
17323 Euflexia inj per dose	-
17324 Orthovisc 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	
1/325 Synvisc or Synvisc-One	-
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	_
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
17327 Monovisc inj per dose post-service review.	-
J7328 Gel-syn injection 0.1 mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – –	-
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
J7329 Inj trivisc 1 mg post-service review.	-
J7330 Cultured chondrocytes implot MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-
MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
post-service review.	-
J7332 Inj. triluron 1 mg MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	-
J7333 Visco-3 inj dose MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid Retired	Retire effective 03/31/2021
post-service review	
17340 Carbidopa levodopa ent 100ml MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement	-
17345 Aminolevulinic acid 10% gel MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
post-service review. MP criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	
J7351 Inj bimatoprost itc imp1mcg 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	Patira offactiva 02/21/2021
post-service review.	Retire effective 03/31/2021
17402 Mometasone furoate sinus implant, (sinuva), MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid 10 micrograms post-service review. 4/1/2021 –	Add effective 04/01/2021
17508 Tacrol astagraf ex rel oral Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
	_
17599 Immunosuppressive drug noc Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical 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.	-
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -
J7604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - -
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - -
7604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - -
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - -
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
J7604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
J7604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
JP604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
J7604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
7664 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7607 Levalbuterol comp con Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7610 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7611 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7612 Belcomethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7624 Betamethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7625 Bitolterol mesylate comp con Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7626 Betolterol mesylate comp con Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7636 Altoplerol mesylate comp con Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7636 Altopline comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7637 Bidesonide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
7664 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
7664 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7669 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 7610 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77615 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77616 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77628 Bedomethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77628 Budesonide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77628 Bitolerol mesylate comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77628 Bitolerol mesylate comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77634 Budesonide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 77635 Atropine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
7664 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17607 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17610 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17615 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17616 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17628 Betamethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17628 Bitolerol mesylate comp con Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17629 Bitolerol mesylate comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17634 Bitolerol mesylate comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17634 Budesnide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17635 Atropine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	
7604 Acetylcysteine comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7609 Abuterol comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7610 Albuterol comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7611 Albuterol comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7622 Bectomethasone comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7624 Betamethasone comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7626 Bitolterol mesylate comp con Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7627 Budesonide comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7628 Bitolterol mesylate comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7634 Budesonide comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review. 7635 Atropine comp con Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17607 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17610 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17615 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17628 Betomethaone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17624 Betomethaone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17625 Betolared mesylate comp con Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17626 Bitolared mesylate comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17627 Budesonide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17638 Budesonide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17634 Budesonide comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. <t< td=""><td></td></t<>	
17604 Acetylcysteine comp unit Non Covered: Proceedure/service not covered by the Plan. Not subject to pre-service review.	
17604 Acetylcysteine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17607 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17610 Albuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17611 Levalbuterol comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17622 Bedomethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17624 Betamethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17625 Betamethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17626 Betamethasone comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17628 Biotherol mesylate comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17634 Aropine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 17635 Aropine comp unit Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service 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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	10/10/2021	Moved to PA code list
19039	mg 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		10/10/2021	Moved to PA code list
J9043	Injection Cabazitaxel 1 Mg	post-service review. 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.	-		
J9044	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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	10/10/2021	Moved to PA code list
J9061	Inj Amivantamab-Vmjw	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
J9119	Inj. cemiplimab-rwlc 1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	10/10/2021	Moved to PA code list
J9144	Daratumumab, hyaluronidase	post-service review.	-	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 post-service review.	-	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 post-service review.	_	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	_	_	_
J9210	Inj. emapalumab-Izsg 1 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-centrice review.	_	_	_
J9215	Interferon alfa-n3 inj	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-prediction discussion.			_
J9217	Leuprolide acetate suspnsion	post-service review. 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 in this code group may require Prior Authorization per contact agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	- 10/10/2021	- Moved to PA code list
	,	post-service review.	-	10/10/2021	Moved to FA LOUE 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
J9227	Inj. isatuximab-irfc 10 mg	post-service review.	-	10/10/2021	Moved to PA code list
J9228	Injection Ipilimumab 1 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/10/2021	Moved to PA code list
J9229	Inj inotuzumab ozogam 0.1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/10/2021	Moved to PA code list
J9247	Injection melphalan flufenamide 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
J9262 J9264	Inj omacetaxine mep 0.01mg Paclitaxel protein bound	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.	-	10/10/2021	 Moved to PA code list
		and a state of the	-		

K0053	Elevate footrest articulate	post-service review.	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0051	Cam rel asm ft/legrst rep ea	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
K0047	Elev legrst upr hangr rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
K0046	Elev Igrst Iwr exten repl ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
K0014	Other power whichr base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
0013	Custom power whichr base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
0012	Ltwt portbl power whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
(0011	Stnd wt pwr whichr w control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
0010	Stnd wt frame power whichr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
(0009	Other manual wheelchair/base	post-service review.	-	-	-
(0008	Cstm manual wheelchair/base	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
(0007	Extra heavy duty wheelchair	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0005	Heavy duty wheelchair	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
(0005	Ultralightweight wheelchair	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
<0004	High strength Itwt whIchr	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
K0003	Lightweight wheelchair	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid a set as discussion.	_	_	_
K0002	Stnd hemi (low seat) whlchr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
19999	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.	-	-	-
19400 19600	Inj ziv-aflibercept 1mg Porfimer sodium injection	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.	-		-
19358	Inj fam-trastu deru-nxki 1mg	post-service review.	-	10/10/2021	Moved to PA code list
9356	Inj. herceptin hylecta 10mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	10/10/2021	Moved to PA code list
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
9355	Inj trastuzumab excl biosimi	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	10/10/2021	Moved to PA code list
9354	Inj ado-trastuzumab emt 1mg	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.		10/10/2021	Moved to PA code list
9353	Inj. Margetuximab-Cmkb 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	10/10/2021	Moved to PA code list
9352	Injection trabectedin 0.1mg	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	10/10/2021	Moved to PA code list
9349	Injection, tafasitamab-cxix, 2 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	10/10/2021	Moved to PA code list
9348	Inj. Naxitamab-Gqgk 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	7/1/2021	10/10/2021	Moved to PA code list
9325	Inj talimogene laherparepvec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	_
9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	10/10/2021	Moved to PA code list
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	10/10/2021	Moved to PA code list
19313	Inj. lumoxiti 0.01 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	10/10/2021	Moved to PA code list
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
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
19309	Inj polatuzumab vedotin 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	10/10/2021	Moved to PA code list
19308	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
19306	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
19301	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
19299	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
9295	Injection necitumumab 1 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			_
9281	Mitomycin instillation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	10/10/2021	Moved to PA code list
9272	Inj Dostarlimab-Gxly 10 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
9271	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
		post-service review.			

K0056	Seat ht <17 or >=21 ltwt wc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0065	Spoke protectors	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
к0070	Rear whl compl pneum tire	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
к0071	Fr cstr comp pne tire rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
к0072	Fr cstr semi-pne tire rep ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
K0108	W/c component-accessory NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
К0195	Elevating whichair leg rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0455	Pump uninterrupted infusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
K0462	Temporary replacement eqpmnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
к0669	Seat/back cus no dmepdac ver	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0743	On Wounds	post-service review.	-	-	-
	Absorptive Wound Dressing For Use With	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
K0744	Suction Pump Home Model Portable Pad Size 16 Square Inches Or Less	post-service review.	-	-	-
	Abarative Manual Descript For Use With				
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			
K074J	Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches	post-service review.	-	-	-
K0746	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.	-	-	-
к0800	POV group 1 std up to 300lbs	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			
		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.	-	-	-
K0806	POV group 2 std up to 300lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0807	POV group 2 hd 301-450 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
K0808	POV group 2 vhd 451-600 lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	_	-	-
КО812	Power operated vehicle NOC	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	-	-	-
K0813	PWC gp 1 std port seat/back	post-service review.	-	-	-
K0814	PWC gp 1 std port cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
K0815	PWC gp 1 std seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
K0816	PWC gp 1 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0820	PWC gp 2 std port seat/back	post-service review.	-	-	-
K0821	PWC gp 2 std port cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0822	PWC gp 2 std seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
K0823	PWC gp 2 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
к0824	PWC gp 2 hd seat/back	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0825	PWC gp 2 hd cap chair	post-service review.	-	-	-
K0826	PWC gp 2 vhd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0827	PWC gp vhd cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
к0828	PWC gp 2 xtra hd seat/back	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
K0829	PWC gp 2 xtra hd cap chair	post-service review.	-	-	-
к0830	PWC gp2 std seat elevate s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
K0831	PWC gp2 std seat elevate cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
K0835	PWC gp2 std sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	-
K0836	PWC gp2 std sing pow opt cap	post-service review.	-	-	-
к0837	PWC gp 2 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0838	PWC gp 2 hd sing pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
к0839	PWC gp2 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
	5. 61 (prov.	post-service review.	-	-	-

