



**Recommended Clinical Review (Predetermination), Post-Service Review and Non-Covered  
REQUIREMENTS LIST FOR ADMINISTRATIVE SERVICES ONLY (ASO) GROUPS  
(Effective 09/18/2023)**

**Posted August 2023**

**EXCEPT AS OTHERWISE NOTED IN THE DATE COLUMN, THESE CODES ARE EFFECTIVE ON OR BEFORE  
JANUARY 1, 2023.**

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 Recommended Clinical Review (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:

- *Home Health, Private Duty Nursing, Home Hospice, Home Infusion Therapy, Home Hemodialysis, Intensive Outpatient Hospitalization, and Partial Hospitalization services are not included by CPT/HCPCS code.*
- *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. 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 Recommended Clinical Review (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)	<a href="#">Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS or Carelon.</a>
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.
Experimental, Investigational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).
Unlisted or Undefined	Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.

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

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

Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
00640	ANESTH SPINE MANIPULATION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
00797	ANESTH SURGERY FOR OBESITY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
07957	Weight Loss	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
11200	REMOVAL OF SKIN TAGS <W/15	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
11201	REMOVE SKIN TAGS ADD-ON	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
11920	Correct Skin Color 6.0 Cm/<	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
11921	Correct Skn Color 6.1-20.0Cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
11922	Correct Skin Color Ea 20.0Cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—

11950	TX CONTOUR DEFECTS 1 CC/<	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
11951	TX CONTOUR DEFECTS 1.1-5.0CC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
11952	TX CONTOUR DEFECTS 5.1-10CC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
11954	TX CONTOUR DEFECTS >10.0 CC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
11960	INSERT TISSUE EXPANDER(S)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
11970	RPLCMT TISS XPNDR PERM IMPLT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
11980	IMPLANT HORMONE PELLE(S)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15271	Skin Sub Graft Trnk/Arm/Leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	4/1/2023	_	Add effective 04/01/2023

15272	Skin Sub Graft T/A/L Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15273	Skin Sub Grft T/Arm/Lg Child	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15274	Skn Sub Grft T/A/L Child Add	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15275	Skin Sub Graft Face/Nk/Hf/G	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15276	Skin Sub Graft F/N/Hf/G Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15277	Skn Sub Grft F/N/Hf/G Child	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15278	Skn Sub Grft F/N/Hf/G Ch Add	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	Add effective 04/01/2023
15758	FREE FASCIAL FLAP MICROVASC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	–	–

15769	GRFG AUTOL SOFT TISS DIR EXC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15771	GRFG AUTOL FAT LIPO 50 CC/<	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15772	GRFG AUTOL FAT LIPO EA ADDL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15776	HAIR TRNSPL >15 PUNCH GRAFTS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15780	DERMABRASION TOTAL FACE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15781	DERMABRASION SEGMENTAL FACE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15782	DERMABRASION OTHER THAN FACE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

15783	DERMABRASION SUPRFL ANY SITE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15786	ABRASION LESION SINGLE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15787	ABRASION LESIONS ADD-ON	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15788	CHEMICAL PEEL FACE EPIDERM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15789	CHEMICAL PEEL FACE DERMAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15792	CHEMICAL PEEL NONFACIAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15793	CHEMICAL PEEL NONFACIAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15820	REVISION OF LOWER EYELID	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

15821	REVISION OF LOWER EYELID	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15822	REVISION OF UPPER EYELID	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15823	REVISION OF UPPER EYELID	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15824	REMOVAL OF FOREHEAD WRINKLES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	_	PA removed effective 9/18/2023
15825	REMOVAL OF NECK WRINKLES	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15826	REMOVAL OF BROW WRINKLES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	_	PA removed effective 9/18/2023
15828	REMOVAL OF FACE WRINKLES	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15829	REMOVAL OF SKIN WRINKLES	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

15830	EXC SKIN ABD	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15832	EXCISE EXCESSIVE SKIN THIGH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15833	EXCISE EXCESSIVE SKIN LEG	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15834	EXCISE EXCESSIVE SKIN HIP	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15835	EXCISE EXCESSIVE SKIN BUTTCK	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15836	EXCISE EXCESSIVE SKIN ARM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15837	EXCISE EXCESS SKIN ARM/HAND	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15838	EXCISE EXCESS SKIN FAT PAD	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

15839	EXCISE EXCESS SKIN & TISSUE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15847	EXC SKIN ABD ADD-ON	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15876	SUCTION LIPECTOMY HEAD&NECK	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15877	SUCTION LIPECTOMY TRUNK	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15878	SUCTION LIPECTOMY UPR EXTREM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15879	SUCTION LIPECTOMY LWR EXTREM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
15999	UNLISTED PX EXC PRESSURE ULC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
17106	DESTRUCTION OF SKIN LESIONS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

17107	DESTRUCTION OF SKIN LESIONS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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17108	DESTRUCTION OF SKIN LESIONS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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17340	CRYOTHERAPY OF SKIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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17360	SKIN PEEL THERAPY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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17380	HAIR REMOVAL BY ELECTROLYSIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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17999	UNLISTD PX SKN MUC MEMB SUBQ	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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19105	CRYOSURG ABLATE FA EACH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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19300	REMOVAL OF BREAST TISSUE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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19303	MAST SIMPLE COMPLETE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19316	SUSPENSION OF BREAST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	_	PA removed effective 9/18/2023
19318	Breast Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	_	PA removed effective 9/18/2023
19325	BREAST AUGMENTATION W/IMPLT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19328	RMVL INTACT BREAST IMPLANT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19330	RMVL RUPTURED BREAST IMPLANT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19340	INSJ BREAST IMPLT SM D MAST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19342	INSJ/RPLCMT BRST IMPLT SEP D	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

19350	BREAST RECONSTRUCTION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19355	CORRECT INVERTED NIPPLE(S)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19357	TISS XPNDR PLMT BRST RCNSTJ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19370	REVJ PERI-IMPLT CAPSULE BRST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19371	PERI-IMPLT CAPSLC BRST COMPL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
19499	UNLISTED PROCEDURE BREAST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
20527	INJ DUPUYTREN CORD W/ENZYME	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

20561	NDL INSJ W/O NJX 3+ MUSC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
20983	ABLATE BONE TUMOR(S) PERQ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
20985	CPTR-ASST DIR MS PX	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
20999	UNLISTED PX MUSCSKEL GENERAL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
21073	MNPJ OF TMJ W/ANESTH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
21089	UNLISTED MAXLFCL PROSTH PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
21120	RECONSTRUCTION OF CHIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
21121	RECONSTRUCTION OF CHIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

21122	RECONSTRUCTION OF CHIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
21123	RECONSTRUCTION OF CHIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
21125	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
21127	Augmentation Lower Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
21145	Lefort I-1 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
21146	Lefort I-2 Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
21147	Lefort I-3/> Piece W/ Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
21150	Lefort Ii Anterior Intrusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023

21151	Lefort Ii W/Bone Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21154	Lefort Iii W/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21155	Lefort Iii W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21159	Lefort Iii W/Fhdw/O Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21160	Lefort Iii W/Fhd W/ Lefort I	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21188	Reconstruction Of Midface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21206	Reconstruct Upper Jaw Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
21208	Augmentation Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023

21209	Reduction Of Facial Bones	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
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21248	RECONSTRUCTION OF JAW	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
21249	RECONSTRUCTION OF JAW	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

21299	UNLISTED CRANFCL&MAXLFCL PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
21499	UNLISTED MUSCSKEL PX HEAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

21685	Hyoid Myotomy & Suspension	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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21899	UNLISTED PX NECK/THORAX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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22505	MANIPULATION OF SPINE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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22526	IDET SINGLE LEVEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22527	IDET 1 OR MORE LEVELS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22586	ARTHRD PRE-SAC NTRBDY L5-S1	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22867	INSJ STABLJ DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22868	INSJ STABLJ DEV W/DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22869	INSJ STABLJ DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22870	INSJ STABLJ DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
22899	UNLISTED PROCEDURE SPINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—

22999	UNLISTED PX ABDOMEN MUSCSKEL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
23929	UNLISTED PROCEDURE SHOULDER	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
24300	MNPJ ELBOW UNDER ANES	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
24999	UNLISTED PX HUMERUS/ELBOW	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
25259	MANIPULATE WRIST W/ANESTHES	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
25999	UNLISTED PX FOREARM/WRIST	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
26340	MANIPULATE FINGER W/ANESTH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
26341	MANIPULAT PALM CORD POST INJ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

26989	UNLISTED PX HANDS/FINGERS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
27275	MANIPULATION OF HIP JOINT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
27280	ARTHR SI JT OPN B1GRF INSTRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	9/30/2023	Retire effective 9/30/2023
27299	UNLISTED PX PELVIS/HIP JOINT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
27599	UNLISTED PX FEMUR/KNEE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
27703	RECONSTRUCTION ANKLE JOINT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
27860	FIXATION OF ANKLE JOINT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
27899	UNLISTED PX LEG/ANKLE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

28890	HI ENRGY ESWT PLANTAR FASCIA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
28899	UNLISTED PX FOOT/TOES	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
29440	Addition Of Walker To Cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
29799	UNLISTED PX CASTING/STRPG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
29866	AUTGRFT IMPLNT KNEE W/SCOPE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
29914	HIP ARTHRO W/FEMOROPLASTY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
29915	HIP ARTHRO ACETABULOPLASTY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
29916	HIP ARTHRO W/LABRAL REPAIR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—

29999	UNLISTED PX ARTHROSCOPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
30468	RPR NSL VLV COLLAPSE W/IMPLT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
30469	RPR NSL VLV COLLAPSE W/RMDLG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
30999	UNLISTED PROCEDURE NOSE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. MP: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
31299	UNLISTED PX ACCESSORY SINUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. MP: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
31599	UNLISTED PROCEDURE LARYNX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
31899	UNLISTED PX TRACHEA BRONCHI	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
32994	ABLATE PULM TUMOR PERQ CRYBL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

32998	ABLATE PULM TUMOR PERQ RF	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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32999	UNLISTED PX LUNGS & PLEURA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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33211	INSERT CARD ELECTRODES DUAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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33267	EXCL LAA OPEN ANY METHOD	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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33268	EXCL LAA OPN OTH PX ANY METH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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33269	EXCL LAA THRSCP ANY METHOD	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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33274	TCAT INSJ/RPL PERM LDLS PM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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33275	Tcat Rmvl Perm Ldls Pm W/Img	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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33285	INSJ SUBQ CAR RHYTHM MNTR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
33418	REPAIR TCAT MITRAL VALVE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
33419	REPAIR TCAT MITRAL VALVE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
33542	Removal Of Heart Lesion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
33999	UNLISTED PX CARDIAC SURGERY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
36299	UNLISTED PX VASCULAR NJX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
36465	NJX NONCMPND SCLRSNT 1 VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
36466	NJX NONCMPND SCLRSNT MLT VN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

36468	NJX SCLRSNT SPIDER VEINS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
36470	NJX SCLRSNT 1 INCMPTNT VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
36471	NJX SCLRSNT MLT INCMPTNT VN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
36474	ENDOVENOUS MCHNCHEM ADD-ON	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
36475	ENDOVENOUS RF 1ST VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
36476	ENDOVENOUS RF VEIN ADD-ON	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
36478	ENDOVENOUS LASER 1ST VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

36479	ENDOVENOUS LASER VEIN ADDON	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
36482	ENDOVEN THER CHEM ADHES 1ST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
36483	ENDOVEN THER CHEM ADHES SBSQ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
36516	Apheresis Immunoads Slctv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	—	Add effective 01/01/2023
36837	PRQ AV FSTL CRT UXTR SEP ACS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	—	Add effective 01/01/2023
36522	PHOTOPHERESIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
37215	TRANSCATH STENT CCA W/EPS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—

37216	TRANSCATH STENT CCA W/O EPS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37217	STENT PLACEMT RETRO CAROTID	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37218	STENT PLACEMT ANTE CAROTID	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37241	VASC EMBOLIZE/OCCLUDE VENOUS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37242	VASC EMBOLIZE/OCCLUDE ARTERY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37243	VASC EMBOLIZE/OCCLUDE ORGAN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37244	VASC EMBOLIZE/OCCLUDE BLEED	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37501	UNLISTED VASC ENDOSCOPY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_

37500	ENDOSCOPY LIGATE PERF VEINS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37700	REVISE LEG VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37718	LIGATE/STRIP SHORT LEG VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37722	LIGATE/STRIP LONG LEG VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37735	REMOVAL OF LEG VEINS/LESION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37760	LIGATE LEG VEINS RADICAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37761	LIGATE LEG VEINS OPEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37765	STAB PHLEB VEINS XTR 10-20	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

37766	PHLEB VEINS - EXTREM 20+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37780	REVISION OF LEG VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
37799	UNLISTED PX VASCULAR SURGERY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
38129	UNLISTED LAPS PX SPLEEN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
37785	LIGATE/DIVIDE/EXCISE VEIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
38204	BL DONOR SEARCH MANAGEMENT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38206	HARVEST AUTO STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38205	HARVEST ALLOGENEIC STEM CELL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023

38207	CRYOPRESERVE STEM CELLS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38208	THAW PRESERVED STEM CELLS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-
38209	WASH HARVEST STEM CELLS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-
38210	T-CELL DEPLETION OF HARVEST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-
38211	TUMOR CELL DEplete OF HARVST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-
38212	RBC DEPLETION OF HARVEST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-
38213	PLATELET DEplete OF HARVEST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-
38214	VOLUME DEplete OF HARVEST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		-	-

38230	BONE MARROW HARVEST ALLOGEN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38215	HARVEST STEM CELL CONCENTRTE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
38232	BONE MARROW HARVEST AUTOLOG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38241	TRANSPLT AUTOL HCT/DONOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38240	TRANSPLT ALLO HCT/DONOR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38242	TRANSPLT ALLO LYMPHOCYTES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38243	TRANSPLJ HEMATOPOIETIC BOOST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
38589	UNLISTED LAPS PX LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

38999	UNLISTD PX HEMIC/LYMPHTC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
39499	UNLISTED PX MEDIASTINUM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
39599	UNLISTED PX DIAPHRAGM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
40799	UNLISTED PROCEDURE LIPS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
40899	UNLISTED PX VESTIBULE MOUTH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
41530	TONGUE BASE VOL REDUCTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
41599	UNLISTED PX TONGUE FLR MOUTH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
41820	Excision Gum Each Quadrant	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

41821	Excision Of Gum Flap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41822	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41823	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41828	Excision Of Gum Lesion	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41830	Removal Of Gum Tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41870	Gum Graft	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41872	Repair Gum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
41874	Repair Tooth Socket	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

41899	UNLISTED PX DENTALVLR STRUX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42299	UNLISTED PX PALATE UVULA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42699	UNLISTED PX SALIVRY GLND/DUX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
42999	UNLISTED PX PHRNX ADND/TNSL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43206	ESOPH OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
38308	INCISION OF LYMPH CHANNELS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
43252	EGD OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
43236	UPPR GI SCOPE W/SUBMUC INJ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