к0840	PWC gp2 xhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
К0841	PWC gp2 std mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
к0842		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
KU042	PWC gp2 std mult pow opt cap	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
К0843	PWC gp2 hd mult pow opt s/b	post-service reviewe.	-	-	-
к0848	PWC gp 3 std seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
к0849	PWC gp 3 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
10045		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	-
к0850	PWC gp 3 hd seat/back	post-service review.	-	-	-
K0851	PWC gp 3 hd cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
K0852	PWC gp 3 vhd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
к0853	PWC gp 3 vhd cap chair	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
10055		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
К0854	PWC gp 3 xhd seat/back	post-service review.	-	-	-
К0855	PWC gp 3 xhd cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0856	PWC gp3 std sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
10057		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
К0857	PWC gp3 std sing pow opt cap	post-service review.	-	-	-
к0858	PWC gp3 hd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0859	PWC gp3 hd sing pow opt cap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
к0860	PWC gp3 vhd sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		-	
К0861	PWC gp3 std mult pow opt s/b	post-service review.	-	-	-
к0862	PWC gp3 hd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0863	PWC gp3 vhd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
к0864	PWC gp3 xhd mult pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
к0868	PWC gp 4 std seat/back	post-service review.	-	-	-
к0869	PWC gp 4 std cap chair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
к0870	PWC gp 4 hd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
К0871	PWC gp 4 vhd seat/back	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
К0877	PWC gp4 std sing pow opt s/b	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
к0878	PWC gp4 std sing pow opt cap	post-service review.	-	-	-
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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	-
к0884	PWC gp4 std mult pow opt s/b	post-service review. 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.	-	-	-
к0886	PWC gp4 hd mult pow s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
к0890	PWC gp5 ped sing pow opt s/b	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
K0891	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	_	_	_
K1001	Electronic posa treatment	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	-	-	-
К1002	Ces system w/supplies access	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
К1003	Whirlpool tub walkin portabl	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	-		_
К1004	Lo freq us diathermy device	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	
		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	,,	-
к1009	Speech volume modulation sys	Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	-	-
к1009	Speech volume modulation sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	2/28/2021	-

К1013	Enema tube, any type, replacement only, each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/1/2021	-	Add effective 04/01/2021
К1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
K1017	Monthly supplies for use of device coded at k1016	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
К1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	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.	8/15/2021	_	Add effective 08/15/2021
К1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	8/14/2021	Retire effective 08/14/2021
К1019	Monthly supplies for use of device coded at	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	k1018 Monthly supplies for use of device coded at	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
	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	10/1/2021	-	Add effective 10/01/2021
	Accessories	post-service review.	10/1/2021	-	Add enective 10/01/2021
К1022	Addition To Lower Extremity Prosthesis Endoskeletal Knee Disarticulation Above Knee Hip Disarticulation Positional Rotation Unit Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
К1023	Trans Elec Nerv Periph Nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2047
К1023	Trans Elec Nerv Periph Nerv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022	Add effective 10/01/2021; Retire effective 04/14/2022
К1024	Non Pneum Comp Control Cal	EUI: 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
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
K1025	Non-Pneumatic Sequential Compression Garment Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022	Add effective 10/01/2021; Retire effective 04/14/2022
К1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated Includes Fitting And Adjustment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L1834	Ko w/0 joint rigid molded to	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L1840	Ko derot ant cruciate custom	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
L1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
L1846	Ko w adj flex/ext rotat mold	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
L1860	Ko supracondylar socket mold	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
L2006	Kaf sng/dbl swg/stn mcpr cus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	_
L2999	Lower extremity orthosis NOS	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
	Ft insert ucb berkeley shell	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Foot insert remov molded spe	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3002 L3003	Foot insert plastazote or eq Foot insert silicone gel eac	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Foot longitudinal arch suppo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
L3020	Foot longitud/metatarsal sup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3030	Foot arch support remov prem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
	Foot lamin/prepreg composite	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Ft arch suprt premold longit Foot arch supp premold metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Foot arch supp longitud/meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Arch suprt att to sho longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	Arch supp att to shoe metata	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Arch supp att to shoe long/m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Hallus-valgus nt dyn pre ots	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Abduction rotation bar shoe Abduct rotation bar w/o shoe	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Shoe styled positioning dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3170	Foot plas heel stabi pre ots	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
	Oxford w supinat/pronat inf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
	Oxford w/ supinat/pronator c	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	Oxford w/ supinator/pronator	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	-
	Hightop w/ supp/pronator inf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3206 L3207	Hightop w/ supp/pronator chi Hightop w/ supp/pronator jun	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
	Benesch boot pair infant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_

L3213	Benesch boot pair child	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
L3214	Benesch boot pair junior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
L3215	Orthopedic ftwear ladies oxf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
L3216	Orthoped ladies shoes dpth i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
L3217	Ladies shoes hightop depth i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3219			-	-	_
	Orthopedic mens shoes oxford	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
L3221	Orthopedic mens shoes dpth i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	-
L3222	Mens shoes hightop depth inl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
L3230	Custom shoes depth inlay	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
L3250	Custom mold shoe remov prost	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
L3251	Shoe molded to pt silicone s	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3252	Shoe molded plastazote cust	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3253	Shoe molded plastazote cust	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_		
L3254	Orth foot non-stndard size/w	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
L3255	Orth foot non-standard size/	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
L3257	Orth foot add charge split s	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3265	Plastazote sandal each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
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L3300	Sho lift taper to metatarsal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3310	Shoe lift elev heel/sole neo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3320	Shoe lift elev heel/sole cor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
L3330	Lifts elevation metal extens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3332	Shoe lifts tapered to one-ha	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3334	Shoe lifts elevation heel /i	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3340	Shoe wedge sach	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
L3350	Shoe heel wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	
L3360	Shoe sole wedge outside sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
L3370	Shoe sole wedge between sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3370 L3380			-	-	-
	Shoe clubfoot wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3390	Shoe outflare wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3400	Shoe metatarsal bar wedge ro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
L3410	Shoe metatarsal bar between	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
L3420	Full sole/heel wedge btween	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	_
L3430	Sho heel count plast reinfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3440	Heel leather reinforced	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3450	Shoe heel sach cushion type	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
L3455	Shoe heel new leather standa	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
L3460	Shoe heel new rubber standar	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		_
L3465	Shoe heel thomas with wedge	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		_
L3470	Shoe heel thomas extend to b	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		_
L3480	Shoe heel pad & depress for	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
L3485	Shoe heel pad removable for	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
L3500	Ortho shoe add leather insol	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
			-	_	_
L3510	Orthopedic shoe add rub insl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
L3520	O shoe add felt w leath insl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	
L3530	Ortho shoe add half sole	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
13540					
L3540	Ortho shoe add full 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
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L3550	O shoe add standard toe tap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			<u> </u>
L3550 L3560	O shoe add standard toe tap 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.		-	-
L3550 L3560 L3570	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - -	_ _ _ _ _	- - - -
L3550 L3560 L3570 L3580 L3590	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - -	- - - - -	- - - - -
L3550 L3560 L3570 L3580 L3590 L3595	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - -		- - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - -		- - - - - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe caliper plate new	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - -		- - - - - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe caliper plate new Trans shoe solid stirrup exi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	-	- - - - - - - - - - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620 L3630	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe solid stirrup exi Trans shoe solid stirrup exi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - -	- - - - - - - - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620 L3630 L3640	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe calip plate new Trans shoe solid stirrup exi Trans shoe solid stirrup new Shoe dennis browne splint bo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620 L3630	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe solid stirrup exi Trans shoe solid stirrup exi	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	-	- - - - - - - - - - - - - - - -
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620 L3630 L3640	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe caliper plate new Trans shoe solid stirrup exi Trans shoe solid stirrup new Shoe dennis browne splint bo Orthopedic shoe modifica NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	-	
L3550 L3560 L3570 L3580 L3590 L3595 L3600 L3610 L3620 L3630 L3640 L3649	O shoe add standard toe tap O shoe add horseshoe toe tap O shoe add instep extension O shoe add instep velcro clo O shoe convert to sof counte Ortho shoe add march bar Trans shoe calip plate exist Trans shoe calip plate new Trans shoe solid stirrup exi Trans shoe solid stirrup new Shoe dennis browne splint bo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: 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.	- - - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - -	- - - - - - - - - - - - - - - - - - -
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L5644	Above knee wood socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
L5645	Bk flex inner socket ext fra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
L5646	Below knee cushion socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5647	Below knee suction socket	post-service review.	-	-
L5648	Above knee cushion socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
L5651	Ak flex inner socket ext fra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
L5652	Suction susp ak/knee disart	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
L5670		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
	Bk molded supracondylar susp	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5671	BK/AK locking mechanism	post-service review.	-	-
L5672	Bk removable medial brim sus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
L5673	Socket insert w lock mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_
L5704	Custom shape cover BK	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
L5705	Custom shape cover AK	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5706	Custom shape cvr knee disart	post-service review.	-	-
L5714	Knee-shin exo variable frict	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
L5722	Knee-shin pneum swg frct exo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-
L5724	Knee-shin exo fluid swing ph	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
L5726	Knee-shin ext jnts fld swg e	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
	knee-snin ext jnts na swg e	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5728	Knee-shin fluid swg & stance	post-service review.	-	-
L5780	Knee-shin pneum/hydra pneum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
L5785	Exoskeletal bk ultralt mater	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
L5790	Exoskeletal ak ultra-light m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
L5795	Exoskel hip ultra-light mate	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5814	Endo knee-shin hydral swg ph	post-service review.	-	-
L5816	Endo knee-shin polyc mch sta	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. –	-	-
L5818	Endo knee-shin frct swg & st	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
L5822	Endo knee-shin pneum swg frc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
L5824	Endo knee-shin fluid swing p	post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5826	Miniature knee joint	post-service review.	-	-
L5828	Endo knee-shin fluid swg/sta	post-service review.	-	-
L5830	Endo knee-shin pneum/swg pha	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-
L5840	Multi-axial knee/shin system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
L5848	Knee-shin sys hydraul 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	-	-
L5856	Elec knee-shin swing/stance	post-service review	-	-
L5857	Elec knee-shin swing only	post-service review.	-	-
L5858	Stance phase only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
L5859	Knee-shin pro flex/ext cont	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_
L5961	Endo poly hip pneu/hyd/rot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5962	Below knee flex cover system	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-
L5964	Above knee flex cover system	post-service review.	-	-
L5966	Hip flexible cover system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-
L5968	Multiaxial ankle w dorsiflex	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_
L5969	Ak/ft power asst incl motors	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		
L5970		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	
	Foot external keel sach foot	post-service review	-	-
	Ank-foot sys dors-plant flex		-	-
L5973		post-service review.		