43289	UNLISTED LAPS PX ESOPH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43290	EGD FLX TRNSORL DPLMNT BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
43291	EGD FLX TRNSORL RMVL BALO	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	-	Add effective 01/01/2023
43499	UNLISTED PROCEDURE ESOPHAGUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
43632	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	-	Add effective 06/01/2023
43633	REMOVAL OF STOMACH PARTIAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
43659	UNLISTED LAPS PX STOMACH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

43644	LAP GASTRIC BYPASS/ROUX-EN-Y	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43645	LAP GASTR BYPASS INCL SMLL I	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43770	LAP PLACE GASTR ADJ DEVICE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43771	LAP REVISE GASTR ADJ DEVICE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43772	LAP RMVL GASTR ADJ DEVICE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43773	LAP REPLACE GASTR ADJ DEVICE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43774	LAP RMVL GASTR ADJ ALL PARTS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43775	LAP SLEEVE GASTRECTOMY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

43842	V-BAND GASTROPLASTY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43843	GASTROPLASTY W/O V-BAND	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43845	GASTROPLASTY DUODENAL SWITCH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43846	GASTRIC BYPASS FOR OBESITY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43847	GASTRIC BYPASS INCL SMALL I	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43848	REVISION GASTROPLASTY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43886	REVISE GASTRIC PORT OPEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
43999	UNLISTED PROCEDURE STOMACH	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

44238	UNLISTED LAPS PX INTESTINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44799	UNLISTED PX SMALL INTESTINE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44899	UNLISTED PX MECKEL'S DVRTCLM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
44979	UNLISTED LAPS PX APPENDIX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
45399	UNLISTED PROCEDURE COLON	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
45499	LAPAROSCOPE PROC RECTUM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
45999	UNLISTED PROCEDURE RECTUM	Unlisted: Procedure/service not specifically defined or classified, maybe 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. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

46999	UNLISTED PROCEDURE ANUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43887	REMOVE GASTRIC PORT OPEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
47379	UNLISTED LAPS PX LIVER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
43888	CHANGE GASTRIC PORT OPEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
47370	LAPARO ABLATE LIVER TUMOR RF	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
47399	UNLISTED PROCEDURE LIVER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
47579	UNLISTED LAPS PX BILIARY TRC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
47999	UNLISTED PX BILIARY TRACT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

48999	UNLISTED PROCEDURE PANCREAS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
49329	UNLSTD LAPS PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
49659	UNLSTD LAPS PX HRNAP HRNRPHY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
49999	UNLISTED PX ABD PERTM&OMN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

47380	OPEN ABLATE LIVER TUMOR RF	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) <u>  </u> to avoid post-service review by BCBS.	-	-	-
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47382	PERCUT ABLATE LIVER RF	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) <u>  </u> to avoid post-service review by BCBS.	-	-	-
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50549	UNLISTED LAPS PX RENAL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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50250	CRYOABLATE RENAL MASS OPEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) <u>  </u> to avoid post-service review by BCBS.	-	-	-
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50360	TRANSPLANTATION OF KIDNEY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
50949	UNLISTED LAPS PX URETER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
50592	PERC RF ABLATE RENAL TUMOR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
51999	UNLISTED LAPS PX BLADDER	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
50593	PERC CRYO ABLATE RENAL TUM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
51715	ENDOSCOPIC INJECTION/IMPLANT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
52327	CYSTOSCOPY INJECT MATERIAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
52441	CYSTOURETHRO W/IMPLANT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

53860	TRANSURETHRAL RF TREATMENT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
53899	UNLISTED PX URINARY SYSTEM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
52442	CYSTOURETHRO W/ADDL IMPLANT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
53855	INSERT PROST URETHRAL STENT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
54125	REMOVAL OF PENIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
54200	TREATMENT OF PENIS LESION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
54205	TREATMENT OF PENIS LESION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
54235	Penile Injection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—

54400	INSERT SEMI-RIGID PROSTHESIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
54401	INSERT SELF-CONTD PROSTHESIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
54699	UNLISTED LAPS PX TESTIS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
55559	UNLSTD LAPS PX SPRMATIC CORD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
54405	INSERT MULTI-COMP PENIS PROS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
55899	UNLISTED PX MALE GENITAL SYS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
54660	REVISION OF TESTIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
55880	ABLTIJ MAL PRST8 TISS HIFU	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

55970	SEX TRANSFORMATION M TO F	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
55980	SEX TRANSFORMATION F TO M	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
56805	REPAIR CLITORIS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
56810	REPAIR OF PERINEUM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
57291	CONSTRUCTION OF VAGINA	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
57292	CONSTRUCT VAGINA WITH GRAFT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
58578	UNLISTED LAPS PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
58579	UNLISTED HYSTSC PX UTERUS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_

58679	UNLISTED LAPS PX OVIDCT OVRY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
58999	UNLISTED PX FML GENITAL SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

57335	REPAIR VAGINA	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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59897	UNLISTED FETAL INVAS PX W/US	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
59898	UNLSTD LAPS PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
59899	UNLISTED PX MAT CARE&DLVR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
60659	UNLISTED LAPS PX ENDOC SYS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

60699	UNLISTED PX ENDOCRINE SYSTEM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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61630	INTRACRANIAL ANGIOPLASTY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
57426	REVISE PROSTH VAG GRAFT LAP	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
59074	FETAL FLUID DRAINAGE W/US	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
61635	INTRACRAN ANGIOPLSTY W/STENT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
62263	EPIDURAL LYSIS MULT SESSIONS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
62264	EPIDURAL LYSIS ON SINGLE DAY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
62287	DCMPRN PX PERQ 1/MLT LUMBAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
64582	OPN MPLTJ HPGLSL NSTM ARY PG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	—	—	—

64628	TRML DSTRJ IOS BVN 1ST 2 L/S	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
64629	TRML DSTRJ IOS BVN EA ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

61650	Evasc PrIng Admn Rx Agnt 1St	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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64999	UNLISTED PX NERVOUS SYSTEM	<p>Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.</p> <p>MP: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.</p>	—	—	—
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65760	REVISION OF CORNEA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
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61651	Evasc PrIng Admn Rx Agnt Add	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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64640	INJECTION TREATMENT OF NERVE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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65770	REVISE CORNEA WITH IMPLANT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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65785	IMPLTJ NTRSTRML CRNL RNG SEG	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
66174	TRLUML DIL AQ O/F CAN W/O ST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
66175	TRLUML DIL AQ O/F CAN W/ST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
66179	AQUEOUS SHUNT EYE W/O GRAFT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
66180	AQUEOUS SHUNT EYE W/GRAFT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
66183	INSERT ANT DRAINAGE DEVICE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
66999	UNLISTED PX ANT SEGMENT EYE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
67299	UNLISTED PX POSTERIOR SEGMNT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_

67399	UNLISTED PX EXTRAOCULAR MUSC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
67599	UNLISTED PROCEDURE ORBIT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

67900	REPAIR BROW DEFECT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
66989	XCPSL CTRC RMVL CPLX INSJ 1+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
66991	XCAPSL CTRC RMVL INSJ 1+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
67901	REPAIR EYELID DEFECT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
67902	REPAIR EYELID DEFECT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
67903	REPAIR EYELID DEFECT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

67904	REPAIR EYELID DEFECT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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67999	UNLISTED PROCEDURE EYELIDS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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68399	UNLISTED PX CONJUNCTIVA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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68899	UNLISTED PX LACRIMAL SYSTEM	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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67906	REPAIR EYELID DEFECT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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67908	REPAIR EYELID DEFECT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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69399	UNLISTED PX EXTERNAL EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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69090	PIERCE EARLOBES	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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69300	REVISE EXTERNAL EAR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
69714	Implant Temple Bone W/Stimul	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
69705	NPS SURG DILAT EUST TUBE UNI	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
69717	Temple Bone Implant Revision	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
69706	NPS SURG DILAT EUST TUBE BI	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
69716	IMPL OI IMPLT SK TC ESP<100	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
69719	RPLCM OI IMPLT SK TC ESP<100	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
69799	UNLISTED PX MIDDLE EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

69930	Implant Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
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69949	UNLISTED PX INNER EAR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
69979	UNLISTED PX TEMPORAL BONE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
76496	UNLISTED FLUOROSCOPIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
76497	UNLISTED CT PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
76498	UNLISTED MR PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
76499	UNLISTED DX RADIOGRAPHIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
76999	ECHO EXAMINATION PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

77299	UNLISTED PX THER RAD TX PLNG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
77399	UNLISTED PX MED RADJ PHYSICS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
77499	UNLISTED PX THER RAD TX MGMT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
77799	UNLISTED PX CLIN BRACHYTX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78099	UNLISTED ENDOCRINE PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78199	UNLSTD HEMATOP RET/ENDO LYMP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78299	UNLISTED GI PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78399	UNLISTED MUSCSKEL PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

78499	UNLISTED CV PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78599	UNLISTED RESP PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78699	UNLISTED NRVS SYS PX DX NUC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78799	UNLISTED GU PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
78999	UNLISTED MISC PX DX NUC MED	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
79999	RP THERAPY UNLISTED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
80299	QUANTITATIVE ASSAY DRUG	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
81099	UNLISTED URINALYSIS PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

81479	UNLISTED MOLECULAR PATHOLOGY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
81599	UNLISTED MAAA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
82523	COLLAGEN CROSSLINKS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
69728	RMV NTR OI IMP SK TC>=100	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	1/1/2023	-	Add effective 01/01/2023
83695	ASSAY OF LIPOPROTEIN(A)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83698	ASSAY LIPOPROTEIN PLA2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83701	LIPOPROTEIN BLD HR FRACTION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
83704	LIPOPROTEIN BLD QUAN PART	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

83722	LIPOPRTN DIR MEAS SD LDL CHL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
83937	ASSAY OF OSTEOCALCIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
83987	EXHALED BREATH CONDENSATE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
84112	EVAL AMNIOTIC FLUID PROTEIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
84431	THROMBOXANE URINE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
84999	UNLISTED CHEMISTRY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
85999	UNLISTED HEMATOLOGY&COAGJ PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
86001	ALLERGEN SPECIFIC IGG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

86328	IA NFCT AB SARSCOV2 COVID19	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	–	Add effective 06/01/2023
86343	LEUKOCYTE HISTAMINE RELEASE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		–	–	–
69730	RPLC OI IMPLT SK TC ESP>=100	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	1/1/2023	–	–	Add effective 01/01/2023
83006	Growth Stimulation Gene 2	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–
86408	NEUTRLZG ANTB SARSCOV2 SCR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	–	Add effective 06/01/2023
86409	NEUTRLZG ANTB SARSCOV2 TITER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	–	Add effective 06/01/2023
86413	SARS-COV-2 ANTB QUANTITATIVE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	–	Add effective 06/01/2023
86486	SKIN TEST UNLISTED ANTIGN EA	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		–	–	–

86769	SARS-COV-2 COVID-19 ANTIBODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	-	Add effective 06/01/2023
86849	IMMUNOLOGY PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
86910	BLOOD TYPING PATERNITY TEST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	
86911	BLOOD TYPING ANTIGEN SYSTEM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	
86352	Cell Function Assay W/Stim	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-	
86999	UNLISTED TRANSFUSION MED PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-	
86353	LYMPHOCYTE TRANSFORMATION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-	
86950	Leukocyte Transfusion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-	

87505	NFCT AGENT DETECTION GI	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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87797	DETECT AGENT NOS DNA DIR	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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87798	DETECT AGENT NOS DNA AMP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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87799	DETECT AGENT NOS DNA QUANT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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87899	AGENT NOS ASSAY W/OPTIC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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87999	UNLISTED MICROBIOLOGY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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88000	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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88005	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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88007	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88012	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88014	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88016	AUTOPSY (NECROPSY) GROSS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88020	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88025	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88027	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88028	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

88029	AUTOPSY (NECROPSY) COMPLETE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88036	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88037	LIMITED AUTOPSY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88040	FORENSIC AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88045	CORONERS AUTOPSY (NECROPSY)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
88099	UNLISTED NECROPSY (AUTOPSY)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88199	UNLISTED CYTOPATHOLOGY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88299	UNLISTED CYTOGENETIC STUDY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

88375	OPTICAL ENDOMICROSCOPY INTERP	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
88399	UNLISTED SURGICAL PATH PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
88749	UNLISTED IN VIVO LAB SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
89240	UNLISTED MISC PATH TEST	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
89258	CRYOPRESERVATION EMBRYO(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
87506	IADNA-DNA/RNA PROBE TQ 6-11	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
87507	IADNA-DNA/RNA PROBE TQ 12-25	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
89259	CRYOPRESERVATION SPERM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

89335	CRYOPRESERVE TESTICULAR TISS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
89337	CRYOPRESERVATION OOCYTE(S)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
89342	STORAGE/YEAR EMBRYO(S)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
89346	STORAGE/YEAR OOCYTE(S)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
89398	UNLISTED REPROD MED LAB PROC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90378	RSV MAB IM 50MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
90399	UNLISTED IMMUNE GLOBULIN	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90584	Dengue Vacc Quad 2 Dose Subq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

90689	Vacc liv4 No Prsrv 0.25MI Im	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90749	UNLISTED VACCINE/TOXOID	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
89343	STORAGE/YEAR SPERM/SEMEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
89344	STORAGE/YEAR REPROD TISSUE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90867	TCRANIAL MAGN STIM TX PLAN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90868	TCRANIAL MAGN STIM TX DELI	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90869	TCRAN MAGN STIM REDETERMINE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90870	ELECTROCONVULSIVE THERAPY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

90880	HYPNOTHERAPY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90885	PSY EVALUATION OF RECORDS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90889	PREPARATION OF REPORT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
90899	UNLISTED PSYC SVC/THERAPY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
90875	PSYCHOPHYSIOLOGICAL THERAPY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90876	PSYCHOPHYSIOLOGICAL THERAPY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90901	BIOFEEDBACK TRAIN ANY METH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
90999	UNLISTED DIALYSIS PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

90912	BFB TRAINING 1ST 15 MIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
90913	BFB TRAINING EA ADDL 15 MIN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
91034	Gastroesophageal Reflux Test	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
91035	G-Esoph Reflx Tst W/Electrod	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
91065	BREATH HYDROGEN/METHANE TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
91037	Esoph Imped Function Test	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
91111	GI TRC IMG INTRAL ESOPHAGUS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
91112	GI WIRELESS CAPSULE MEASURE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

91113	GI TRC IMG INTRAL COLON I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	–	–	Add effective 01/01/2023
91038	Esoph Imped Funct Test > 1Hr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–
91132	ELECTROGASTROGRAPHY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		–	–	–
91133	ELECTROGASTROGRAPHY W/TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		–	–	–
91299	UNLISTED DX GI PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		–	–	–
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	–	–	Add effective 04/18/2023
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	–	–	Add effective 04/18/2023
91305	SARSCOV2 VAC 30 MCG TRS-SUCR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	–	–	Add effective 04/18/2023

91306	SARSCOV2 VAC 50MCG/0.25ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-		Add effective 04/18/2023
91307	SARSCOV2 VAC 10 MCG TRS-SUCR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-		Add effective 04/18/2023
91308	SARSCOV2 VAC 3 MCG TRS-SUCR	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-		Add effective 04/18/2023
91309	SARSCOV2 VAC 50MCG/0.5ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-		Add effective 04/18/2023
91311	SARSCOV2 VAC 25MCG/0.25ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-		Add effective 04/18/2023
92015	Determine Refractive State	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	
92065	ORTHOP TRAING PFRMD PHYS/QHP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-	
92132	CMPTN OPTH DX IMG ANT SEGMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-	

92145	CORNEAL HYSTERESIS DETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
92340	Fit Spectacles Monofocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
92341	Fit Spectacles Bifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
92342	Fit Spectacles Multifocal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
92354	Fit Spectacles Single System	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
92355	Fit Spectacles Compound Lens	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
92370	Repair & Adjust Spectacles	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
92499	UNLISTED OPH SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—

92512	NASAL FUNCTION STUDIES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
92517	VEMP TEST I&R CERVICAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
92518	VEMP TEST I&R OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
92519	VEMP TST I&R CERVICAL&OCULAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

91110	GI TRC IMG INTRAL ESOPH-ILE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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92548	CDP-SOT 6 COND W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
92549	CDP-SOT 6 COND W/I&R MCT&ADT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

91117	Colon Motility 6 Hr Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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92700	UNLISTED ORL SERVICE/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
93050	ART PRESSURE WAVEFORM ANALYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
92546	Sinusoidal Rotational Test	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
92640	Aud Brainstem Implt Programg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
93228	REMOTE 30 DAY ECG REV/REPORT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
93702	BIS XTRACELL FLUID ANALYSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
93740	TEMPERATURE GRADIENT STUDIES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
93229	REMOTE 30 DAY ECG TECH SUPP	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

93660	TILT TABLE EVALUATION	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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93799	UNLISTED CV SVC/PROCEDURE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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93998	UNLISTD NONINVAS VASC DX STD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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94014	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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94015	PATIENT RECORDED SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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94016	REVIEW PATIENT SPIROMETRY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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94452	HAST W/REPORT	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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94453	HAST W/OXYGEN TITRATE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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94799	UNLISTED PULMONARY SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
95060	EYE ALLERGY TESTS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
95065	NOSE ALLERGY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
95199	UNLISTED ALL/IMMLG SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

93797 Cardiac Rehab MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

93798 Cardiac Rehab/Monitor MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

95700 Eeg Cont Rec W/Vid Eeg Tech MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

95705 Eeg W/O Vid 2-12 Hr Unmntr MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

95706	Eeg Wo Vid 2-12Hr Intmt Mntr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95707	Eeg W/O Vid 2-12Hr Cont Mntr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95708	Eeg Wo Vid Ea 12-26Hr Unmnr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95709	Eeg W/O Vid Ea 12-26Hr Intmt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95710	Eeg W/O Vid Ea 12-26Hr Cont	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95711	Veeg 2-12 Hr Unmonitored	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95712	Veeg 2-12 Hr Intmt Mntr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95713	Veeg 2-12 Hr Cont Mntr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

95714	Veeg Ea 12-26 Hr Unmnr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95715	Veeg Ea 12-26Hr Intmt Mntr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95716	Veeg Ea 12-26Hr Cont Mntr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95719	Eeg Phys/Qhp Ea Incr W/O Vid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95720	Eeg Phy/Qhp Ea Incr W/Veeg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95725	Eeg Phy/Qhp>84 Hr W/O Vid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95905	MOTOR &/ SENS NRVE CNDJ TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
95919	QUAN PULMTRY PHY/QHP UNI/BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	_	Add effective 01/01/2023
95726	Eeg Phy/Qhp>84 Hr W/Veeg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95803	ACTIGRAPHY TESTING	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

95954	Eeg Monitoring/Giving Drugs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95957	Eeg Digital Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95965	MEG SPONTANEOUS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95999	UNLISTED NEUROLOGICAL DX PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
95966	MEG EVOKED SINGLE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
95967	MEG EVOKED EACH ADDL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
96000	MOTION ANALYSIS VIDEO/3D	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
96001	MOTION TEST W/FT PRESS MEAS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

96002	DYNAMIC SURFACE EMG	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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96379	UNL THER/PROP/DIAG INJ/INF	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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96549	UNLISTED CHEMOTHERAPY PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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96003	DYNAMIC FINE WIRE EMG	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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96004	PHYS REVIEW OF MOTION TESTS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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96912	PHOTOCHEMOTHERAPY WITH UV-A	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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96913	PHOTOCHEMOTHERAPY UV-A OR B	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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96922	Laser Tx Skin >500 Sq Cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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96931	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
96932	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
96933	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
96934	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
96999	UNLISTED SPEC DERM SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
97039	UNLISTED MODALITY	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	_	_	_
97139	UNLISTED THERAPEUTIC PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	_	_	_
97169	Athletic Trn Eval Low Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_

97170	Athletic Trn Eval Mod Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
97171	Athletic Trn Eval High Cmplx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
97172	Athletic Trn Re-Eval Plan Cr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
96935	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
96936	Rcm Celulr Subcelulr Img Skn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
97610	LOW FREQUENCY NON-THERMAL US	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
97799	UNLISTED PHYSCL MED/REHAB PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99024	Postop Follow-Up Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

99026	IN-HOSPITAL ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99027	OUT-OF-HOSP ON CALL SERVICE	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99050	MEDICAL SERVICES AFTER HRS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99056	MED SERVICE OUT OF OFFICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99058	OFFICE EMERGENCY CARE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99070	SPECIAL SUPPLIES PHYS/QHP	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99071	PATIENT EDUCATION MATERIALS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99075	MEDICAL TESTIMONY	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

99078	GROUP HEALTH EDUCATION	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99080	SPECIAL REPORTS OR FORMS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99082	UNUSUAL PHYSICIAN TRAVEL	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99183	Hyperbaric Oxygen Therapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
99199	UNLISTED SPECIAL SVC PX/RPRT	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99360	PHYSICIAN STANDBY SERVICES	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99429	UNLISTED PREVENTIVE SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99446	Ntrprof Ph1/Ntrnet/Ehr 5-10	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

99447	Ntrprof Ph1/Ntrnet/Ehr 11-20	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99448	Ntrprof Ph1/Ntrnet/Ehr 21-30	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99449	Ntrprof Ph1/Ntrnet/Ehr 31/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99450	BASIC LIFE DISABILITY EXAM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99453	Rem Mntr Physiol Param Setup	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99454	Rem Mntr Physiol Param Dev	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

99455	WORK RELATED DISABILITY EXAM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99456	DISABILITY EXAMINATION	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99457	Rem Physiol Mntr 1St 20 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99491	Chrc Care Mgmt Svc 30 Min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
99499	UNLISTED E&M SERVICE	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
99600	UNLISTED HOME VISIT SVC/PX	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023

0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0004A	ADM SARSCOV2 30MCG/0.3ML BST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0051A	ADM SARSCV2 30MCG TRS- SUCR 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0052A	ADM SARSCV2 30MCG TRS- SUCR 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0052U	LPOPRTN BLD W/5 MAJ CLASSES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

0053A	ADM SARSCV2 30MCG TRS-SUCR 3	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0054A	ADM SARSCV2 30MCG TRS-SUCR B	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0054T	BONE SRGRY CMPTR FLUOR IMAGE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0055T	BONE SRGRY CMPTR CT/MRI IMAG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0062U	AI SLE IGG&IGM ALYS 80 BMRK	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0063U	NEURO AUTISM 32 AMINES ALG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0064A	ADM SARSCOV2 50MCG/0.25MLBST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0066U	PAMG-1 IA CERVICO-VAG FLUID	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

0071A	ADM SARSCV2 10MCG TRS-SUCR 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0074A	ADM SARSCV2 10MCG TRS-SUCR B	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023

97533 Sensory Integration MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

97537 Community/Work Reintegration MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

0081A	ADM SARSCV2 3MCG TRS-SUCR 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0082A	ADM SARSCV2 3MCG TRS-SUCR 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023

0083A	ADM SARSCV2 3MCG TRS-SUCR 3	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0084U	Rbc Dna Gnotyp 10 Bld Groups	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0086U	Nfct Ds Bact&Fng Org Id 6+	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0087U	Crd Hrt Trnspl Mrna 1283 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0088U	Trnsplj Kdn Algrft Rej 1494	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0089U	Onc Mlnma Prame & Linc00518	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0090U	Onc Cutan Mlnma Mrna 23 Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023

0091U	Onc Clrct Scr Whl Bld Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0092U	Onc Lng 3 Prtn Bmrk Plsm Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0093U	Rx Mntr 65 Com Drugs Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0094A	ADM SARSCOV2 50 MCG/.5 MLBST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	-	Add effective 04/18/2023
0094U	Genome Rapid Sequence Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0095U	Inflm Ee Elisa Alys Alg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

0096U	Hpv Hi Risk Types Male Urine	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0100T	PROSTH RETINA RECEIVE&GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0101T	ESW MUSCSKEL SYS NOS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0101U	Hered Colon Ca Do 15 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0102T	ESW PHY ANES LAT HMRL EPCNDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0102U	Hered Brst Ca Rltd Do 17 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0103U	Hered Ova Ca Pnl 24 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0105U	Neph Ckd Mult Eclia Tum Nec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

0106T	TOUCH QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0106U	GSTR EMPTG 7 TIMED BRTH SPEC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0107T	VIBRATE QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0107U	C Diff Tox Ag Detcj Ia Stool	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
0108T	COOL QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0108U	Gi Barrett Esoph 9 Prtn Bmrk	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
0109T	HEAT QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0109U	Id Aspergillus Dna 4 Species	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

0110T	NOS QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0110U	Rx Mntr 1+Oral Onc Rx&Sbsts	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	—	Add effective 04/18/2023
0111U	Onc Colon Ca Kras&Nras Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	—	—	—
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	—	Add effective 04/18/2023
0112U	Iadi 16S&18S Rrna Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
0113A	ADM SARSCOV2 25MCG/0.25ML3RD	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	4/18/2023	—	Add effective 04/18/2023
0113U	Onc Prst8 Pca3&Tmprss2-Erg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	—	—	—

0114U	Gi Barretts Esoph Vim&Ccna1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0115U	Respir Iadna 18 Viral&2 Bact	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0116U	Rx Mntr Nzm Ia 35+Oral Flu	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0117U	Pain Mgmt 11 Endogenous Anal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0118U	Trnsplj Don-Drv Cll-Fr Dna	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0119U	Crd Ceramides Liq Chrom Plsm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0120U	Onc B Cll Lymphm Mrna 58 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0121U	Sc Dis Vcam-1 Whole Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

0122U	Sc Dis P-Selectin Whl Blood	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0123U	Mchnl Fragility Rbc Prflg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

0129U	Hered Brst Ca Rltd Do Panel	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0130U	Hered Colon Ca Do Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0131U	Hered Brst Ca Rltd Do Pnl 13	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0132U	Hered Ova Ca Rltd Do Pnl 17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0133U	Hered Prst8 Ca Rltd Do 11	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0134U	Hered Pan Ca Mrna Pnl 18 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-

0135U	Hered Gyn Ca Mrna Pnl 12 Gen	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0136U	Atm Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0137U	Palb2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0138U	Brca1 Brca2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0140U	Nfct Ds Fungi Dna 15 Trgt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0141U	Nfct Ds Bact&Fng Gram Pos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0142U	Nfct Ds Bact&Fng Gram Neg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0143U	Drug Assay 120+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	6/30/2023	Retire effective 06/30/2023

0144U	Drug Assay 160+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0145U	Drug Assay 65+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0146U	Drug Assay 80+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0147U	Drug Assay 85+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0148U	Drug Assay 100+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0149U	Drug Assay 60+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0150U	Drug Assay 120+ Rx/Metabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	6/30/2023	Retire effective 06/30/2023
0152U	Nfct Ds Dna Untrgt Ngnrj Seq	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

0153U	Onc Breast Mrna 101 Genes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	8/1/2023	-
0154U	Onc Urthl Ca Rna Fgfr3 Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0155U	Onc Brst Ca Dna Pik3Ca Gene	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0156U	Copy Number Sequence Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0157U	Apc Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0158U	Mlh1 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0159U	Msh2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0160U	Msh6 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-

0161U	Pms2 Mrna Seq Alys	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-
0162U	Hered Colon Ca Trgt Mrna Pnl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Prior Authorization may be required per contract agreement.	-	-	-

0198T	OCULAR BLOOD FLOW MEASURE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0202T	POST VERT ARTHRPLST 1 LUMBAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0207T	CLEAR EYELID GLAND W/HEAT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0219T	PLMT POST FACET IMPLT CERV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0220T	PLMT POST FACET IMPLT THOR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0221T	PLMT POST FACET IMPLT LUMB	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

0222T	PLMT POST FACET IMPLT ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0224U	ANTIBODY SARS-COV-2 TITER(S)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	—	Add effective 06/01/2023
0226U	SVNT SARSCOV2 ELISA PLSM SRM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	—	Add effective 06/01/2023
0232T	NJX PLATELET PLASMA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0075T	PERQ STENT/CHEST VERT ART	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0263T	IM B1 MRW CEL THER CMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0264T	IM B1 MRW CEL THER XCL HRVST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0265T	IM B1 MRW CEL THER HRVST ONL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0076T	S&I STENT/CHEST VERT ART	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0253T	INSERT AQUEOUS DRAIN DEVICE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0267T	IMPLT/RPL CRTD SNS DEV LEAD	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0268T	IMPLT/RPL CRTD SNS DEV GEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0269T	REV/REML CRTD SNS DEV TOTAL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0270T	REV/REML CRTD SNS DEV LEAD	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0271T	REV/REML CRTD SNS DEV GEN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