L5976	Energy storing foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		-
L5978	Ft prosth multiaxial ankl/ft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_		_
15070		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. –	-		-
L5980	Flex foot system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		-
L5981	Flex-walk sys low ext prosth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_		_
L5982	Exoskeletal axial rotation u	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
13982		post-service review	-		-
L5984	Endoskeletal axial rotation	post-service review.	-		-
L5985	Lwr ext dynamic prosth pylon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		_
L5986	Multi-axial rotation unit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			-
L5987	Shank ft w vert load pylon	post-service review.	-		-
L5999	Lowr extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-		-
L6026	Part hand myo exclu term dev	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_		_
L6611	Additional switch ext power	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review. – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		_
L6621	Flex/ext wrist w/wo friction	post-service review.	_		-
L6646	Multipo locking shoulder jnt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		_
L6648	Ext pwrd shider lock/unlock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
	Terminal Device Multiple Articulating Digit	post-service review			
L6715	Includes Motor(S) Initial Issue Or	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		-
	Replacement				
1,6990	Electric Hand Switch Or Myolelectric Controlled Independently Articulating Digits	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L6880	Any Grasp Pattern Or Combination Of Grasp Patterns Includes Motor(S)	post-service review.	-		-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L6881	Term dev auto grasp feature	post-service review.	-		-
L6882	Microprocessor control uplmb	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-		-
L6883	Replc sockt below e/w disa	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.			
	Build and the second second second	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.	-		-
L6884 L6885	Replc sockt above elbow disa Replc sockt shldr dis/interc	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	-	· · · · · · · · · · · · · · · · · · ·	-
L6885 L6920	Replc sockt shldr dis/interc Wrist disarticul switch ctrl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	-		-
L6885 L6920 L6925	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review			- - - -
L6885 L6920	Replc sockt shldr dis/interc Wrist disarticul switch ctrl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review			- - - -
L6885 L6920 L6925	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical 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			- - - - -
L6885 L6920 L6925 L6930	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control	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: Procedure/service reviewed against Medical Policy Criteria. Submit for		· · · · · · · · · · · · · · · · · · ·	- - - - - -
L6885 L6920 L6925 L6930 L6935 L6940	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch	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. - -	- - - - - - - -	· · · · · · · · · · · · · · · · · · ·	- - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c	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 - most-service review. - 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		· · · · · · · · · · · · · · · · · · ·	- - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review			- - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review			- - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			- - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow switch control Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch contro	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 - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - post-service review. - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination	- - - - - - - - - - - - - - -		- - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch contro	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch contro Shldr disartic myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6960	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch contro Shldr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6955 L6950 L6960 L6965 L6975 L6975	Replc sockt shidr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shidr disartic switch contro Shidr disartic switch contro Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6960	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch contro Shldr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6955 L6950 L6960 L6965 L6975 L6975	Replc sockt shidr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shidr disartic switch contro Shidr disartic switch contro Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L6970	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch control Shldr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand Pediatric electric hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L6970 L7007 L7008	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch control Shldr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand Pediatric electric hand Adult electric hook Prehensile actuator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6950 L6960 L6965 L6970 L6975 L7007 L7007 L7008 L7009 L7040	Replc sockt shidr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shidr disartic switch contro Shidr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand Pediatric electric hand Adult electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L6970 L7007 L7008	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch control Shldr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand Pediatric electric hand Adult electric hook Prehensile actuator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP 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	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6950 L6960 L6965 L6970 L6975 L7007 L7007 L7008 L7009 L7040	Replc sockt shildr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shidr disartic switch contro Shidr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand Pediatric electric hook Prehensile actuator Pediatric electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -
L6885 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6967 L6975 L6970 L7007 L7008 L7008 L7009 L7040 L7045	Replc sockt shldr dis/interc Wrist disarticul switch ctrl Wrist disart myoelectronic c Below elbow switch control Below elbow myoelectronic ct Elbow disarticulation switch Elbow disart myoelectronic c Above elbow switch control Above elbow myoelectronic ct Shldr disartic switch control Shldr disartic myoelectronic Interscapular-thor switch ct Interscap-thor myoelectronic Adult electric hand Pediatric electric hook Prehensile actuator Pediatric electric hook	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - - - - - - - - - - - - - - - - - -		- - - - - - - - - - - - - - - - - - -

L7185	Electron elbow adolescent sw	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – –
L7186	Electron elbow child switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – –
L7190	Elbow adolescent myoelectron	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L7191	Elbow child myoelectronic ct	post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L7259	Electronic wrist rotator any	post-service review.
L7360	Six volt bat otto bock/eq ea	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –
L7362	Battery chrgr six volt otto	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – –
L7364	Twelve volt battery utah/equ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review. – – – – – – – – – – – – – – – – – – –
L7366	Battery chrgr 12 volt utah/e	post-service review. – – – – – – – – – – – – – – – – – – –
L7367	Replacemnt lithium ionbatter	post-service review.
L7368	Lithium ion battery charger	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.
L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.
L7900	Male vacuum erection system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review.
L8039	Breast prosthesis NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.
L8048	Unspec maxillofacial prosth	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.
L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.
L8600	Implant breast silicone/eq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8603		post-service review. – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
10005	Collagen imp urinary 2.5 ml	post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8604	Dextranomer/hyaluronic acid	post-service review.
L8605	Inj bulking agent anal canal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.
L8606	Synthetic implnt urinary 1ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –
L8608	Arg ii ext com/sup/acc misc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider
		Website Coding and Compensation Non-reimbursable EIU policy. - - - MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid - -
L8609	Artificial cornea	post-service review. – – – – – – – – – – – – – – – – – – –
L8612	Aqueous shunt prosthesis	post-service review.
L8614	Cochlear device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – –
L8615	Coch implant headset replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –
L8616	Coch implant microphone repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review. – – – – – – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8617	Coch implant trans coil repl	post-service review. – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8618	Coch implant tran cable repl	post-service review.
L8619	Coch imp ext proc/contr rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –
L8621	Repl zinc air battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – –
L8622	Repl alkaline battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
		post-service review. – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8623	Lith ion batt CID non-earlyl	post-service review.
L8624	Lith ion batt cid ear level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – –
L8625	Charger coch impl/aoi battry	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. – – – – – – – – – – – – – – – – – – –
L8627	CID ext speech process repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8628		post-service review. – – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
	CID ext controller repl	post-service review. – – – – – – – – – – – MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid
L8629	CID transmit coil and cable	post-service review.
L8679	Imp neurosti pls gn any type	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.
L8680	Implt neurostim elctr each	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.
L8681	Pt prgrm for implt neurostim	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.
L8682		
1000/	Implt neurostim radiofq rec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.
L8683	Radiofq trsmtr for implt neu	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.
		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement
L8683	Radiofq trsmtr for implt neu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid

L8686	Implt nrostm pls gen sng non	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
L8687	Implt nrostm pls gen dua rec	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
L8688	Implt nrostm pls gen dua non	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
20000			-	-	-
L8689	External recharg sys intern	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			
L8690	Aud osseo dev int/ext comp	post-service review.	-	-	-
L8691	Aoi snd proc repl excl actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
18031		post-service review.	-	-	-
L8692	Non-osseointegrated snd proc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
L8693	Aud osseo dev abutment	post-service review.	-	-	-
L8694	A oi transdusor (actuator ron)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
10094	Aoi transducer/actuator repl	post-service review.	-	-	-
L8695	External recharg sys extern	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			
L8698	Misc used with tot art heart	post-service review.	-	-	-
18600	Prosthotic implant NOS	-			
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
L8701	Ewh s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
L8702	Ewhf s/d uprt micro sensor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
M0075	Cellular therapy	post-service review.	-	-	-
M0076	Prolotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	· roloalerapy	post-service review.	-	-	-
M0300	IV chelationtherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
M0301	Fabric wrapping of aneurysm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
M1003	Tb scr 12 mo pri fst bio dz	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
M1004	Doc med rsn no srn tb	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_	
M1005	Tb scr no perf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
M1006	Dz not ases no rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
M1007	>=50% total pt outpt ra enct	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
M1008	<50% total pt outpt ra encts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
M1009	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
M1010 M1011	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.	-	-	
	Di eoi doi med fei	Non covered. Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	-
11012	Do one dos modiros	Non Covered, Presedure (service not severed by the Plan, Net subject to pre-service review			
M1012	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
M1013	Dc eoc doc med rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
M1013 M1014	Dc eoc doc med rec 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
M1013	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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		_ _ 	_ _ _ Retire effective 12/31/2020
M1013 M1014 M1015	Dc eoc doc med rec Dc epi care doc medrec 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.	- - - -	_ _ 	_ _ _ Retire effective 12/31/2020 _ _
M1013 M1014 M1015 M1016	Dc eoc doc med rec Dc epi care doc medrec 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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 _ _ _
M1013 M1014 M1015 M1016 M1017	Dc eoc doc med rec Dc epi care doc medrec Dc eoc doc med rec 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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 _ _ _ _ _
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020	Dc eoc doc med rec Dc epi care doc medrec Dc eco doc med rec Pt dx meop or sur steri Pt admt to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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
M1013 M1014 M1015 M1016 M1017 M1018 M1019	Dc eoc doc med rec Dc epi care doc medrec Dc eoc doc med rec Pt dx meop or sur steri Pt admt to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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 - - - - - -	
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020	Dc eoc doc med rec Dc epi care doc medrec Dc eco doc med rec Pt dx meop or sur steri Pt admt to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - -	- - - - - - - - - - - - - - - Retired	 Retire effective 12/31/2020 Retired effective 12/31/2021
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020 M1021 M1022	Dc eoc doc med rec Dc eoi care doc medrec Dc eoi care doc medrec Pt dx meop or sur steri Pt adm to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo Pt uc in pp Pt hospice during perf 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	 Retired	 Retired effective 12/31/2021
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020 M1021	Dc eoc doc med rec Dc eoi care doc medrec Dc eoc doc med rec Pt dx meop or sur steri Pt admt to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo Pt uc in pp	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - -	- - - - -	- - - - -
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020 M1021 M1022 M1023 M1024	Dc eoc doc med rec Dc eoi care doc medrec Dc eoi care doc medrec Pt dx meop or sur steri Pt dx ht o palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo Pt uc in pp Pt hospice during perf pd Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds no rs 6 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - -	- - - - - Retired 12/31/2020 12/31/2020	
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020 M1021 M1022 M1023	Dc eoc doc med rec Dc eoc doc med rec Dc eoc doc med rec Pt dx meop or sur steri Pt admt to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo Pt uc in pp Pt hospice during perf pd Adl pt mj dep ds rs 6 phq<5	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - - - -	- - - - - Retired 12/31/2020	
M1013 M1014 M1015 M1016 M1017 M1018 M1019 M1020 M1021 M1022 M1023 M1024	Dc eoc doc med rec Dc eoi care doc medrec Dc eoi care doc medrec Pt dx meop or sur steri Pt dx ht o palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds no rs 12 mo Pt uc in pp Pt hospice during perf pd Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds no rs 6 mo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - - - - - - - - - - - - - - -	- - - - - Retired 12/31/2020 12/31/2020	
M1013 M1014 M1015 M1017 M1017 M1018 M1019 M1020 M1021 M1022 M1023 M1024 M1025 M1026	Dc eoc doc med rec Dc eoi care doc medrec Dc eoc doc med rec Pt dx meop or sur steri Pt adm to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds nor s 12 mo Pt uci n pp Pt hospice during perf pd Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds no rs 6 mo Pt hospice during perf pd Pt hospice during perf 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		- - - - Retired 12/31/2020 12/31/2020 Retired	
M1013 M1014 M1015 M1016 M1017 M1018 M1020 M1020 M1022 M1023 M1024 M1025 M1026 M1027	Dc eoc doc med rec Dc eoi care doc medrec Dc eoi care doc medrec Pt dx meop or sur steri Pt dx hst or pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds rs 12 mo Pt uc in pp Pt hospice during perf pd Adl pt mj dep ds ns 6 phq<5 Adl pt mj dep ds ns rs 6 mo Pt hospice during perf pd Pt hospice during perf pd Img head (ct or mri) obtnd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure		- - - - Retired 12/31/2020 12/31/2020 Retired	
M1013 M1014 M1015 M1016 M1017 M1018 M1017 M1020 M1021 M1022 M1023 M1024 M1025 M1026 M1027 M1028	Dc eoc doc med rec Dc eoc doc med rec Dc eoc doc med rec Pt dx meop or sur steri Pt adm to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds rs 6 mo Pt hospice during perf pd Pt hospice during perf pd Pt hospice during perf pd Img head (ct or mri) obtnd Doc of pt prm hda dx and otr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure	- - - - - - - - - - - - - - - - - - -	- - - - Retired 12/31/2020 12/31/2020 Retired	
M1013 M1014 M1015 M1016 M1017 M1018 M1020 M1022 M1022 M1022 M1023 M1024 M1025 M1026 M1027 M1028 M1029	Dc eoc doc med rec Dc eoc doc med rec Dc eoc doc med rec Pt dx meop or sur steri Pt dx hto palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds rs 12 mo Pt uc in pp Pt hospice during perf pd Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds no rs 6 mo Pt hospice during perf pd Pt hospice during perf pd Img head (ct or mri) obtnd Doc of pt prm hda dx and otr Doc sysm rsn img hd	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure		- - - - Retired 12/31/2020 12/31/2020 Retired Retired - -	
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M1013 M1014 M1015 M1016 M1017 M1018 M1020 M1021 M1022 M1023 M1024 M1025 M1026 M1027 M1028 M1029 M1031 M1032 M1033 M1034 M1035 M1036 M1037 M1038 M1039 M1040 M1041 M1045 M1046 M1045 M1051 M1054	Dc eoc doc med rec Dc eoc doc med rec Dc eoc doc med rec Pt dx meop or sur steri Pt adm to palitve serv Pt dx hst cr pt sk lg cr scr Adl pt mj dep ds rs 12 phq<5 Adl pt mj dep ds rs 12 mo Pt hospice during perf pd Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds rs 6 phq<5 Adl pt mj dep ds rs 10 phq Pt hospice during perf pd Pt hospice during perf pd Img head (ct or mri) obtnd Doc of pt prm hda dx and otr Doc sysm rsn img hd Pt clin ind img hd Adt 180 dys pharmthry oud Adt 180 dys pharmthry oud Adt 180 dys pharmthry oud Pt dx lum sp reg car Pt dx lum sp reg inf Pt dx lum sp reg inf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to 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		- - - - Retired 12/31/2020 12/31/2020 Retired Retired - - - Retired	

M1060						
	Pt no prm nurs hm res in pp	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.		_	
M1061	Pt died in pp	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.		-	
1001	Pt preg	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1062	Pt imcomprmd	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1063	Pt rec hg dos imsup thpy	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1064	Shing vac doc adm or pv rec	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1065	Shing vac no adm clinc rsn	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1066	Shing vac no doc no rsn	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
	Hspc pt prv time meam per	on Covered: Procedure/service not covered by the Plan. Not su				
	Pt not ambulatory	on Covered: Procedure/service not covered by the Plan. Not su			-	-
	Pt scr ft fall rsk	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
	Pt not scrn fut fall no rsn	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
	Pt had add'l sp pcr perf	on Covered: Procedure/service not covered by the Plan. Not su		_	_	-
				-	-	_
	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su		_	-	-
	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su			-	_
	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	_	_
M1109	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.		_	
M1110	Oc ni pt selfdc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
M1111	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
M1112	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su			-	-
	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		_	-	-
	Oc ni pt selfdc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
				_	_	
	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
M1117	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		_	-	-
M1119	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_		
M1120	Oc ni pt selfdc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.			
M1121	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su			_	
M1123	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
				-	-	-
	Oc ni pt selfdc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su		-	-	
M1127	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.			
M1128	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
M1129	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
M1130	Oc ni pt self dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
M1131	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.		-	-
	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		_	-	-
	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
M1135 M1134	Oc ni pt self dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
				-	-	_
	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su		_	-	-
	Start eoc doc med rec	on Covered: Procedure/service not covered by the Plan. Not su		—		Retire effective 12/31/2020
M1137	Docu dx degen neuro	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_		Retire effective 12/31/2020
M1138	Oc ni pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	-	12/31/2020	Retire effective 12/31/2020
M1139	Oc ni pt self dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1140	Oc ni pt dc 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	12/31/2020	Retire effective 12/31/2020
M1141	Fs no oks	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	_	_	_
M1142	Emerge cases	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.			
M1143	Ni rehab med chiro	on Covered: Procedure/service not covered by the Plan. Not su		_	-	-
	Oc no ind pt 1-2 vis	on Covered: Procedure/service not covered by the Plan. Not su		_		Retire effective 12/31/2020
11144						
		· · · · · · · · · · · · · · · · · · ·	· · ·	-	,,	
M1145	Most favored nation (mfn) model drug add-on amount, per dose, (do not bill with line items that have the jw modifier)	on Covered: Procedure/service not covered by the Plan. Not su		-	-	-
	amount, per dose, (do not bill with line items		ubject to pre-service review.	-	-	-
M1146	amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record Ongoing care not medically possible because the patient was discharged early due to	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	-	-	-
M1146 M1147 M1148	amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record 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	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	-	-	-
M1146 M1147 M1148	amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record 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 Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to	on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	-	-	-
M1146 M1147 M1148	amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record 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 Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate	on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su	ubject to pre-service review.	- -	- · · · · · · · · · · · · · · · · · · ·	-
M1146 M1147 M1148 M1149 P2031 P9020	amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record 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 Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available Hair analysis Plaelet rich plasma unit	on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su per Criteria: Procedure/service reviewed against Medical Policy C sst-service review. U: Procedure/service not reimbursed by the Plan. Not subject t ebsite Coding and Compensation Non-reimbursable EIU policy	ubject to pre-service review. ubject to pre-service review. ubject to pre-service review. ubject to pre-service review. Criteria. Submit for predetermination to avoid to pre-service review. Refer to Provider	- - -		- - - - -
M1146 M1147 M1148 M1149 P2031	amount, per dose, (do not bill with line items that have the jw modifier) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record 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 Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) Patient unable to complete the neck fs prom at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available Hair analysis	on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su on Covered: Procedure/service not covered by the Plan. Not su per Criteria: Procedure/service reviewed against Medical Policy C	ubject to pre-service review. ubject to pre-service review. ubject to pre-service review. ubject to pre-service review. Criteria. Submit for predetermination to avoid to pre-service review. Refer to Provider y, may be subject to contract/clinical review.	- -		-