0274T	PERQ LAMOT/LAM CRV/THRC	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0275T	PERQ LAMOT/LAM LUMBAR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0278T	TEMPR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0330T	TEAR FILM IMG UNI/BI W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0272T	INTERROGATE CRTD SNS DEV	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0335T	INSJ SINUS TARSI IMPLANT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0338T	TRNSCTH RENAL SYMP DENRV UNL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0339T	TRNSCTH RENAL SYMP DENRV BIL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0273T	INTERROGATE CRTD SNS W/PGRMG	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0347T	INS BONE DEVICE FOR RSA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0348T	RSA SPINE EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0349T	RSA UPPER EXTR EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0350T	RSA LOWER EXTR EXAM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0331T	HEART SYMP IMAGE PLNR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0345T	TRANSCATH MTRAL VLVE REPAIR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0358T	BIA WHOLE BODY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0378T	VISUAL FIELD ASSMNT REV/RPRT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0379T	VIS FIELD ASSMNT TECH SUPPT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0397T	ERCP W/OPTICAL ENDOMICROSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0352T	OCT BRST/NODE I&R PER SPEC	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0424T	INSJ/RPLC NSTIM APNEA COMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0425T	INSJ/RPLC NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0426T	INSJ/RPLC NSTIM APNEA STM LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0427T	INSJ/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0428T	RMVL NSTIM APNEA PLS GEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0429T	RMVL NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0430T	RMVL NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0431T	RMVL/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0432T	REPOS NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0433T	REPOS NSTIM APNEA SENSING LD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0434T	INTERRO EVAL NPGS APNEA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0435T	PRGRMG EVAL NPGS APNEA 1 SES	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0436T	PRGRMG EVAL NPGS APNEA STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0354T	OCT BREAST SURG CAVITY I&R	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0398T	MRGFUS STRTCTC LES ABLTJ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0464T	VISUAL EP TEST FOR GLAUCOMA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0449T	INSJ AQUEOUS DRAIN DEV 1ST	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0472T	PRGRMG IO RTA ELTRD RA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0473T	REPRGRMG IO RTA ELTRD RA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0450T	INSJ AQUEOUS DRAIN DEV EACH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

0465T	SUPCHRDL NJX RX W/O SUPPLY	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0474T	INSJ AQUEOUS DRG DEV IO RSVR	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0479T	FXJL ABL LSR 1ST 100 SQ CM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0480T	FXJL ABL LSR EA ADDL 100SQCM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

0485T	OCT MID EAR I&R UNILATERAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0486T	OCT MID EAR I&R BILATERAL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0499T	CYSTO F/URTL STRIX/STENOSIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
0507T	NEAR IFR 2IMG MIBMN GLND I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

0508T	PLS ECHO US B1 DNS MEAS TIB	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0509T	PATTERN ERG W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0511T	RMVL&RINSJ SINUS TARSI IMPLT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0512T	ESW INTEG WND HLG 1ST WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0513T	ESW INTEG WND HLG EA ADDL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0483T	TMVI PERCUTANEOUS APPROACH	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0533T	CONT REC MVMT DO 6-10 DAYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0534T	CONT REC MVMT DO SETUP&TRAIN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0535T	CONT REC MVMT DO REPR CNFIG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0536T	CONT REC MVMT DO DL W/I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0484T	TMVI TRANSTHORACIC EXPOSURE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0563T	EVAC MEIBOMIAN GLND HEAT BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0565T	AUTOL CELL IMPLT ADPS HRVG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0566T	AUTOL CELL IMPLT ADPS NJX	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0524T	EV CATH DIR CHEM ABLTJ W/IMG	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0537T	BLD DRV T LYMPHCYT CAR-T CLL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	—	Add effective 06/15/2023
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0538T	BLD DRV T LYMPHCYT PREP TRNS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	Add effective 06/15/2023
0539T	RECEIPT&PREP CAR-T CLL ADMIN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	Add effective 06/15/2023
0602T	TRANSDERMAL GFR MEASUREMENTS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0603T	TRANSDERMAL GFR MONITORING	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0615T	EYE MVMT ALYS W/O CALBRJ I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0621T	TRABECULOSTOMY INTERNO LASER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
0622T	TRABECULOSTOMY INT LSR W/SCP	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

0623T	AUTO QUANTIFICATION C PLAQUE	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0624T	AUTO QUAN C PLAQ DATA PREP	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0625T	AUTO QUAN C PLAQ CPTR ALYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0626T	AUTO QUAN C PLAQ I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0628T	PERQ NJX ALGC FLUOR LMBR EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0629T	PERQ NJX ALGC CT LMBR 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0630T	PERQ NJX ALGC CT LMBR EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0631T	TC VIS LIT HYPERSPECTRAL IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0632T	PERQ TCAT US ABLTJ NRV P-ART	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	6/30/2023	Retire effective 06/30/2023

0540T	CAR-T CLL ADMN AUTOLOGOUS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	—	Add effective 06/15/2023
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0639T	WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0640T	NCNTC NR IFR SPCTRSC WND	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0641T	NCNTC NR IFR SPCTRSC WND IMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0642T	NCNTC NR IFR SPCTRSC WND I&R	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

0544T	TCAT MV ANNULUS RCNSTJ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0588T	REVISION/REMOVAL ISDNS PTN	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0589T	ELEC ALYS SMPL PRGRMG IINS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0651T	MAG CTRLD CAPSULE ENDOSCOPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP). 1/1/2023	_	_	Add effective 01/01/2023
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0656T	VRT BDY TETHERING ANT <7 SEG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0657T	VRT BDY TETHERING ANT 8+ SEG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0590T	ELEC ALYS CPLX PRGRMG IINS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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0664T	DON HYSTERECTOMY OPEN CDVR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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0665T	DON HYSTERECTOMY OPEN LIV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0666T	DON HYSTERECTOMY LAPS LIV	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0667T	DON HYSTERECTOMY RCP UTER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0668T	BKBENCH PREP DON UTER ALGRFT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0669T	BKBENCH RCNSTJ DON UTER VEN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0670T	BKBENCH RCNSTJ DON UTER ARTL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0672T	NDOVAG CRYG RF REMDL TISS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
0743T	B1 STR & FX RSK VRT FX ASSMT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	—	Add effective 01/01/2023

0744T	INSJ BIOPROSTC VLV FEM VN	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	–	Add effective 09/01/2023
0632T	PERQ TCAT US ABLTJ NRV P-ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	–	–	Add effective 07/01/2023
0643T	TCAT L VENTR RSTRJ DEV IMPLT	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–
0748T	NJX STM CL PRDCT ANL SFT TIS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	–	Add effective 09/01/2023
0650T	PRGRMG DEV EVAL SCRMS REMOTE	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–
0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–	–

0744T	INSJ BIOPROSTC VLV FEM VN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0766T	Tc Mag Stimj Pn 1St Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	Add effective 07/01/2023
0745T	CAR ABLT RAD ARR N-INVAS LOC	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.		Add effective 06/15/2023
0767T	Tc Mag Stimj Pn 1St Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	Add effective 07/01/2023
0746T	CAR ABLT RAD ARR CNV LOC MAP	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.		Add effective 06/15/2023
0768T	Tc Mag Stimj Pn Sbsq Tx 1Nrv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	Add effective 07/01/2023
0747T	CAR ABLT RAD ARRHYT DLVR RAD	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.		Add effective 06/15/2023
0769T	Tc Mag Stimj Pn Sbsq Tx Ea	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	Add effective 07/01/2023

0748T	NJX STM CL PRDCT ANL SFT TIS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0770T	VR TECHNOLOGY ASSIST THERAPY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	Add effective 09/01/2023
0764T	ASSTV ALG ECG RSK ASMT CNCRT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.	–	Add effective 06/15/2023
0771T	VR PX DISSOC SVC SM PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	Add effective 09/01/2023
0765T	ASSTV ALG ECG RSK ASMT PREV	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.	–	Add effective 06/15/2023
0772T	VR PX DISSOC SVC SM PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	Add effective 09/01/2023
0766T	Tc Mag Stimj Pn 1St Tx 1Nrv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review by BCBS.	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0773T	VR PX DISSOC SVC OTH PHY 1ST	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	Add effective 09/01/2023

0767T	Tc Mag Stimj Pn 1St Tx Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review by BCBS.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0774T	VR PX DISSOC SVC OTH PHY EA	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0768T	Tc Mag Stimj Pn Sbsq Tx 1Nrv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review by BCBS.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0775T	ARTHRD SI JT PRQ IARTIC IMPL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	–	Add effective 01/01/2023
0776T	THER INDCTJ NTRABRN HYPHTRM	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0769T	Tc Mag Stimj Pn Sbsq Tx Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review by BCBS.	6/15/2023	6/30/2023	Add effective 06/15/2023 and retire effective 06/30/2023
0777T	R-T PRS SENSING EDRL GDN SYS	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0770T	VR TECHNOLOGY ASSIST THERAPY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 6/15/2023 to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023

0778T	SMMG CNCRNT APPL IMU SNR	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0771T	VR PX DISSOC SVC SM PHY 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0779T	GI MYOELECTRICAL ACTV STUDY	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0772T	VR PX DISSOC SVC SM PHY EA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0781T	BRNCHSC RF DSTRJ PULM NRV BI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0773T	VR PX DISSOC SVC OTH PHY 1ST	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0782T	BRNCHSC RF DSTRJ PLM NRV UNI	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
0774T	VR PX DISSOC SVC OTH PHY EA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023

0783T	TC AURICULAR NEUROSTIMULATION	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	–	Add effective 01/01/2023
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	–	Add effective 07/01/2023
0776T	THER INDCTJ NTRABRN HYPHTRM	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	–
0777T	R-T PRS SENSING EDRL GDN SYS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0778T	SMMG CNCRNT APPL IMU SNR	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0779T	GI MYOELECTRICAL ACTV STUDY	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0781T	BRNCHSC RF DSTRJ PULM NRV BI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023
0782T	BRNCHSC RF DSTRJ PLM NRV UNI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	8/31/2023	Add effective 06/15/2023; Retire effective 08/31/2023

0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0795T	TCAT INS 2CHMBR LDLS PM CMPL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0796T	TCAT INS 2CHMBR LDLS PM RA	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0797T	TCAT INS 2CHMBR LDLS PM RV	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0798T	TCAT RMV 2CHMBR LDLS PM CMPL	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0799T	TCAT RMVL 2CHMBR LDLS PM RA	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0800T	TCAT RMVL 2CHMBR LDLS PM RV	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	–	Add effective 07/01/2023
0807T	PULM TISS VNTJ ALYS PREV CT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	–	Add effective 07/01/2023

0808T	PULM TISS VNTJ ALYS W/CT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre- service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	7/1/2023	-	Add effective 07/01/2023
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0801T	TCAT RMV&RPL 2CHMBR LDLS PM	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	-	Add effective 07/01/2023
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213AA	Proc/Treat/Equip/Ins/Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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213BA	OTC Drugs Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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213CA	Vision/Hear/Dental Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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213EA	Assit Disabled/Misc Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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213FA	Corr Eye Surgery Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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213GA	Premiums Non- Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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213HA	Copays Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213JA	Limited Purpose HCA Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213KA	Preventative Care Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
213LA	Long Term Care Non-Covered	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
9701A	NON-PRESCRIPTION DRUGS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
0802T	TCAT RMV&RPL2CHMB LDLS PM RA	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	-	Add effective 07/01/2023
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	-	Add effective 07/01/2023
0804T	PRGRMG EVL LDLS PM 2CHMBR IP	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	-	Add effective 07/01/2023

0805T	TCAT S&IVC PRSTC VL IMPL PRQ		7/1/2023	–		Add effective 07/01/2023
		MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.				
0806T	TCAT S&IVC PRSTC VL IMPL OPN		7/1/2023	–		Add effective 07/01/2023
		MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.				
0810T	SUBRTA NJX RX AGT W/VTRC		7/1/2023	–		Add effective 07/01/2023
		MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.				

A0999	Unlisted ambulance service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	–	–	–
A2001	Innovamatrix ac per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–
A2002	Mirragen adv wnd mat per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–
A2004	Xcellistem 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–
A2005	Microlyte matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–

A2006	Novosorb synpath per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2007	Restrata per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2011	Supra sdrm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2012	Suprathel per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

A2014	Omeza collag per 100 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	–	Add effective 04/01/2023
A0426	Als 1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–
A2015	Phoenix wnd mtrx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	–	Add effective 04/01/2023
A0430	Ambulance Service Conventional Air Services Transport One Way (Fixed Wing)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023
A2016	Permeaderm b per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	–	Add effective 04/01/2023
A0431	Rotary wing air transport	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–
A2017	Permeaderm glove each	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	–	Add effective 04/01/2023
A0435	Fixed Wing Air Mileage Per Statute Mile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023

<b>A2018</b>	Permeaderm c per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	–	Add effective 04/01/2023
A0436	Rotary wing air mileage	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–
<b>A2019</b>	Kerecis marigen shld sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
A0888	Noncovered ambulance mileage	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–
<b>A2020</b>	Ac5 wound system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
<b>A2014</b>	Omeza collag per 100 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		3/31/2023	Retire effective 03/31/2023
<b>A2021</b>	Neomatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
<b>A2015</b>	Phoenix wnd mtrx per sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		3/31/2023	Retire effective 03/31/2023

A4100	Skin sub fda clrd as dev nos	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A4335	Incontinence supply	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
A4421	Ostomy supply misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
A4458	Reusable enema bag	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A4520	Incontinence garment anytype	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A4553	Non-Disposable Underpads All Sizes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A4554	Disposable underpads	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
A2016	Permeaderm b per sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	3/31/2023	Retire effective 03/31/2023

A4575	Hyperbaric o2 chamber disp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A4596	Ces system monthly supp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	4/1/2023	—	Add effective 04/01/2023
A2017	Permeaderm glove each	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	3/31/2023	Retire effective 03/31/2023
A2018	Permeaderm c per sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	3/31/2023	Retire effective 03/31/2023
A4639	Infrared ht sys replcmnt pad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A4641	Radiopharm dx agent noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
A4649	Surgical supplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
A4890	Repair/maint cont hemo equip	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

A4913	Misc dialysis supplies noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A4927	Non-sterile gloves	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4931	Reusable oral thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A4932	Reusable rectal thermometer	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A5507	Modification diabetic shoe	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6000	Wound warming wound cover	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A6261	Wound filler gel/paste /oz	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6262	Wound filler dry form / gram	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

A6512	Compres burn garment noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A6549	G compression stocking	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A7049	Epap nasal valve	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	-	Add effective 09/01/2023
A2019	Kerecis marigen shld sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2023	8/31/2023	Add effective 05/15/2023; Retire effective 08/31/2023
A9150	Misc/exper non-prescript dru	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9152	Single vitamin nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9153	Multi-vitamin nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9270	Non-covered item or service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

A9273	Hot/cold bottle/cap/col/wrap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9279	Monitoring feature/deviceNOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9280	Alert device noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9282	Wig any type	Non Covered: Procedure/service not covered by the Plan. 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. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A9291	Pres dig cog behav thera fda	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
A9300	Exercise equipment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
A9579	Gad-base MR contrast NOS 1ml	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

A9597	Pet dx for tumor id noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9598	Pet dx for non-tumor id noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9698	Non-rad contrast materialNOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9699	Radiopharm rx agent noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9900	Supply/accessory/service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
A9999	DME supply or accessory nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
B9998	Enteral supp not otherwise c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
B9999	Parenteral supp not othrws c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

C1052	Hemostatic agent gi topic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A2020	Ac5 wound system	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
A2021	—	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
A4555	Ca tx e-stim electr/transduc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
A4596	Ces system monthly supp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	3/31/2023	Retire effective 03/31/2023
A4600	Sleeve inter limb comp dev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
C1823	Gen neuro trans sen/stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
A7049	Epap nasal valve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2023	8/31/2023	Add effective 05/15/2023; Retire effective 08/31/2023

C1761	Cath trans intra litho/coro	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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C1827	Gen Neuro Imp Led Ex Cntr	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	_	Add effective 09/01/2023
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C1764	Event recorder cardiac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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C1776	Joint device (implantable)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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C1889	Implant/insert device noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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C1783	Ocular imp aqueous drain de	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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C2698	Brachytx stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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C2699	Brachytx non-stranded NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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C1818	Integrated keratoprosthesis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
C1825	Gen neuro carot sinus baro	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
C1826	Gen neuro clo loop rechg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 7/1/2023 to avoid post-service review.	_	_	Add effective 07/01/2023
C1827	Gen Neuro Imp Led Ex Cntr	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 5/1/2023 to avoid post-service review.	5/1/2023	8/31/2023	Add effective 05/01/2023; Retire effective 08/31/2023
C1833	Cardiac monitor sys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
C2624	Wireless pressure sensor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
C5271	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	4/1/2023	_	Add effective 04/01/2023
C5272	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	4/1/2023	_	Add effective 04/01/2023

C9257	Bevacizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
C9354	Veritas collagen matrix cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9356	TenoGlide tendon prot cm2	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
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. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9360	SurgiMend neonatal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9363	Integra Meshed Bil Wound Mat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9364	Porcine implant Permacol	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
C9399	unclassified drugs or biologicals	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-

C5273	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	–	Add effective 04/01/2023
C5274	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	–	Add effective 04/01/2023
C9757	Spine/lumbar disk surgery	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–
C5275	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	–	Add effective 04/01/2023
C5276	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	–	Add effective 04/01/2023
C5277	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	–	Add effective 04/01/2023
C5278	Low cost skin substitute app	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) 4/1/2023 to avoid post-service review by BCBS.	–	–	Add effective 04/01/2023
C9768	Endo us-guide hep porto grad	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–

C9149	Inj teplizumab-mzww 5 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	6/30/2023	Add effective 06/01/2023; Retire effective 06/30/2023
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
C9771	Nsl/sins cryo post nasal tis	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
C9772	Revasc lithotrip tibi/perone	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
C9777	Esophag muc integ w/eso egd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

C9898	Inpnt stay radiolabeled item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C9899	Inpt implant pros dev no cov	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D0999	unspecified diagnostic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5MI Im Dose 1	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D1706	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5MI Im Dose 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D1999	unspecified preventive procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D2999	unspecified restorative procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D3410	apicoectomy - anterior	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

D3999	unspecified endodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D4999	unspecified periodontal procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D5899	unspecified removable prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D5999	unspecified maxillofacial prosthesis by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D6199	unspecified implant procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D6999	unspecified fixed prosthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D7210	extraction erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D7220	removal of impacted tooth - soft tissue	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

D7230	removal of impacted tooth - partially bony	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D7999	unspecified oral surgery procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D8210	removable appliance therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D8220	fixed appliance therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
D8999	unspecified orthodontic procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
D9999	unspecified adjunctive procedure by report	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
C9740	Cysto impl 4 or more	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
E0210	Electric heat pad standard	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

E0217	Water circ heat pad w pump	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0218	Fluid circ cold pad w pump	Non Covered: Procedure/service not covered by the Plan. 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. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0231	Wound warming device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0232	Warming card for NWT	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
E0236	Pump for water circulating p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0240	Bath/shower chair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0241	Bath tub wall rail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

E0242	Bath tub rail floor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0243	Toilet rail	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0244	Toilet seat raised	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0245	Tub stool or bench	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0246	Transfer tub rail attachment	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0247	Trans bench w/wo comm open	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0248	HDtrans bench w/wo comm open	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
E0273	Bed board	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

E0274	Over-bed table	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
C9764	Revasc intravasc lithotripsy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
E0315	Bed accessory brd/tbl/supprt	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
C9765	Revasc intra lithotrip-stent	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
E0446	Topical Ox Deliver sys nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
E0485	Oral device/appliance prefab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
E0486	Oral device/appliance cusfab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
E0487	Electronic spirometer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

C9766	Revasc intra lithotrip-ather	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E0625	Patient lift bathroom or toi	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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C9767	Revasc lithotrip-stent-ather	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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C9769	Cysto w/temp pros implant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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C9770	Vitrec/mech pars subret inj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E0183	Press underlay alter w/pump	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E0300	Pediatric Crib Hospital Grade Fully Enclosed With Or Without Top Enclosure	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E0316	Bed safety enclosure	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E0616	Cardiac event recorder	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0635	Patient Lift Electric With Seat Or Sling	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0637	Combination Sit To Stand Frame/Table System Any Size Including Pediatric With Seat Lift Feature With Or Without Wheels	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0638	Standing Frame/Table System One Position (E.G. Upright Supine Or Prone Stander) Any Size Including Pediatric With Or Without Wheels	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0641	Standing Frame/Table System Multi-Position (E.G. Three-Way Stander) Any Size Including Pediatric With Or Without Wheels	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0642	Standing Frame/Table System Mobile (Dynamic Stander) Any Size Including Pediatric	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0650	Pneuma compresor non-segment	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0651	Pneum compresor segmental	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E0652	Pneum compres w/cal pressure	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0655	Pneumatic appliance half arm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0656	Segmental pneumatic trunk	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0657	Segmental pneumatic chest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0660	Pneumatic appliance full leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0665	Pneumatic appliance full arm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0666	Pneumatic appliance half leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0675	Pneumatic compression device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

E0676	Inter limb compress dev NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
E0667	Seg pneumatic appl full leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
E0668	Seg pneumatic appl full arm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
E0669	Seg pneumatic appli half leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
E0670	Seg pneum int legs/trunk	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
E0740	Non-implant pelv flr e-stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0671	Pressure pneum appl full leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
E0672	Pressure pneum appl full arm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—

E0673	Pressure pneum appl half leg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E0762	Trans elec jt stim dev sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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E0764	Functional neuromuscularstim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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E0677	Non pneum seq comp trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	_	7/1/2023	Added effective 07/01/2023
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E0769	Electric wound treatment dev	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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E0770	Functional electric stim NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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E0830	Ambulatory traction device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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E0840	Tract frame attach headboard	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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E0849	Cervical pneum trac equip	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0850	Traction stand free standing	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0855	Cervical traction equipment	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0856	Cervic collar w air bladders	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0860	Tract equip cervical tract	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0890	Traction frame attach pelvic	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0936	CPM device other than knee	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
E0942	Cervical head harness/halter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

E0944	Pelvic belt/harness/boot	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
E0691	Uvl pnl 2 sq ft or less	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0692	Uvl sys panel 4 ft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0693	Uvl sys panel 6 ft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0694	Uvl md cabinet sys 6 ft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0747	Elec osteogen stim not spine	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0760	Osteogen ultrasound stimltor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0761	Nontherm electromgntc device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E0766	Elec stim cancer treatment	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0985	W/c seat lift mechanism	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E0986	Man w/c push-rim powr system	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1002	Pwr seat tilt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1003	Pwr seat recline	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1004	Pwr seat recline mech	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1229	Pediatric wheelchair NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
E1005	Pwr seat recline pwr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E1239	Ped power wheelchair NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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E1399	Durable medical equipment mi	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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E1006	Pwr seat combo w/o shear	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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E1632	Wearable artificial kidney	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
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E1699	Dialysis equipment noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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E1700	Jaw motion rehab system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
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E1701	Repl cushions for jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
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E1702	Repl measr scales jaw motion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
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E1007	Pwr seat combo w/shear	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1008	Pwr seat combo pwr shear	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1009	Add mech leg elevation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1010	Add pwr leg elevation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1012	Ctr mount pwr elev leg rest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1230	Power operated vehicle	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E1629	Tablo for dialysis service	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E2300	Pwr seat elevation sys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2301	Pwr standing	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2310	Electro connect btw control	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2311	Electro connect btw 2 sys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2312	Mini-prop remote joystick	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2313	PWC harness expand control	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2321	Hand interface joystick	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2322	Mult mech switches	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E2323	Special joystick handle	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2324	Chin cup interface	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2325	Sip and puff interface	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2326	Breath tube kit	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2327	Head control interface mech	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2328	Head/extremity control inter	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2329	Head control nonproportional	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2330	Head control proximity switc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E2331	Attendant control	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2340	W/c width 20-23 in seat frame	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2341	W/c width 24-27 in seat frame	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2342	W/c dpth 20-21 in seat frame	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2343	W/c dpth 22-25 in seat frame	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2351	Electronic SGD interface	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2373	Hand/chin ctrl spec joystick	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2374	Hand/chin ctrl std joystick	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

E2375	Non-expandable controller	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2376	Expandable controller repl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2377	Expandable controller initl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2599	SGD accessory noc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
E2500	SGD digitized pre-rec <=8min	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
E2502	SGD prerec msg >8min <=20min	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
G0235	Pet imaging any site not otherwise specified	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. MP: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
G0255	Current percep threshold tst	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

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 Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
G0281	Elec stim unattend for press	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0282	Elect stim wound care not pd	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G0295	Electromagnetic therapy onc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G0329	Electromagntic tx for ulcers	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

E2504	SGD prerec msg>20min <=40min	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E2506	SGD prerec msg > 40 min	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E2508	SGD spelling phys contact	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E2510	SGD w multi methods msg/accs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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E2511	SGD sftwre prgrm for PC/PDA	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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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. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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E2512	SGD accessory mounting sys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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G0460	Autolog prp not diab ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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G0465	Autolog prp diab wound ulcer	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G. Audit Dast) And Brief Intervention 5-14 Minutes	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
E2610	Wheelchair Seat Cushion Powered	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
G0176	OPPS/PHP;activity therapy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
G8395	LVEF>=40% doc normal or mild	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8396	LVEF not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
G8399	Pt w/dxa results document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—

G8400	Pt w/dxa no results doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8404	Low extremity neur exam docum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8405	Low extremity neur not perfor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8410	Eval on foot documented	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8415	Eval on foot not performed	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8416	Pt inelig footwear evaluatio	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8417	Calc bmi abv up param f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8418	Calc bmi blw low param f/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G8419	Calc bmi out nrm param nof/u	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8420	Calc bmi norm parameters	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8421	Bmi not calculated	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8427	Dcrev cur meds by elig clin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8428	Cur meds not document	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8430	Doc med rsn no medrec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8431	Pos clin depres scrn f/u doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8432	Dep scr not doc rng	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G8433	Scr for dep not cpt doc rsn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8450	Beta-bloc rx pt w/abn lvef	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8451	Pt w/abn lvef inelig b-bloc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8465	High risk recurrence pro ca	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8473	ACE/ARB thxpy rx?d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8474	Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8475	ACE/ARB thxpy not rx?d	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G8476	Bp sys <140 and dias <90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8477	Bp sys>=140 and/or dias >=90	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8478	BP not performed/doc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8482	Flu immunize order/admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8483	Flu imm no admin doc rea	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G8484	Flu immunize no admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9012	Other Specified Case Mgmt	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical 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. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical 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 stg1 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9064	Onc dx nsclc stg2 no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9065	Onc dx nsclc stg3A no progre	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9070	Onc dx sclc/nsclc ext unkwn	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	Onc dx brst metastatic/ recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9077	Onc dx prostate T1no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9078	Onc dx prostate T2no progres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9079	Onc dx prostate T3b-T4nopro	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9080	Onc dx prostate w/rise PSA	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9083	Onc dx prostate 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 N1-2nopr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9093	Onc dx rectal T4 N M0 no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9094	Onc dx rectal M1 w/mets prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9096	Onc dx esophag T1-T3 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9097	Onc dx esophageal T4 no prog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9098	Onc dx esophageal mets recur	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9101	Onc dx gastric p R1-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.	-	-	-
G9105	Onc dx pancreatc p R0 res no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9106	Onc dx pancreatc p R1/R2 no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9107	Onc dx pancreatic unresectab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9108	Onc dx pancreatic unknwn NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9109	Onc dx head/neck T1-T2no prg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9110	Onc dx head/neck T3-4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9112	Onc dx head/neck ext unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9113	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9114	Onc dx ovarian stg1A-B or 2	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9115	Onc dx ovarian stg3/4 noprog	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9116	Onc dx ovarian recurrence	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9117	Onc dx ovarian unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9123	Onc dx CML chronic phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9124	Onc dx CML acceler phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9125	Onc dx CML blast phase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9126	Onc dx CML remission	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9128	Oncology; Disease Status; Limited To Multiple Myeloma Systemic Disease; Smoldering Stage I (For Use In A Medicare-Approved Demonstration Project)	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9129	Onc dx mult myeloma stg2 hig	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9130	Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9131	Onc dx brst unknown NOS	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9132	Onc dx prostate mets no cast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9133	Onc dx prostate clinical met	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9134	Onc NHLstg 1-2 no relap no	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9135	Onc dx NHL stg 3-4 not relap	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9136	Onc dx NHL trans to lg Bcell	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9137	Onc dx NHL relapse/refractor	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9138	Onc dx NHL stg unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9139	Onc dx CML dx status unknown	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9140	Frontier extended stay demo	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9147	Outpatient intravenous insulin Treatment (OIVIT) either pulsatile or continuous by any means guided by the results of measurements for:respiratory quotient; and/or urine urea nitrogen (UUN); and/or arterial venous or capillary glucose	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
G9978	Remote E/M New Pt 10Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9979	Remote E/M New Pt 20Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9980	Remote E/M New Pt 30 Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9981	Remote E/M New Pt 45Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9982	Remote E/M New Pt 60Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9983	Remote E/M Est. Pt 10Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

G9984	Remote E/M Est. Pt 15Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9985	Remote E/M Est. Pt 25Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9986	Remote E/M Est. Pt 40Mins	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
G9987	Bpci Advanced In Home Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
H0046	Mental health service nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
H0047	Alcohol/drug abuse svc nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J0129	Abatacept injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
G0341	Percutaneous islet celltrans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023

J0180	Injection Agalsidase Beta 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0202	Injection alemtuzumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
G0342	Laparoscopy islet cell trans	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
J0219	Inj aval alfa-nqpt 4mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0220	Alglucosidase alfa injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J0221	INJECTION ALGLUCOSIDASE ALFA (LUMIZYME) 10 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0222	Inj. patisiran 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0223	Inj givosiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

J0224	Inj. lumasiran 0.5 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
G0343	Laparotomy islet cell transp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
J0256	Alpha 1 proteinase inhibitor	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J0490	INJECTION BELIMUMAB 10 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0491	Inj anifrolumab-fnia 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0517	Inj. benralizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0565	Inj bezlotoxumab 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0567	Inj. cerliponase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

J0584	Injection burosumab-twza 1m	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0586	AbobotulinumtoxinA	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0587	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0598	C-1 esterase cinryze	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0638	Canakinumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0717	Certolizumab pegol inj 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0775	Collagenase clost hist inj	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-