P9615	Urine specimen collect mult	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	-	_
Q0092	Set up port xray equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
Q0477	Pwr module pt cable lvad rpl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0478	Power adapter combo vad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0479	Power module combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0480	Driver pneumatic vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0481	Microprcsr cu elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0482	Microprcsr cu combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q0483	Monitor elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
Q0484	Monitor elec or comb vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
Q0485	Monitor cable elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
Q0486	Mon cable elec/pneum vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0487	Leads any type vad rep only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0488	Pwr pack base elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0489	Pwr pck base combo vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0490	Emr pwr source elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0491	Emr pwr source combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0492	Emr pwr cbl elec vad rep	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
Q0493	Emr pwr cbl combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid sert consider service.	_	_	_
Q0494	Emr hd pmp elec/combo rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
Q0495	Charger elec/combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		·	_
Q0496	Battery elec/combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
Q0490	Bat clps elec/comb 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	-	-	-
Q0498	Holster elec/combo vad rep	post-service review.	-	-	-
Q0499 Q0500	Belt/vest elec/combo vad rep Filters elec/combo vad rep	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 not-service review	_	-	_
Q0501	Shwr cov elec/combo vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid not-service review.	_	_	_
Q0502	Mobility cart pneum vad rep	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid not-service review.	_	_	_
Q0503	Battery pneum vad replacemnt	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
Q0504	Pwr adpt pneum vad rep veh	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid sert conting review.	_	_	_
Q0506	Lith-ion batt elec/pneum VAD	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid sert conting review.	_	_	_
Q0507	Misc sup/acc ext VAD	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			_
Q0509	Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.		·	_
Q0510	Dispens fee immunosupressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0510 Q0511	Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0512	Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
Q0513	Disp fee inhal drugs/30 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
Q0514	Disp fee inhal drugs/90 days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	
Q0515	Sermorelin acetate injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	_
Q2026	Radiesse injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q2028	Inj sculptra 0.5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
Q2041	Axicabtagene ciloleucel car+	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	_
Q2042	Tisagenlecleucel car-pos t	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	_
Q2043	Sipuleucel-T Minimum Of 50 Million Autologous Cd54+ Cells Activated With Pap- Gm-Csf Including Leukapheresis And All Other Preparatory Procedures Per Infusion	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	10/10/2021	Moved to PA code list
Q2050	Doxorubicin inj 10mg	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-

Q4124	Oasis Ultra Tri-Layer Wound Matrix Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
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	_
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	-	-
Q4122	Dermacell awm porous sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	3/31/2021	Retired effective 03/31/2021
24121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
4121	Theraskin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
4118	Matristem micromatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
4117	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	-	-
4117	Hyalomatrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
4116	Alloderm	post-service review.	-	-	-
4115	Alloskin	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	-	-
4115	Alloskin	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
4114	Integra flowable wound matri	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
4113	Graftjacket xpress	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	-	-
4113	Graftjacket xpress	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
4112	Cymetra, injectable, 1 cc	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	-	-
4112	Cymetra, injectable, 1 cc	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
4111	Gammagraft	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	-	-
4111	Gammagraft	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
		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	-	-
4110	Primatrix	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	- 5/15/2021	-, - , - 021	-
4110	Primatrix	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	- 5/14/2021	-
4108	Integra matrix	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
4107	Graftjacket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
4106	Dermagraft	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
4105	Integra drt or omnigraft	We stree coung and compensation non-reindursatic to policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	-
4104	Integra BMWD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
4104	Integra BMWD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	_
4103	Oasis burn matrix	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.	5/15/2021	-	-
24103	Oasis burn matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
4102	Oasis wound matrix	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
4101	Apligraf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
4100	Skin substitute NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
4082	Drug/bio NOC part B drug CAP	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
24051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
24050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
3014	Telehealth Facility Fee	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
3001	Brachytherapy Radioelements	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
2055	Idecabtagene Vicleucel Car	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
2054	Lisocabtagene Maraleucel Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
2053	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	4/1/2021	-	Add effective 04/01/2021
2052	Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_

04424	Oasis Ultra Tri-Layer Wound Matrix Per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/45/2024		
Q4124	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	-
Q4125	Arthroflex Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
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	-
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	_	_
Q4127	Talymed Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	5/14/2021	-
Q4127	Talymed Per Square Centimeter	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	-, 10, 2021	-	-
Q4128	Flexhd/Allopatchhd/matrixhd	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
Q4130	Strattice Tm Per Square Centimeter	post-service review.	-	5/14/2021	-
Q4130	Strattice Tm Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	5/14/2021	_
Q4134	hMatrix	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	.,,	-	-
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	-
Q4135	Mediskin	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	-
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
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	_		_
Q4139	Amnio or biodmatrix inj 1cc	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			
Q4140		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	-	-	-
	Biodfence 1cm	Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
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	-
Q4141	Alloskin ac 1 cm	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	-
Q4142	Xcm biologic tiss matrix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4143	Repriza 1cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	5/14/2021	_
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021	_	_
Q4145	Epifix inj 1mg	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	-	-	-
Q4146	Tensix 1cm	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
Q4146	Tensix 1cm	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	-	-
Q4147	Architect ecm px fx 1 sq cm	post-service review.	-	5/14/2021	-
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	-	-
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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	_
Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021	_	_
Q4150	Allowrap ds or dry 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			
		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. 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	-
Q4152	Dermapure 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4153	Dermavest plurivest sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4154	Biovance 1 square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
Q4155	Neoxflo or clarixflo 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
Q4156	Neox 100 or clarix 100	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	-	-	-
Q4157	Revitalon 1 square cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-

Q4158	Kerecis omega3 per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	_
Q4158	Kerecis omega3 per 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		
		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	-	
Q4159	Affinity1 square 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	-	1/31/2022	Retire effective 01/31/2022
Q4160	Nushield 1 square cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4161	Bio-connekt per square cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
Q4161	Bio-connekt per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	_	_
Q4162	Wndex flw bioskn flw 0.5cc	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. EIU: 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	-	-	-
Q4164	Helicoll per square cm	post-service review.	-	5/14/2021	-
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4165	Keramatrix Kerasorb sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	_
Q4166	Cytal per square centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	5/14/2021	_
Q4166	Cytal per square centimeter	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	-	-
Q4167	Truskin per sq centimeter	post-service review.	-	5/14/2021	-
Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	_
Q4169	Artacent wound per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4170	Cygnus per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
Q4171	Interfyl 1 mg	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	-	-	-
Q4173	Palingen or palingen xplus	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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	3/31/2021	-
Q4175	Miroderm, per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/1/2021	_	-
Q4176	Neopatch or therion, per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	-
Q4177	Floweramnioflo 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4178	Floweramniopatch 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	-	-	-
		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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
Q4179	Flowerderm per sq cm	Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4180	Revita per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4181	Amnio wound per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	-	_
Q4182	Transcyte per sq centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	5/14/2021	_
Q4182	Transcyte per sq centimeter	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. 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. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
Q4184	Cellesta or duo per sq cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4185	Cellesta flowab amnion 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	
Q4187	Epicord 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	-	-
Q4187 Q4188	Epicord 1 sq cm Amnioarmor 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	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	-	-	-
Q4188 Q4189	Amnioarmor 1 sq cm Artacent ac 1 mg	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.		-	-
Q4188 Q4189 Q4190	Amnioarmor 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 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.	-	-	- - - -
Q4188 Q4189	Amnioarmor 1 sq cm Artacent ac 1 mg	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. EIU: 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.	-	- - - -	- - - -
Q4188 Q4189 Q4190 Q4191	Amnioarmor 1 sq cm Artacent ac 1 mg Artacent ac 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 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. EIU: 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.	-	-	- - - - -
Q4188 Q4189 Q4190	Amnioarmor 1 sq cm Artacent ac 1 mg Artacent ac 1 sq cm Restorigin 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 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. EIU: 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 EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider EIU: Procedure/service not reimbursed by the Plan. Not s	-	- - - - - - - 5/14/2021	- - - - - -

		EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
Q4194	Novachor 1 sq cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4195	Puraply 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	5/14/2021	-
Q4195	Puraply 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	_
Q4196	Puraply am 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	5/14/2021	_
Q4196		post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021		
	Puraply am 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	5/15/2021	-	-
Q4197	Puraply xt 1 sq cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4198	Genesis amnio membrane 1sqcm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4199	Cygnus Matrix Per Sq Cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2050
Q4199	Cygnus Matrix Per Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	1/1/2022	4/14/2022	Add effective 01/01/2022; Retire effective 04/14/2022
Q4200	Skin te 1 sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	5/14/2021	-
Q4200	Skin te 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	5/15/2021	_	_
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			
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	=	-	-
Q4202	Keroxx (2.5g/cc) 1cc	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	5/14/2021	-
Q4202	Keroxx (2.5g/cc) 1cc	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	-
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	-	-
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			
Q4208	Novafix 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			
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		-	-
		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	-	-	-
Q4211	Amnion bio or axobio sq cm	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4212	Allogen per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	-
Q4214	Cellesta cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			_
Q4215	Axolotl ambient cryo 0.1 mg	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	-	-	-
Q4216	Artacent cord 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	-	-	-
Q4217	Woundfix biowound plus xplus	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4219	Surgigraft dual per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	-
Q4220	Bellacell HD Surederm sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		5/14/2021	
	· ·	post-service review. 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	-	-
Q4221	Amniowrap2 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	-	-	-
Q4222	Progenamatrix per sq cm	post-service review.	-	5/14/2021	-
Q4222	Progenamatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	5/15/2021	-	-
Q4227	Amniocore per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4228	Bionextpatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	Retired	Retire effective 12/31/2020
Q4229	Cogenex amnio memb per sq cm	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.	-	-	-
Q4230	Cogenex flow amnion 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4231	Corplex p per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	-
Q4232	Corplex per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	_
Q4233	Surfactor /nudyn per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_	_	_
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	-	-	-
27233	and the second s	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-

0.0000	A	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider		Burlaul	D. 11
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	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
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.	-	-	-
Q4244	Procenta per 200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
Q4246	Coretext or protext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	_	_	_
Q4247	Amniotext patch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	_		_
Q4248	Dermacyte amn mem allo 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	-	-	-
Q4249	Amniply per sq cm	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	-
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	_
Q4251	Vim Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	4/15/2022	_	Add effective 04/15/2051
Q4251	Vim 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	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		1/11/2022	effective 04/14/2022
Q4252	Vendaje 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	4/15/2022	-	Add effective 04/15/2051 Add effective 10/01/2021; Retire
Q4252	Vendaje Per Square Centimeter	post-service review.	10/1/2021	4/14/2022	effective 04/14/2022
Q4253	Zenith Amniotic Membrane Per Square Centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	4/15/2022	-	Add effective 04/15/2051
Q4253	Zenith Amniotic Membrane Psc	EIU: 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 04/15/2053
Q4253	Zenith Amniotic Membrane Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	4/14/2022	Add effective 10/01/2021; Retire effective 04/14/2022
Q4254	Novafix dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider Website Coding and Compensation Non-reimbursable EIU policy.	3/1/2021	_	_
Q4254	Novafix dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		2/28/2021	
Q4255	Reguard topical use per sq	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	3/1/2021		
		Website Coding and Compensation Non-reimbursable EIU policy. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	3/1/2021	-	-
Q4255	Reguard topical use per sq	post-service review.	-	2/28/2021	-
Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
Q5010	Hospice home care in hospice	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
Q5101	Injection Filgrastim-Sndz Biosimilar (Zarxio) 1 Microgram	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	_	Add effective 10/01/2021
Q5103	Injection inflectra	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
Q5104	Injection renflexis	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
Q5106	Inj retacrit non-esrd use	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
Q5107	Inj mvasi 10 mg Injection Pegfilgrastim-Jmdb Biosimilar	post-service review.	-	10/10/2021	Moved to PA code list
Q5108	(Fulphila) 0.5 Mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
Q5109	Injection ixifi 10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
Q5110	Injection Filgrastim-Aafi Biosimilar (Nivestym) 1 Microgram	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021
Q5112	Inj ontruzant 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	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 post-service review.	_	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	_	10/10/2021	Moved to PA code list
Q5115	Inj truxima 10 mg	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 ogreenent: MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	- Moved to DA code list
Q5116	Inj. trazimera 10 mg	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	10/10/2021	Moved to PA code list
Q5117	Inj. kanjinti 10 mg	post-service review.	-	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 post-service review.	-	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 post-service review.	-	10/10/2021	Moved to PA code list

R0075 Transport p R0076 Transport p S0013 Esketamine S0126 Inj follitropi S0132 Inj follitropi S0132 Inj ganirelix S0155 Epoprosten S0157 Becaplermin S0189 Testosteron S0197 Prenatal vit S0207 Paramedicit S0208 Paramed in S0209 WC van milt S0215 Nonemerg ti S0250 Comp geria S0257 End of life c S0260 H&P for sur S0310 Hospitalist v S0321 Home hosp S0320 Completed S0310 Hospitalist v S0341 Lifestyle mot S0342 Lifestyle mot S0343 Rott foot cc S0390 Rout foot cc S0390 Rout foot cc S0390 Laser in situ S0810 Laser in situ S0812 Photothera S1003 Gluc monito <tr< th=""><th>n m or purchase or rental as system as inv disp sensor as ext transmitter as ext receiver nolding orthosis coronary, temporary, with delivery</th><th>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. 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075 Transport p 076 Transport p 076 Transport p 071 Esketamine 128 Inj follitropi 128 Inj follitropi 132 Inj ganirelix 135 Epoprosten 157 Becaplermin 189 Testosteron 197 Prenatal vit 208 Paramedici 209 WC van mil 215 Nonemerg f 250 Comp geria	-	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
775 Transport p 776 Transport p 076 Transport p 0713 Esketamine 126 Inj follitropi 128 Inj follitropi 129 Inj ganirelix 1315 Epoprosten 155 Becaplermin 189 Testosteron 197 Prenatal vit 207 Paramed in 208 Paramed in 209 WC van mil 215 Nonemerg	atr assmt team counseling	Non Covered: Procedure/service not covered 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
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075 Transport p 076 Transport p 076 Transport p 013 Esketamine 126 Inj follitropi 128 Inj follitropi 132 Inj ganirelix 155 Epoprosten 157 Becaplermi 189 Testosteron 197 Prenatal vit 207 Paramedici	itrcept nonvol	post-service review.	-	-	-
075 Transport p 076 Transport p 077 Transport p 013 Esketamine 126 Inj follitropi 128 Inj follitropi 132 Inj ganirelix 155 Epoprosten 157 Becaplermin 189 Testosteror 197 Prenatal vit	intercep nonhospals	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
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075 Transport p 076 Transport p 071 Esketamine 126 Inj follitropi 128 Inj follitropi 129 Inj ganirelix 131 Epoprosten 155 Epoprosten 157 Becaplermin	ne pellet 75 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
1075 Transport p 1076 Transport p 0013 Esketamine 126 Inj follitropi 128 Inj follitropi 132 Inj ganirelix 135 Epoprosten			-	-	-
2075 Transport p 2076 Transport p 2076 Transport p 2013 Esketamine 2014 Inj follitropi 2012 Inj follitropi 2013 Inj ganirelix		post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	_
D075 Transport p D076 Transport p D013 Esketamine 126 Inj follitropi 128 Inj follitropi	nol dilutant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	
D075 Transport p D076 Transport p D073 Esketamine D126 Inj follitropi	x acetat 250 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
075 Transport p 076 Transport p 013 Esketamine	in alta 75 iu in beta 75 iu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
0075 Transport p 0076 Transport p		post-service review.	-	-	-
0075 Transport p		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	-	_	-
0070 Transport p	oort x-ray multipl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	oortable x-ray	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
9969 Non-HEU T	C-99M add-on/dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
9004 Department partner serv	nt of veterans affairs whole health vices	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	10/1/2021	-	Add effective 10/01/2021
	n counsel group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
	n counsel individu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	-
-	assessment	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	77172021	10/10/2021	Moved to FA code list
(Nyvepria) 5123 Inj. Riabni 1		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	7/1/2021	10/10/2021	Moved to PA code list
177	egfilgrastim-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
121 Inj. avsola 1	10 mg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
120 Injection Pe (Ziextenzo)		MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	10/1/2021	-	Add effective 10/01/2021