J0791	Inj crizanlizumab-tmca 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0881	Darbepoetin alfa non-esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J0888	Epoetin beta non esrd	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J1290	Ecallantide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J1300	Eculizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J1301	Injection edaravone 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-

G0422	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring With Exercise Per Session	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-
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J1303	Inj. ravulizumab-cwvz 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
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J1305	Inj evinacumab-dgnb 5mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1306	Injection inclisiran 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1322	Elosulfase alfa injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1325	Epoprostenol injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

G0423	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise Per Session	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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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: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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G2082	Visit esketamine 56m or less	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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J1428	Inj eteplirsen 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
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G2083	Visit esketamine > 56m	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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J1458	Injection Galsulfase 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
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J1551	Inj. cutaquig 100 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
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J1554	Inj. asceniv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
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J1566	Immune globulin powder	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	_	_	_
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J1599	Ivig non-lyophilized NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	_	_	_
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J1602	Golimumab for iv use 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
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J0172	Inj aducanumab-awwa 2 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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J1729	Inj hydroxyprogst capoat nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J1743	Idursulfase injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1745	Infliximab not biosimil 10mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1746	Inj. ibalizumab-uiyk 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J0218	Inj olipudase alfa-rpcp 1mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	7/1/2023	-	Add effective 07/01/2023
J1786	Injection Imiglucerase 10 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1823	Inj. inebilizumab-cdon 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1931	Injection Laronidase 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

J0225	Inj vutrisiran 1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J1302	Inj sutimlimab-jome 10 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J2182	Injection mepolizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
J2278	Ziconotide injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
J1411	Inj hemgenix per tx dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2023	_	Add effective 05/01/2023
J2350	Injection ocrelizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
J2356	Inj tezepelumab-ekko 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
J2357	Omalizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_

J1426	Injection casimersen 10 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J2502	Inj pasireotide long acting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
J1427	Inj. viltolarsen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J2507	INJECTION PEGLOTICASE 1 MG	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_
J1429	Inj golodirsen 10 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J1632	Inj. brexanolone 1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J1747	Inj spesolimab-sbzo 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2023	_	Add effective 05/01/2023
J2786	Injection reslizumab 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	_	_	_

J2840	Inj sebelipase alfa 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3032	Inj. eptinezumab-jjmr 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3060	Injection Taliglucerase Alfa 10 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3121	Inj testostero enanthate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3145	Testosterone undecanoate 1mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3241	Inj. teprotumumab-trbw 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3245	Inj. tildrakizumab 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-
J3262	Tocilizumab injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-

J3285	Treprostinil injection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J1951	Inj fensolvi 0.25 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J1954	Leuprolide depot cipla 7.5mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	4/1/2023	-	Add effective 04/01/2023
J3358	Ustekinumab iv inject 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3380	Injection vedolizumab	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3385	Injection Velaglucerase Alfa 100 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3397	Inj. vestronidase alfa-vjbc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3398	Inj luxturna 1 billion vec g	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

J3399	Inj onase abepar-xioi treat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3490	Drugs unclassified injection	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
J2327	Inj risankizumab-rzaa 1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J3570	Laetrile amygdalin vit B17	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J3590	Unclassified biologics	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
J3591	Esrđ on dialysi drug/bio noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J2440	Injection Papaverine Hcl Up To 60 Mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J7178	Inj human fibrinogen con nos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-

J7192	Factor viii recombinant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7195	Factor ix recombinant nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J7199	Hemophilia clot factor noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J2503	Pegaptanib sodium injection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J2777	Inj faricimab-svoa 0.1mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J7340	Carbidopa levodopa ent 100ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J2778	Injection Ranibizumab 0.1 Mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J7599	Immunosuppressive drug noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

J7604	Acetylcysteine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7607	Levalbuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7609	Albuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7610	Albuterol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7615	Levalbuterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7622	Beclomethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7624	Betamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7627	Budesonide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

J7628	Bitolterol mesylate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7629	Bitolterol mesylate comp unt	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7632	Cromolyn sodium comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7634	Budesonide comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7635	Atropine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7636	Atropine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7637	Dexamethasone comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
J7638	Dexamethasone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

J7640	Formoterol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7641	Flunisolide comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7642	Glycopyrrolate comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7643	Glycopyrrolate comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7645	Ipratropium bromide comp	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7647	Isoetharine comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7650	Isoetharine comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7657	Isoproterenol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

J7660	Isoproterenol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7667	Metaproterenol comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7670	Metaproterenol comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7676	Pentamidine comp unit dose	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7680	Terbutaline sulf comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7681	Terbutaline sulf comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7683	Triamcinolone comp con	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7684	Triamcinolone comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

J7685	Tobramycin comp unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
J7699	Inhalation solution for DME	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
J7799	Non-inhalation drug for DME	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
J7999	Compounded drug noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
J8498	Antiemetic rectal/supp NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
J8499	Oral prescrip drug non chemo	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
J8597	Antiemetic drug oral NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
J8999	Oral prescription drug chemo	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—

J9020	Asparaginase NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
J2779	Inj susvimo 0.1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J9285	Inj olaratumab 10 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
J9332	Inj efgartigimod 2mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
J3299	Inj xipere 1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J9999	Chemotherapy drug	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.	-	-	-
J3316	Inj. triptorelin xr 3.75 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
J3520	Edetate disodium per 150 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

J7177	Inj. fibryga 1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J7309	Methyl Aminolevulinate (Mal) For Topical Administration 16.8% 1 Gram	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J7316	Injection Ocriplasmin 0.125 Mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J7402	Mometasone sinus sinuva	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
J9285	Inj olaratumab 10 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	12/31/2022	Retire effective 12/31/2022
J9600	Porfimer sodium injection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0108	W/c component-accessory NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
K0005	Ultralightweight wheelchair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0010	Stnd wt frame power whlchr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0011	Stnd wt pwr whlchr w control	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0012	Ltwt portbl power whlchr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0013	Custom power whlchr base	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0014	Other power whlchr base	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0053	Elevate footrest articulate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0812	Power operated vehicle NOC	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
K0065	Spoke protectors	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0455	Pump uninterrupted infusion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0800	POV group 1 std up to 300lbs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0801	POV group 1 hd 301-450 lbs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0802	POV group 1 vhd 451-600 lbs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0806	POV group 2 std up to 300lbs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0807	POV group 2 hd 301-450 lbs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0808	POV group 2 vhd 451-600 lbs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0813	PWC gp 1 std port seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0814	PWC gp 1 std port cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0815	PWC gp 1 std seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0816	PWC gp 1 std cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0820	PWC gp 2 std port seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0821	PWC gp 2 std port cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0822	PWC gp 2 std seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0823	PWC gp 2 std cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0824	PWC gp 2 hd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0825	PWC gp 2 hd cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0826	PWC gp 2 vhd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0827	PWC gp vhd cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0828	PWC gp 2 xtra hd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0829	PWC gp 2 xtra hd cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0830	PWC gp2 std seat elevate s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0831	PWC gp2 std seat elevate cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0835	PWC gp2 std sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0836	PWC gp2 std sing pow opt cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0837	PWC gp 2 hd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0838	PWC gp 2 hd sing pow opt cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0839	PWC gp2 vhd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0840	PWC gp2 xhd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0841	PWC gp2 std mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0842	PWC gp2 std mult pow opt cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0843	PWC gp2 hd mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0848	PWC gp 3 std seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0849	PWC gp 3 std cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0850	PWC gp 3 hd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0851	PWC gp 3 hd cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0852	PWC gp 3 vhd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0853	PWC gp 3 vhd cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0854	PWC gp 3 xhd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0855	PWC gp 3 xhd cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0856	PWC gp3 std sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0857	PWC gp3 std sing pow opt cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0858	PWC gp3 hd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0859	PWC gp3 hd sing pow opt cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0860	PWC gp3 vhd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0861	PWC gp3 std mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0862	PWC gp3 hd mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0863	PWC gp3 vhd mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K0864	PWC gp3 xhd mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0868	PWC gp 4 std seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0869	PWC gp 4 std cap chair	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0870	PWC gp 4 hd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0871	PWC gp 4 vhd seat/back	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0877	PWC gp4 std sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K0898	Power wheelchair NOC	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
K0878	PWC gp4 std sing pow opt cap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K1002	Ces system	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
K1003	Whirlpool Tub Walkin Portabl	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
K1004	Lo freq us diathermy device	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
K1007	Bil hkaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
K1009	Speech volume modulation sys	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
K1018	Ext up limb tremor stim wris	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
K1019	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
K0879	PWC gp4 hd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

K1023	Trans elec nerv periph nerv	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
K1024	Non pneum comp control cal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	6/30/2023	Retire effective 06/30/2023
K1025	Non pneum compress full arm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	6/30/2023	Retire effective 06/30/2023
K1027	Oral dev without fix mech	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	—	—	—
K0880	PWC gp4 vhd sing pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
K1031	Non pneu comp control w/o ca	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	6/30/2023	Retire effective 06/30/2023
K1032	Non pneum seq comp full leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	6/30/2023	Retire effective 06/30/2023
K1033	Non pneum seq comp half leg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	6/30/2023	Retire effective 06/30/2023

L0999	Add to spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L1499	Spinal orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

K0884	PWC gp4 std mult pow opt s/b	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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L2006	Kaf Sng/DbI Swg/Stn Mcpr Cus	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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L2999	Lower extremity orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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L3040	Ft arch suprt premold longit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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L3050	Foot arch supp premold metat	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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L3060	Foot arch supp longitud/meta	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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L3649	Orthopedic shoe modifica NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L3999	Upper limb orthosis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

K0885 PWC gp4 std mult pow opt cap MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

K0886 PWC gp4 hd mult pow s/b MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

L5999	Lowr extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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K0890 PWC gp5 ped sing pow opt s/b MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

K0891 PWC gp5 ped mult pow opt s/b MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

K0899 Pow mobil dev no dmepdac MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. \_ \_ \_

K1020	Non-invasive vagus nerv stim	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	_	Add effective 07/01/2023
K1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	_	Add effective 07/01/2023
K1030	Ext recharge bat replacement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
K1031	Non pneu comp control w/o ca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	_	Add effective 07/01/2023
K1032	Non pneum seq comp full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	_	Add effective 07/01/2023
K1033	Non pneum seq comp half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	_	Add effective 07/01/2023
L1844	Ko w/adj jt rot cntrl molded	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

L5857	Elec knee-shin swing only	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L5973	Ank-foot sys dors-plant flex	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6026	Part hand myo exclu term dev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6611	Additional switch ext power	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6880	ELECTRIC HAND SWITCH OR MYOELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS INCLUDES MOTOR(S)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6920	Wrist disarticul switch ctrl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6925	Wrist disart myoelectronic c	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6930	Below elbow switch control	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

L6935	Below elbow myoelectronic ct	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6940	Elbow disarticulation switch	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6945	Elbow disart myoelectronic c	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6950	Above elbow switch control	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6955	Above elbow myoelectronic ct	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6960	Shldr disartic switch contro	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6965	Shldr disartic myoelectronic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
L6970	Interscapular-thor switch ct	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

L6975	Interscap-thor myoelectronic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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L7499	Upper extremity prosthes NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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L8039	Breast prosthesis NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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L8048	Unspec maxillofacial prosth	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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L8499	Unlisted misc prosthetic ser	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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L7008	Pediatric electric hand	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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L8605	Inj bulking agent anal canal	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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L7009	Adult electric hook	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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L8608	Arg ii ext com/sup/acc misc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).		–	–
L7040	Prehensile actuator	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.		–	–
L8614	Cochlear Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023
L8615	Coch Implant Headset Replace	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023
L8616	Coch Implant Microphone Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023
L8617	Coch Implant Trans Coil Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023
L8618	Coch Implant Tran Cable Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023
L8619	Coch Imp Ext Proc/Contr Rplc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	–	PA removed effective 9/18/2023

L8621	Repl Zinc Air Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8622	Repl Alkaline Battery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8623	Lith Ion Batt Cid Non-Earlvl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8624	Lith Ion Batt Cid Ear Level	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8627	Cid Ext Speech Process Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8628	Cid Ext Controller Repl	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8629	Cid Transmit Coil And Cable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8690	Aud Osseo Dev Int/Ext Comp	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023

L8691	Aoi Snd Proc Repl Excl Actua	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8693	Aud Osseo Dev Abutment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
L8699	Prosthetic implant NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
L7045	Pediatric electric hook	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
L7170	Electronic elbow hosmer swit	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
M0075	Cellular therapy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
M0240	Casiri and imdev repeat	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	-	Add effective 06/01/2023

M0241	Casiri and imdev repeat hm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	Add effective 06/01/2023
M0243	Casirivi and imdevi inj	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	Add effective 06/01/2023
M0244	Casirivi and imdevi inj hm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	Add effective 06/01/2023
M0245	bamlan and etesev infusion	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	Add effective 06/01/2023
M0246	Bamlan and etesev infus home	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–	Add effective 06/01/2023

L7180	Electronic elbow sequential	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	–	–	–
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P9020	Plaelet rich plasma unit	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	–	–	–
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P9099	Blood component/product noc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	–	–	–
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Q0240	Casirivi and imdevi 600mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–		Add effective 06/01/2023
Q0243	casirivimab and imdevimab	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–		Add effective 06/01/2023
Q0244	Casirivi and imdevi 1200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–		Add effective 06/01/2023
Q0245	bamlanivimab and etesevima	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	6/1/2023	–		Add effective 06/01/2023
Q0507	Misc sup/acc ext VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		–	–	–
Q0508	Misc sup/acc imp VAD	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		–	–	–
Q0509	Mis sup/ac imp VAD nopay med	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.		–	–	–
Q0510	Dispens fee immunosuppressive	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.		–	–	–

Q0511	Sup fee antiem antica immuno	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q0512	Px sup fee anti-can sub pres	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

L7181      Electronic elbo simultaneous      MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.      -      -      -

L7185      Electron elbow adolescent sw      MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.      -      -      -

Q2039	Influenza virus vaccine nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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Q2041      Axicabtagene ciloleucl car+      MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.      -      -      -

Q2042      Tisagenlecleucl car-pos t      MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.      -      -      -

Q2050      Doxorubicin inj 10mg      Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review. Prior Authorization may be required per contract agreement.      -      -      -

Q2052	Ivig demo services/supplies	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q2053	Brexucabtagene car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2054	Lisocabtagene mara car pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2055	Idecabtagene vicleucel car	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q2056	Ciltacabtagene car-pos t	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q4050	Cast supplies unlisted	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q4051	Splint supplies misc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q4082	Drug/bio NOC part B drug CAP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

Q4100	Skin substitute NOS	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
L7186	Electron elbow child switch	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
L7190	Elbow adolescent myoelectron	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
Q4103	Oasis burn matrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4104	Integra BMWWD	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
L7191	Elbow child myoelectronic ct	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
L7364	Twelve volt battery utah/equ	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
L7366	Battery chrgr 12 volt utah/e	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—

L8604	Dextranomer/hyaluronic acid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4110	Primatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4111	Gammagraft	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4112	Cymetra injectable	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4113	Graftjacket xpress	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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L8606	Synthetic implnt urinary 1ml	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4115	Alloskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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L8612	Aqueous shunt prosthesis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4121	Theraskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

L8701	Ewh s/d uprt micro sensor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4125	ARTHROFLEX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4126	Memoderm/derma/tranz/integup	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4127	TALYMED PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
L8702	Ewhf s/d uprt micro sensor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
Q4130	STRATTICE TM PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
P2031	Hair analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
Q2026	Radiesse injection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
Q4134	hMatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4135	Mediskin	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4136	EZderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4137	Amnioexcel biodexcel 1sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4138	Biodfence dryflex 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4139	Amnio or biodmatrix inj 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4140	Biodfence 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4141	Alloskin ac 1 cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4142	Xcm biologic tiss matrix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4145	Epifix inj 1mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4147	Architect ecm px fx 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4148	Neox neox rt or clarix cord	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4150	Allowrap ds or dry 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q2028	Inj sculptra 0.5mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
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Q4152	Dermapure 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4153	Dermavest plurivest sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4101	Apligraf	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4155	Neoxflo or clariflo 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4156	Neox 100 or clarix 100	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4157	Revitalon 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4158	Kerecis omega3 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4102	Oasis wound matrix	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4160	Nushield 1 square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4161	Bio-connekt per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4162	Wndex flw bioskn flw 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4163	Woundex bioskin per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4166	Cytal per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4105	Integra drt or omnigraft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	—	—	—
Q4169	Artacent wound per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4170	Cygnus per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4171	Interfyl 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4173	Palingen or palingen xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4174	Palingen or promatrix	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4175	Miroderm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4176	Neopatch or therion per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4177	Floweramnioflo 0.1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4178	Floweramniopatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4179	Flowerderm per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
Q4180	Revita per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
Q4181	Amnio wound per square cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
Q4182	Transcyte per sq centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
Q4183	Surgigraft 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
Q4184	Cellesta or duo per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
Q4185	Cellesta flowab amnion 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_

Q4106	Dermagraft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4107	Graftjacket	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4188	Amnioarmor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4189	Artacent ac 1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4190	Artacent ac 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4191	Restorigin 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4192	Restorigin 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4193	Coll-e-derm 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4194	Novachor 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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Q4195	Puraply 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4196	Puraply am 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4197	Puraply xt 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4198	Genesis amnio membrane 1sqcm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4199	Cygnus matrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4200	Skin te 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4201	Matrion 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4202	Keroux (2.5g/cc) 1cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4203	Derma-gide 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4204	Xwrap 1 sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4205	Membrane graft or wrap sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4206	Fluid flow or fluid gf 1 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4208	Novafix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4209	Surgraft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4210	Axolotl graf dualgraf sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4211	Amnion bio or axobio sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4212	Allogen per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4214	Cellesta cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4215	Axolotl ambient cryo 0.1 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4216	Artacent cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4217	Woundfix biowound plus xplus	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4219	Surgigraft dual per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4220	Bellacell HD Surederm sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4221	Amniowrap2 per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4222	Progenamatrix per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4224	Hhf10-p per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4225	Amniobind per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4227	Amniocore per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4229	Cogenex amnio memb per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4230	Cogenex flow amnion 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4231	Corplex p per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4232	Corplex per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4233	Surfactor /nudyn per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4234	Xcellerate per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4235	Amniorepair or altiply sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4236	Carepatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4237	Cryo-cord per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4238	Derm-maxx per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4239	Amnio-maxx or lite per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4240	Corecyte topical only 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4241	Polycyte topical only 0.5cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4242	Amniocyte plus per 0.5 cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4244	Procenta per 200 mg	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4246	Coretext or protext per cc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4247	Amniotext patch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4248	Dermacyte amn mem allo sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4249	Amniplay per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4250	Amnioamp-mp per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4253	Zenith amniotic membrane psc	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4254	Novafix dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4255	Reguard topical use per sq	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

Q4256	Mlg complet per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4259	Celera per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4260	Signature apatch per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4261	Tag per square centimeter	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
Q4262	Dual layer impax per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	—	Add effective 01/01/2023
Q4263	Surgraft tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	—	Add effective 01/01/2023

Q4264	Cocoon membrane per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	1/1/2023	–	Add effective 01/01/2023
Q4265	Neostim tl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
Q4108	Integra matrix	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	–	–	–
Q4266	Neostim per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
Q4114	Integra flowable wound matri	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	–	–	–
Q4267	Neostim dl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023
Q4116	Alloderm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	–	–	–
Q4268	Surgraft ft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	–	Add effective 09/01/2023

Q4122	Dermacell awm porous sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4269	Surgraft xt per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	_	Add effective 09/01/2023
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Q4128	Flexhd/allopatchhd/sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4270	Complete sl per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	_	Add effective 09/01/2023
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Q4132	Grafix core grafixpl core	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q4271	Complete ft per sq cm	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	9/1/2023	_	Add effective 09/01/2023
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Q4133	Grafix stravax prime pl sqcm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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Q5009	Hospice care NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	_	_	_
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Q5103	Injection inflectra	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5104	Injection renflexis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5106	Inj retacrit non-esrd use	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5109	Injection ixifi 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
Q5121	Inj. avsola 10 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	5/1/2023	6/30/2023	Add effective 05/01/2023; Retire effective 06/30/2023
Q4151	Amnioband guardian 1 sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
Q4154	Biovance 1 square cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
S0117	Tretinoin topical 5 g	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S0142	Colistimethate inh sol mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0157	Becaplermin gel 1% 0.5 gm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. Prior Authorization may be required per contract agreement.	-	-	-
S0197	Prenatal vitamins 30 day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0310	Hospitalist Visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0320	RN telephone calls to DMP	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S0590	Misc integral lens serv	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S0622	Phys exam for college	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
Q4159	Affinity1 square cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-

S0810	Photorefractive keratectomy	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S1001	Deluxe item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S1002	Custom item	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q4168	Amnioband 1 mg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
Q4186	Epifix 1 sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
Q4187	Epicord 1 sq cm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
S2117	Arthroereisis subtalar	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
Q4265	Neostim tl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023

S2120	Low Density Lipoprotein(Ldl)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
Q4266	Neostim per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4267	Neostim dl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4268	Surgraft ft per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4269	Surgraft xt per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4270	Complete sl per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
Q4271	Complete ft per sq cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	8/31/2023	Add effective 06/01/2023; Retire effective 08/31/2023
S2300	Arthroscopy shoulder surgi	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

S2409	Fetal surg noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
Q5124	Inj. byooviz 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q5128	Inj cimerli 0.1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	-	Add effective 06/01/2023
S3600	Stat lab	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S3601	Stat lab home/nf	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S3650	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S3652	Saliva test hormone level;	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-
S3900	Surface EMG	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	-	-	-

S4015	Complete IVF nos case rate	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S0013	Esketamine nasal spray	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0800	Laser in situ keratomileusis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S1091	Stent non-coronary propel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2083	Adjustment gastric band	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2112	Knee arthroscop harv	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2118	Total hip resurfacing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2140	Cord blood harvesting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023

S4990	Nicotine patch legend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4991	Nicotine patch nonlegend	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S4995	Smoking cessation gum	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5035	Hit Routine Device Maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5036	Hit Device Repair	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5100	Adult daycare services 15min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5101	Adult day care per half day	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5102	Adult day care per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S5105	Centerbased day care per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5108	Homecare train pt 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5109	Homecare train pt session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5110	Family homecare training 15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5111	Family homecare train/session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5115	Nonfamily homecare train/15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5116	Nonfamily HC train/session	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5120	Chore services per 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S5121	Chore services per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5125	Attendant care service /15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5126	Attendant care service /diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5130	Homemaker service nos per 15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S5131	Homemaker service nos /diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S5135	Adult companioncare per 15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5136	Adult companioncare per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5140	Adult foster care per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S5141	Adult foster care per month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5145	Child fostercare th per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5146	Ther fostercare child /month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5150	Unskilled respite care /15m	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5151	Unskilled respitecare /diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5160	Emer response sys instal&tst	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5161	Emer rspns sys serv permonth	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5162	Emer rspns system purchase	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S5165	Home modifications per serv	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5170	Homedelivered prepared meal	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5175	Laundry serv ext prof /order	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5181	HH respiratory thrpy nos/day	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S5185	Med reminder serv per month	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S5199	Personal care item nos each	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S5497	HIT cath care noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

S2142	Cord blood-derived stem-cell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	-	PA removed effective 9/18/2023
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S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—
S8189	Trach supply noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
S8270	Enuresis alarm	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S8301	Infect control supplies NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	—	—	—
S8460	Camisole post-mast	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	—	—	—
S2150	BMT harv/transpl 28d pkg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. <del>Prior Authorization may be required per contract agreement.</del>	9/18/2023	—	PA removed effective 9/18/2023
S8940	Hippotherapy per session	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	—	—	—

S2202	Echosclerotherapy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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S8990	Pt or manip for maint	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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S9001	Home uterine monitor with or	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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S9056	Coma stimulation per diem	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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S9090	Vertebral axial decompressio	EIU: Procedure/service not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).	_	_	_
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S2230	Implant semi-imp hear	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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S9125	Respite care in the home p	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	_	_	_
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S2235	Implant auditory brain imp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
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S9379	HIT noc per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S9381	HIT high risk/escort	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9436	Lamaze class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9437	Childbirth refresher class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9438	Cesarean birth class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9439	VBAC class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9442	Birthing class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9444	Parenting class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S9445	PT education noc individ	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S9446	PT education noc group	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S9447	Infant safety class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9449	Weight mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9451	Exercise class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9454	Stress mgmt class	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S2411	Fetoscop laser ther TTTS	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
S9482	Family stabilization 15 min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S9542	HT inj noc per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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S2900	Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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S4023	Incompl donor egg case rate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	-	-	-
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S9810	HT pharm per hour	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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S9900	Christian Sci Pract visit	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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S9970	Health club membership yr	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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S9975	Transplant Related Per Diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
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S9976	Lodging per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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S9977	Meals per diem	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
S9981	Med record copy admin	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9982	Med record copy per page	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9986	Not medically necessary svc	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9988	Serv part of phase I trial	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9990	Services provided as part of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9991	Services provided as part of	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9992	Transportation costs to and	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S9994	Lodging costs (e.g. hotel ch	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9996	Meals for clinical trial par	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
S9999	Sales tax	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1014	Telehealth transmit per min	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
T1505	Elec med comp dev noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T1999	NOC retail items andsupplies	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2012	Habil ed waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2013	Habil ed waiver per hour	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

T2014	Habil prevoc waiver per d	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2015	Habil prevoc waiver per hr	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2016	Habil res waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2017	Habil res waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2018	Habil sup empl waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2019	Habil sup empl waiver 15min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2020	Day habil waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2021	Day habil waiver per 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

T2024	Serv asmnt/care plan waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2025	Waiver service nos	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2026	Special childcare waiver/d	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2027	Spec childcare waiver 15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2028	Special supply nos waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2029	Special med equip noswaiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2030	Assist living waiver/month	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2031	Assist living waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

T2032	Res care nos waiver/month	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2033	Res nos waiver per diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2034	Crisis interven waiver/diem	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2035	Utility services waiver	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2036	Camp overnite waiver/session	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2037	Camp day waiver/session	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2038	Comm trans waiver/service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2039	Vehicle mod waiver/service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

T2040	Financial mgt waiver/15min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2041	Support broker waiver/15 min	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
T2101	Breast milk proc/store/dist	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, maybe subject to contract/clinical review.	-	-	-
V2025	Eyeglasses delux frames	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
V2199	Lens single vision not oth c	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
V2599	Contact lens/es other type	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
V2629	Prosthetic eye other type	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

V2702	Deluxe lens feature	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-
V2744	Tint photochromatic lens/es	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	-	-	-

S4025 Donor serv IVF case rate MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

S4026 Procure donor sperm MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

V2799	Misc vision item or service	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review. Unlisted or Undefined: Procedures/services not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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V5090	Hearing aid dispensing fee	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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S4027 Store prev froz embryos MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS. - - -

V5267	Hearing aid sup/access/dev	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
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V5274	ALD unspecified	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
V5287	Ald fm/dm receiver NOS	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
V5298	Hearing aid noc	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-
V5299	Hearing service	Unlisted: Procedure/service not specifically defined or classified, maybe subject to contract/clinical review.	-	-	-

S4030	Sperm procure init visit	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	-	-
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S4031	Sperm procure subs visit	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	-	-
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S4040	Monit store cryo embryo 30 d	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	-	-
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S8035	Magnetic source imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	-	-
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S8930	Auricular electrostimulation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
S8948	Low-level laser trmt 15 min	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
S9117	Back school visit	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
S9335	HT hemodialysis diem	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
S9472	Cardiac rehabilitation progr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
S9558	HT inj growth horm diem	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
S9562	HT inj palivizumab diem	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
V2787	Astigmatism-correct function	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_

V2788	Presbyopia-correct function	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
V5095	Implant mid ear hearing pros	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
V5362	Speech Screening	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
V5363	Language Screening	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	_	_	_
0388U	Onc Nonsm Cll Lng Ca 37 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
0389U	Ped Fbrl Kd Ifi27&Mcomp1 Rna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
0391U	Onc Sld Tum Dna&Rna 437 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
0392U	Rx Metab Genrx Ia 16 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023

0396U	Ob Preimpltj Tst 300000 Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
0397U	Onc Nonsm Cll Lng Ca 109	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
0400U	Ob Xpnd Car Scr 145 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
0401U	Crd C Hrt Ds 9 Gen 12 Vrnts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
27280	Arthr Si Jt Opn B1Grf Instrm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	N/A to Add effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
79005	Nuclear Rx Oral Admin	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Retire effective 10/01/2023; Moved to Recommended Clinical Review 9/18/2023
70450	Ct Head/Brain W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
70460	Ct Head/Brain W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

70470	Ct Head/Brain W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70480	Ct Orbit/Ear/Fossa W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70481	Ct Orbit/Ear/Fossa W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70482	Ct Orbit/Ear/Fossa W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70486	Ct Maxillofacial W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70487	Ct Maxillofacial W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70488	Ct Maxillofacial W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70490	Ct Soft Tissue Neck W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

70491	Ct Soft Tissue Neck W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70492	Ct Sft Tsue Nck W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70496	Ct Angiography Head	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70498	Ct Angiography Neck	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70540	Mri Orbit/Face/Neck W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70542	Mri Orbit/Face/Neck W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70543	Mri Orbt/Fac/Nck W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70544	Mr Angiography Head W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