S4022 S4023 S4025	Asst oocyte fert case rate Incompl donor egg case rate Donor serv IVF 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
S4022				-	_
	A set of a first set of a				
S4021	IVF canc p aspir case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
S4020	IVF canc a aspir case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
S4018	F EMB trns canc case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-		-
S4016 S4017	Frozen IVF case rate IVF canc a stim 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.	-	-	
S4015 S4016	Complete IVF nos 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.	_	_	_
S4011 S4013	Compl GIFT case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			-
S4011	IVF package	Website Coding and Compensation Non-reimbursable EIU policy. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
\$3900	Surface EMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider			
S3849	Gene test Niemann-Pick	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	Moved to PA code list
\$3652	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.	-	-	-
\$3650	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.	-	-	-
\$3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S2900	Surgical System (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	12/31/2020	Retire effective 12/31/2020
	Surgical Techniques Requiring Use Of Robotic	post-service review.			
S2411	Fetoscop laser ther TTTS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
S2409	Fetal surg noc	post-service review. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
S2405	Fetal surg sacrococ teratoma	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
S2404	Fetal surg myelomeningo	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
S2403	Fetal surg pulmon sequest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2402	Fetal surg cong cyst malf	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.			
S2401	Fetal surg urin trac obstr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2400	Fetal surg congen hernia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2348	Decompress disc RF lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
\$2300	Arthroscopy shoulder surgi	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S2235	Implant auditory brain imp	post-service review. EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
s2230	Implant semi-imp hear	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	-	
S2209	Minimally invasive direct co	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	_	
52208	Minimally invasive direct co	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
S2207	Minimally invasive direct co	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-portice review.	_	_	_
S2206	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_
S2205	Minimally invasive direct co	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	_	_	_
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	_	-
S2152	Solid organ transpl pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2150	BMT harv/transpl 28d pkg	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S2142	Cord blood-derived stem-cell	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S2140	Cord blood harvesting	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S2120	Low density lipoprotein(LDL)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2118	Total hip resurfacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S2117	Arthroereisis subtalar	Website Coding and Compensation Non-reimbursable EIU policy.	-	-	-
S2112	Knee arthroscp harv	post-service review. EU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Refer to Provider	-	-	-
S2107	Adoptive immunotherapy	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S2103	Adrenal tissue transplant	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
		MP Criteria. Procedure/service in this code group may require Prior Action action per contract agreement. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S2102	Islet cell tissue transplant	post-service review. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
S2095	Transcath emboliz microspher	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
52083	Adjustment gastric band	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			_
S2080	Laup	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	_

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<table-row><table-row><table-row><table-row><table-row><table-row>1000111<th< td=""><td>54027</td><td>Store prev froz embryos</td><td>Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.</td><td>_</td><td>_</td><td>_</td></th<></table-row></table-row></table-row></table-row></table-row></table-row>	54027	Store prev froz embryos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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DescriptionNot lower of inclusion is a problem in the lower of inclusi	54030	Sperm procure init visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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<table-row>Main Mathematical Mathem</table-row>	54037	Cryo embryo transf case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
andmean<	54040	Monit store cryo embryo 30 d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
Mathematical Mathem	54042	Ovulation mgmt per cycle	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
NormalNorma	E109	Home care training to home care client per	MD Criteria: Presedure / convice in this code group may require Driar Authorization per contrast agreement	E /1 /2021		Add offective OF /01 /2021
Instrumentania Notaria water space is a space i	80108	15 minutes	MP Criteria: Procedure/service in this code group may require Phor Authorization per contract agreement.	5/1/2021	-	Add effective 05/01/2021
Instrumentania Notaria water space is a space i	5110	Home care training family: per 15 minutes	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement	5/1/2021		Add effective 05/01/2021
111 Notes are sensing in the set of the demonstration of of the demonstratio demonstratio demonstration of the demonstration of the	,5110	Home care training family, per 15 minutes	wir entend. Hoecdurey service in this code group may require this Authorization per contract agreement.	5/1/2021	-	Add checkive 05/01/2021
111 Notes are sensing in the set of the demonstration of of the demonstratio demonstratio demonstration of the demonstration of the	55111	Home care training family: per session	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	5/1/2021		Add effective 05/01/2021
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International processing of the second sec	55130	Homaker service nos per 15m	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
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Bit metabolity may wighting Nameda by strateging consistent in some and provide provid	5105	11	New Course de Danse deux la series ant annual de the Diag. Net avaisat to annual annual			
mix manual markamix manual manua	5105	Home modifications per serv	Non covered. Procedure/service not covered by the Plan. Not subject to pre-service review.	-		
Number of the standard integrating integration (section (sect	5191	HH respiratory throw pos/day	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			Moved to BA code list
301 Restart at man at a set of the s	55181	The spiratory thipy hosy day	Prior Authorization may be required per contract agreement.	-	-	woved to PA code list
301 Restart at man at a set of the s	55190	Wellness assessment by nonph	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		12/31/2021	Retire effective 12/31/2021
Bit and one set Initial biookedur/university segments of the states of the protect segments of the states of the s				-	,,	
Ministance Ministance Ministance Ministance Ministance Ministance	55199	Personal care item nos each	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
Ministance Ministance Ministance Ministance Ministance Ministance						
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Bayent: source integra Microse Proceeding/Forme reveewed agont Media Public Criters. Source for prodectimation to avail a set of			Prior Authorization may be required per contract agreement.			
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Bit Market Associationsproke medication and market Market Share Share Medical Parket Share Medi	58030	rantaium ring application	me criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	Moved to PA code list
participation production frame production frame <td>\$8035</td> <td>Magnetic source imaging</td> <td>MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid</td> <td></td> <td></td> <td></td>	\$8035	Magnetic source imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
Model Model and make and the service normal waters by the Pas. Nat tables to pre-strice normal waters by the Pas. Nat t		magnetic source ininging		-	-	-
Non-structure of balance of bala	58040	Topographic brain mapping				
milling minimization				-	-	-
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But or drive Optional-Procedure/private reviewed against Medical Priory Circles. Submit for predetermination and a set of the set	58131	Interferential Current Stimulator 4 Channel				
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1313 Tack supply not Unitable Procedure/Jernice not soverally by Plan. Nat subject to per-strukt review.	58185	Flutter device		_	_	_
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301 Infect outral supplies MSS Non Covered Procedure/Service not concerd by the PEn. Not subject to preview relev. Refer to Provide - - 302 Migotherapy pression Wiching Coding and Compensation Non-relembursable EU policy. - - - 303 Miching Coding and Compensation Non-relembursable EU policy. - - - - 304 Involved Name MC Criteria. Encodure/Jervice not converd by the PEn. Not subject to pre-service relew. Refer to Provide - - - 307 Hom userine monitor with or Non Covered Procedure/Jervice not covered by the PEn. Not subject to pre-service relew. Refer to Provide - - - 308 Hom userine monitor with or Non Covered Procedure/Jervice network and Penetocine Submit for predetermination to avoid predet	\$8270	Enuresis alarm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review			
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S9365	HIT tpn 1 liter diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
<mark>S9366</mark>	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.	_	-	-
<mark>S9368</mark>	HIT tpn over 3I diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
\$9379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	Moved to PA code list
\$9381	HIT high risk/escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
S9430	Pharmacy comp/disp serv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
\$9432	Medical Foods For Non-Inborn Errors Of Metabolism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	10/1/2021	-	Add effective 10/01/2021
S9433	Medical food oral 100% nutr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
S9445	PT education noc individ	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S9446	PT education noc group	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
S9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
S9537	HT hem horm inj diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	_	_	_
S9542	HT inj noc per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
\$9558	HT inj growth horm diem	May require Prior Authrorixation per contract agreement. MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			_
\$9560	HT inj hormone diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.			
\$9562	HT inj palivizumab diem	MP Criteria: Procedure/service in this code group may require Prior Authorization per contract agreement.	-	-	-
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S9810	HT pharm per hour	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	-	-	-
S9960	Air ambulanc nonemerg fixed	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
S9961	Air ambulan nonemerg rotary	post-service review.	-	-	-
S9975 S9976	Transplant related per diem Lodging per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9976 S9977	Lodging per diem Meals per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
59988	Serv part of phase I trial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	_	_	
59990	Services provided as part of	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid		_	
59991	Services provided as part of	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-		
\$9992	Transportation costs to and	post-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
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S9994	Lodging costs (e.g. hotel ch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
S9994 S9996	Lodging costs (e.g. hotel ch Meals for clinical trial par	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	<u> </u>	- -	
S9996 S9999	Meals for clinical trial par Sales tax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	
S9996 S9999 T1000	Meals for clinical trial par Sales tax Private duty/independent nsg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		-	-
S9996 S9999	Meals for clinical trial par Sales tax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_ _ _ _ _ 3/1/2021	- - - - -	-
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S9996 S9999 T1000 T1014 T1030 T1031 T1040	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: 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.		-	- - - - - -
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S9996 S9999 T1000 T1014 T1030 T1031 T1040 T1041 T1505 T1999 T2012	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per diem Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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.		- - - - - - - - - -	- - - - - - - - - - -
S9996 S9999 T1000 T1014 T1030 T1031 T1040 T1041 T1505 T1999	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit. Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service in to covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Un 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.	3/1/2021 - - - -		- - - - - - - - - - -
S9996 S9999 T1000 T1014 T1030 T1031 T1040 T1041 T1505 T1999 T2012	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per diem Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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.	3/1/2021 - - - - -		- - - - - - - - - - - - - - -
S9996 S9999 T1000 T1014 T1031 T1040 T1041 T1505 T1999 T2012 T2013	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil ed waiver per hour	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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.	3/1/2021 - - - - - - -		
S9996 S9999 T1000 T1014 T1030 T1031 T1041 T1505 T1999 T2012 T2013 T2014	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil prevoc waiver per 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted: Procedure/service not covered by the Plan. Not 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.	3/1/2021 - - - - - - -	- - - - - - - - - - - - - - - - -	
S9996 S9999 T1000 T1014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil ed waiver per hour Habil prevoc waiver per d Habil prevoc waiver per hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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 not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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.	3/1/2021 - - - - - - -		
S9996 S9999 T1000 T1014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2016	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil prevoc waiver per d Habil prevoc waiver per hr Habil prevoc waiver per hr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 defi	3/1/2021 - - - - - - - - - - - - -		-
S9996 S9999 T1000 T11014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2015 T2016 T2017	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil ed waiver per hour Habil prevoc waiver per d Habil prevoc waiver per hr Habil prevoc waiver per hr Habil res waiver 15 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. 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 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 not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 subj	3/1/2021 - - - - - - - - - - - - -		-
S9996 S9996 S9999 T1000 T1014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil prevoc waiver per d Habil prevoc waiver per d Habil res waiver 15 min Habil sup empl waiver/diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 classifi	3/1/2021 - - - - - - - - - - - - -		-
S9996 S9999 T1000 T11014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil ed waiver per hour Habil prevoc waiver per d Habil prevoc waiver per hr Habil prevoc waiver per hr Habil res waiver 15 min Habil sup empl waiver 15min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. 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 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 classi	3/1/2021 - - - - - - - - - - - - -		-
S9996 S9999 T1000 T1014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil prevoc waiver per d Habil prevoc waiver per hr Habil res waiver 15 min Habil sup empl waiver 15 min Day habil waiver per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 su	3/1/2021 - - - - - - - - - - - - -		- - - - - - - - - - - -
S9996 S9999 T1000 T1014 T1031 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021 T2020	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit. Per Min RN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil ed waiver per hour Habil prevoc waiver per d Habil prevoc waiver per h Habil res waiver 15 min Habil sup empl waiver/diem Habil sup empl waiver 15 min Day habil waiver per 15 min Serv asmnt/care plan waiver	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 specificall	3/1/2021 - - - - - - - - - - - - -		-
S9996 S9999 T1000 T1014 T1030 T1040 T1041 T1505 T1999 T2012 T2013 T2014 T2015 T2016 T2017 T2018 T2019 T2020 T2021	Meals for clinical trial par Sales tax Private duty/independent nsg Telehealth Transmit Per Min RN home care per diem LPN home care per diem Comm bh clinic svc per diem Comm bh clinic svc per month Elec med comp dev noc NOC retail items andsupplies Habil ed waiver per diem Habil prevoc waiver per d Habil prevoc waiver per hr Habil res waiver 15 min Habil sup empl waiver 15 min Day habil waiver per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered 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 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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 su	3/1/2021 - - - - - - - - - - - - -		- - - - - - - - - - - -

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.			
2020		onnated. I rocedure/service not specifically defined of classified, may be subject to contract/climical review.		-	-
T2029	Special med equip noswaiver	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
T2030	Assist living waiver/month	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
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T2031	Assist living waiver/diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
T2032	Res care nos waiver/month	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
T2033	Res nos waiver per diem	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.			
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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.			
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T2037	Camp day waiver/session	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
T2038	Comm trans waiver/service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
T2039	Vehicle mod waiver/service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
T2040	Financial mgt waiver/15min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
T2041	Support broker waiver/15 min	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	_
T2047	Hab prevo waiver per 15	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T2101	Breast milk proc/store/dist	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T4536	Reusable pull-on any size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
T4537	Reusable underpad bed size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
T4538	Diaper serv reusable diaper	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
T4539	Reuse diaper/brief any size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
T4540	Reusable underpad chair size	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
T4541	Large disposable underpad	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	
T4542	Small disposable underpad	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
T4543	Adult disp brief/diap abv xl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
T4544	Adlt disp und/pull on abv xl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
T4545	Incon disposable penile wrap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	_
T5999	Supply nos	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	_	_	-
V2025	Eyeglasses delux frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
			-	-	-
V2199	Lens single vision not oth c	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
V2523	Cntct lens hydrophil extend	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
V2524	Cntct lens hydrophil photoch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
		post-service review.	-	-	-
V2530	Contact lens gas impermeable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	-	-	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
V2531	Contact lens gas permeable	post-service review.	-	-	-
V2599	Contact lens/es other type	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
	Science cover chell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
V2627	Scleral cover shell	post-service review.	-	-	-
V2629	Prosthetic eye other type	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
V2702	Deluxe lens feature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.			
V2750	Anti-reflective coating	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V2755	UV lens/es	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V2787					
12101	Astigmatism-correct function	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid			
	Astigmatism-correct function	post-service review.	-	-	-
v2788	Astigmatism-correct function Presbyopia-correct function	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	-	-	-
V2788	Presbyopia-correct function	post-service review.	-	-	-
		post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - -	- - -	- - -
V2788	Presbyopia-correct function	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid	- - -	- - -	- - -
V2788 V2790	Presbyopia-correct function Amniotic membrane	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for predetermination to avoid post-service review.	- - - 1/1/2021	- - - -	- - - - Add effective 01/01/2021
v2788 v2790 v2799	Presbyopia-correct function Amniotic membrane Misc vision item or service	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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.	- - - 1/1/2021	- - - -	Add effective 01/01/2021 -
V2788 V2790 V2799 V5011 V5090	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee	post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - 1/1/2021 -	- - - - -	- - - Add effective 01/01/2021
V2788 V2790 V2799 V5011 V5090 V5095	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros	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. 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. 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.	- - - 1/1/2021 - -	- - - - -	-
V2788 V2790 V2799 V5011 V5090 V5095 V5095	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 not specifically defined or classified, may be subject to contract/clinical review. No Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. No Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - 1/1/2021 - - -	- - - - - - - - - - - - - - - - - -	- - Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros	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. 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. 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.	- - - 1/1/2021 - - - -	- - - - - 12/31/2021 12/31/2021	-
V2788 V2790 V2799 V5011 V5090 V5095 V5095	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 not specifically defined or classified, may be subject to contract/clinical review. No Covered: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. No Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - 1/1/2021 - - - -		- - Retire effective 12/31/2021
v2788 v2790 v2799 v5011 v5090 v5095 v5264 v5265	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 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.	- - - 1/1/2021 - - - - -		- Retire effective 12/31/2021 Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095 V5264 V5265 V5267	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp Hearing aid sup/access/dev	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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.	- - - 1/1/2021 - - - - - - - - - -		- Retire effective 12/31/2021 Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095 V5264 V5265 V5267 V5268	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp Hearing aid sup/access/dev ALD Telephone Amplifier	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - 1/1/2021 - - - - - - - - - - - - - -		- Retire effective 12/31/2021 Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095 V5264 V5265 V5267 V5268 V5269	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp Hearing aid sup/access/dev ALD Telephone Amplifier Alerting device any type	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. 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. 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 not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/1/2021	12/31/2021 - - -	- Retire effective 12/31/2021 Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095 V5264 V5265 V5267 V5268 V5269 V5269 V5269	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp Hearing aid sup/access/dev ALD Telephone Amplifier ALD Telephone Amplifier ALD TV amplifier any type	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/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-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - 1/1/2021 - - - - - - - - - - - - - - - - - - -	12/31/2021 - - -	- Retire effective 12/31/2021 Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095 V5264 V5265 V5267 V5268 V5269 V5270 V5271 V5273	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp Hearing aid sup/access/dev ALD Telephone Amplifier ALD Ty amplifier any type ALD Ty caption decoder	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 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. 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. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	- - - 1/1/2021 - - - - - - - - - - - - - - - - - - -	12/31/2021 - - -	- Retire effective 12/31/2021 Retire effective 12/31/2021
V2788 V2790 V2799 V5011 V5090 V5095 V5264 V5265 V5267 V5268 V5269 V5270 V5271 V5272	Presbyopia-correct function Amniotic membrane Misc vision item or service Hearing aid fitting/checking Hearing aid dispensing fee Implant mid ear hearing pros Ear mold/insert Ear mold/insert disp Hearing aid sup/access/dev ALD Telephone Amplifier Alerting device any type ALD TV amplifier any type ALD TV caption decoder Tdd	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. Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review. Non Covered: 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 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 subjec	- - - 1/1/2021 - - - - - - - - - - - - - - - - - - -	12/31/2021 - - -	- Retire effective 12/31/2021 Retire effective 12/31/2021 - -

V5281	Ald fm/dm system monaural	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5282	Ald fm/dm system binaural	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5283	Ald neck loop ind receiver	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5284	Ald FM/DM ear level receiver	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5285	Ald fm/dm aud input receiver	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5286	Ald blu tooth fm/dm receiver	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5287	Ald fm/dm receiver NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	12/31/2021	Retire effective 12/31/2021
V5288	Ald fm/dm transmitter ald	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5289	Ald fm/dm adapt/boot couplin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
V5290	Ald transmitter microphone	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	_	_
V5298	Hearing aid noc	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
V5299	Hearing service	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-
V5336	Repair communication device	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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
89250	Cultr Oocyte/Embryo <4 Days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/15/2022	_	Add effective 01/15/2022
89251	Cultr Oocyte/Embryo <4 Days	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/15/2022	_	Add effective 01/15/2022
89253	Embryo Hatching	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	1/15/2022	_	Add effective 01/15/2022
V5287	Ald fm/dm receiver NOS	Unlisted: Procedure/service not specifically defined or classified, may be subject to contract/clinical review.	-	-	-