70545	Mr Angiography Head W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70546	Mr Angiograph Head W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70547	Mr Angiography Neck W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70548	Mr Angiography Neck W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70549	Mr Angiograph Neck W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70551	Mri Brain Stem W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70552	Mri Brain Stem W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70553	Mri Brain Stem W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

70554	Fmri Brain By Tech	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
70555	Fmri Brain By Phys/Psych	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71250	Ct Thorax Dx C-	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71260	Ct Thorax Dx C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71270	Ct Thorax Dx C-/C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71271	Ct Thorax Lung Cancer Scr C-	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71275	Ct Angiography Chest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71550	Mri Chest W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

71551	Mri Chest W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71552	Mri Chest W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
71555	Mri Angio Chest W Or W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72125	Ct Neck Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72126	Ct Neck Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72127	Ct Neck Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72128	Ct Chest Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72129	Ct Chest Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

72130	Ct Chest Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72131	Ct Lumbar Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72132	Ct Lumbar Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72133	Ct Lumbar Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72141	Mri Neck Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72142	Mri Neck Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72146	Mri Chest Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72147	Mri Chest Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

72148	Mri Lumbar Spine W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72149	Mri Lumbar Spine W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72156	Mri Neck Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72157	Mri Chest Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72158	Mri Lumbar Spine W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72159	Mr Angio Spine W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72191	Ct Angiograph Pelv W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
72192	Ct Pelvis W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

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

73202	Ct Upr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73206	Ct Angio Upr Extm W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73218	Mri Upper Extremity W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73219	Mri Upper Extremity W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73220	Mri Upr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73221	Mri Joint Upr Extrem W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73222	Mri Joint Upr Extrem W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
73223	Mri Joint Upr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

73225	Mr Angio Upr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73700	Ct Lower Extremity W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73701	Ct Lower Extremity W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73702	Ct Lwr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73706	Ct Angio Lwr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73718	Mri Lower Extremity W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73719	Mri Lower Extremity W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73720	Mri Lwr Extremity W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

73721	Mri Jnt Of Lwr Extre W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73722	Mri Joint Of Lwr Extr W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73723	Mri Joint Lwr Extr W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
73725	Mr Ang Lwr Ext W Or W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74150	Ct Abdomen W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74160	Ct Abdomen W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74170	Ct Abdomen W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74174	Ct Angio Abd&Pelv W/O&W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

74175	Ct Angio Abdom W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74176	Ct Abd & Pelvis W/O Contrast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74177	Ct Abd & Pelv W/Contrast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74178	Ct Abd & Pelv 1/> Regns	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74181	Mri Abdomen W/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74182	Mri Abdomen W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74183	Mri Abdomen W/O & W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74185	Mri Angio Abdom W Orw/O Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

74261	Ct Colonography Dx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74262	Ct Colonography Dx W/Dye	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74263	Ct Colonography Screening	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74712	Mri Fetal Sngl/1St Gestation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
74713	Mri Fetal Ea Addl Gestation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
75635	Ct Angio Abdominal Arteries	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
76376	3D Render W/Intrp Postproces	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
76377	3D Render W/Intrp Postproces	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

76380	Cat Scan Follow-Up Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
76390	Mr Spectroscopy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
76391	Mr Elastography	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77046	Mri Breast C- Unilateral	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77047	Mri Breast C- Bilateral	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77048	Mri Breast C++ W/Cad Uni	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77049	Mri Breast C++ W/Cad Bi	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77078	Ct Bone Density Axial	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

77084	Magnetic Image Bone Marrow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78012	Thyroid Uptake Measurement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78013	Thyroid Imaging W/Blood Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78014	Thyroid Imaging W/Blood Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78015	Thyroid Met Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78016	Thyroid Met Imaging/Studies	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78018	Thyroid Met Imaging Body	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78020	Thyroid Met Uptake	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78070	Parathyroid Planar Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78071	Parathyrd Planar W/Wo Subtrj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78072	Parathyrd Planar W/Spect&Ct	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78075	Adrenal Cortex & Medulla Img	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78102	Bone Marrow Imaging Ltd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78103	Bone Marrow Imaging Mult	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78104	Bone Marrow Imaging Body	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78185	Spleen Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78195	Lymph System Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78201	Liver Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78202	Liver Imaging With Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78215	Liver And Spleen Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78216	Liver & Spleen Image/Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78226	Hepatobiliary System Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78227	Hepatobil Syst Image W/Drug	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78230	Salivary Gland Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78231	Serial Salivary Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78232	Salivary Gland Function Exam	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78258	Esophageal Motility Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78261	Gastric Mucosa Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78262	Gastroesophageal Reflux Exam	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78264	Gastric Emptying Imag Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78265	Gastric Emptying Imag Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78266	Gastric Emptying Imag Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78278	Acute Gi Blood Loss Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78290	Meckels Divert Exam	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78291	Leveen/Shunt Patency Exam	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78300	Bone Imaging Limited Area	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78305	Bone Imaging Multiple Areas	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78306	Bone Imaging Whole Body	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78315	Bone Imaging 3 Phase	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78445	Vascular Flow Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78456	Acute Venous Thrombus Image	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78457	Venous Thrombosis Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78458	Ven Thrombosis Images Bilat	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78579	Lung Ventilation Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78580	Lung Perfusion Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78582	Lung Ventil&Perfus Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78597	Lung Perfusion Differential	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78598	Lung Perf&Ventilat Diferentl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78600	Brain Image < 4 Views	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78601	Brain Image W/Flow < 4 Views	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78605	Brain Image 4+ Views	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78606	Brain Image W/Flow 4 + Views	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78608	Brain Imaging (Pet)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78609	Brain Imaging (Pet)	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78610	Brain Flow Imaging Only	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78630	Cerebrospinal Fluid Scan	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78635	Csf Ventriculography	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78645	Csf Shunt Evaluation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78650	Csf Leakage Imaging	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78660	Nuclear Exam Of Tear Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78700	Kidney Imaging Morphol	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78701	Kidney Imaging With Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78707	K Flow/Funct Image W/O Drug	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78708	K Flow/Funct Image W/Drug	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78709	K Flow/Funct Image Multiple	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78725	Kidney Function Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78730	Urinary Bladder Retention	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78740	Ureteral Reflux Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78761	Testicular Imaging W/Flow	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78800	Rp Locljz Tum 1 Area 1 D Img	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78801	Rp Locljz Tum 2+Area 1+D Img	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78802	Rp Locljz Tum Whbdy 1 D Img	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78803	Rp Loclzj Tum Spect 1 Area	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78804	Rp Loclzj Tum Whbdy 2+D Img	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78811	Pet Image Ltd Area	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78812	Pet Image Skull-Thigh	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78813	Pet Image Full Body	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78814	Pet Image W/Ct Lmtd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78815	Pet Image W/Ct Skull-Thigh	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78816	Pet Image W/Ct Full Body	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

78830	Rp Loclzj Tum Spect W/Ct 1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78831	Rp Loclzj Tum Spect 2 Areas	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
78832	Rp Loclzj Tum Spect W/Ct 2	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0042T	Ct Perfusion W/Contrast Cbf	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0633T	Ct Breast W/3D Uni C-	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0634T	Ct Breast W/3D Uni C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0635T	Ct Breast W/3D Uni C-/C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0636T	Ct Breast W/3D Bi C-	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0637T	Ct Breast W/3D Bi C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0638T	Ct Breast W/3D Bi C-/C+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0648T	Quan Mr Tis Wo Mri 1Orgn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0649T	Quan Mr Tiss W/Mri 1Orgn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8900	Mra W/Cont Abd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8901	Mra W/O Cont Abd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8902	Mra W/O Fol W/Cont Abd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8903	Mri W/Cont Breast Uni	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

C8905	Mri W/O Fol W/Cont Brst Un	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8906	Mri W/Cont Breast Bi	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8908	Mri W/O Fol W/Cont Breast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8909	Mra W/Cont Chest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8910	Mra W/O Cont Chest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8911	Mra W/O Fol W/Cont Chest	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8912	Mra W/Cont Lwr Ext	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8913	Mra W/O Cont Lwr Ext	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

C8914	Mra W/O Fol W/Cont Lwr Ext	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8918	Mra W/Cont Pelvis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8919	Mra W/O Cont Pelvis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8920	Mra W/O Fol W/Cont Pelvis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8931	Mra W/Dye Spinal Canal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8932	Mra W/O Dye Spinal Canal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8933	Mra W/O&W/Dye Spinal Canal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8934	Mra W/Dye Upper Extremity	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

C8935	Mra W/O Dye Upper Extr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C8936	Mra W/O&W/Dye Upper Extr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G0219	Pet Img Wholbod Melano Nonco	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G0252	Pet Imaging Initial Dx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S8037	Mrcp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30120	Revision Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30400	Reconstruction Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30410	Reconstruction Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

30420	Reconstruction Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30430	Revision Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30435	Revision Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30450	Revision Of Nose	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
31296	Nsl/Sins Ndsc Surg Frnt Sins	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
31297	Nsl/Sins Ndsc Surg Sphn Sins	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
92633	Aud Rehab Postling Hear Loss	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
43647	Lap Impl Electrode Antrum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

43648	Lap Revise/Remv Eltrd Antrum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
43881	Impl/Redo Electrld Antrum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
95980	lo Anal Gast N-Stim Init	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
E0765	Nerve Stimulator For Tx N&V	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81120	Idh1 Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81121	Idh2 Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81162	Brca1&2 Gen Full Seq Dup/Del	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81163	Brca1&2 Gene Full Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81164	Brca1&2 Gen Ful Dup/Del Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81165	Brca1 Gene Full Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81166	Brca1 Gene Full Dup/Del Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81167	Brca2 Gene Full Dup/Del Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81168	Ccnd1/Igh Translocation Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81170	Abl1 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81171	Aff2 Gene Detc Abnor Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81172	Aff2 Gene Charac Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81173	Ar Gene Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81174	Ar Gene Known Famil Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81175	Asxl1 Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81176	Asxl1 Gene Target Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81177	Atn1 Gene Detc Abnor Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81178	Atn1 Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81179	Atn2 Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81180	Atn3 Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81181	Atxn7 Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81182	Atxn8Os Gen Detc Abnor Allel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81183	Atxn10 Gene Detc Abnor Allel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81184	Cacna1A Gen Detc Abnor Allel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81185	Cacna1A Gene Full Gene Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81186	Cacna1A Gen Known Famil Vrant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81187	Cnbp Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81188	Cstb Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

81189	Cstb Gene Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81190	Cstb Gene Known Famil Vrnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81191	Ntrk1 Translocation Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81192	Ntrk2 Translocation Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81193	Ntrk3 Translocation Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81194	Ntrk Translocation Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81200	Aspa Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81201	Apc Gene Full Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81202	Apc Gene Known Fam Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81203	Apc Gene Dup/Delet Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81204	Ar Gene Charac Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81205	Bckdhb Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81208	Bcr/Abl1 Gene Other Bp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81209	Blm Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81210	Braf Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81212	Brca1&2 185&5385&6174 Vrn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81215	Brca1 Gene Known Famil Vrn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81216	Brca2 Gene Full Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81217	Brca2 Gene Known Famil Vrn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81218	Cebpa Gene Full Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81219	Calr Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81221	Cftr Gene Known Fam Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81222	Cftr Gene Dup/Delet Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81223	Cftr Gene Full Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81224	Cftr Gene Intron Poly T	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81225	Cyp2C19 Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81226	Cyp2D6 Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81227	Cyp2C9 Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81228	Cytog Alys Chrml Abnr Cgh	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81229	Cytog Alys Chrml Abnr Snpchg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81230	Cyp3A4 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81231	Cyp3A5 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81232	Dpyd Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81233	Btk Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81234	Dmpk Gene Detc Abnor Allele	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81235	Egfr Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81236	Ezh2 Gene Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81237	Ezh2 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81238	F9 Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81239	Dmpk Gene Charac Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81240	F2 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81242	Fancc Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81244	Fmr1 Gene Charac Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81245	Flt3 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81246	Flt3 Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81247	G6Pd Gene Alys Cm Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81248	G6Pd Known Familial Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81249	G6Pd Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81250	G6Pc Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81251	Gba Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81252	Gjb2 Gene Full Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81253	Gjb2 Gene Known Fam Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81254	Gjb6 Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81255	Hexa Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81256	Hfe Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81257	Hba1/Hba2 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81258	Hba1/Hba2 Gene Fam Vrnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81259	Hba1/Hba2 Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81260	Ikbkap Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81261	Igh Gene Rearrange Amp Meth	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81262	Igh Gene Rearrang Dir Probe	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81263	Igh Vari Regional Mutation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81264	Igk Rearrangeabn Clonal Pop	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81265	Str Markers Specimen Anal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81266	Str Markers Spec Anal Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81269	Hba1/Hba2 Gene Dup/Del Vrnts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81270	Jak2 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81271	Htt Gene Detc Abnor Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81272	Kit Gene Targeted Seq Analys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81273	Kit Gene Analys D816 Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81274	Htt Gene Charac Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81275	Kras Gene Variants Exon 3	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81276	Kras Gene Addl Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81277	Cytogenomic Neo Microra Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81278	Igh@/Bcl2 Translocation Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81279	Jak2 Gene Trgt Sequence Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81283	Ifnl3 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81284	Fxn Gene Detc Abnor Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81285	Fxn Gene Charac Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81286	Fxn Gene Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81287	Mgmt Gene Prmtr Mthyltn Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81288	Mlh1 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81289	Fxn Gene Known Famil Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81290	Mcoln1 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81291	Mthfr Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81292	Mlh1 Gene Full Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81293	Mlh1 Gene Known Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81294	Mlh1 Gene Dup/Delete Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81295	Msh2 Gene Full Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81296	Msh2 Gene Known Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81297	Msh2 Gene Dup/Delete Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81298	Msh6 Gene Full Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81299	Msh6 Gene Known Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81300	Msh6 Gene Dup/Delete Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81301	Microsatellite Instability	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81302	Mecp2 Gene Full Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81303	Mecp2 Gene Known Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81304	Mecp2 Gene Dup/Delet Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81305	Myd88 Gene P.Leu265Pro Vrnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81306	Nudt15 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81307	Palb2 Gene Full Gene Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81308	Palb2 Gene Known Famil Vrnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81309	Pik3Ca Gene Trgt Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81310	Npm1 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81311	Nras Gene Variants Exon 2&4	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81312	Pabpn1 Gene Detc Abnor Allel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81313	Pca3/Klk3 Antigen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81314	Pdgfra Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81315	Pml/Raralpha Com Breakpoints	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81316	Pml/Raralpha 1 Breakpoint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81317	Pms2 Gene Full Seq Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81318	Pms2 Known Familial Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81319	Pms2 Gene Dup/Delet Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81320	Plcg2 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81321	Pten Gene Full Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81322	Pten Gene Known Fam Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81323	Pten Gene Dup/Delet Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81324	Pmp22 Gene Dup/Delet	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81325	Pmp22 Gene Full Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81326	Pmp22 Gene Known Fam Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81327	Sept9 Gen Prmtr Mthyltn Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81328	Slco1B1 Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81330	Smpd1 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81331	Snrpn/Ube3A Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81332	Serpina1 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81333	Tgfb1 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81334	Runx1 Gene Targeted Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81335	Tpmt Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81336	Smn1 Gene Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81337	Smn1 Gen Nown Famil Seq Vrn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81338	Mpl Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81339	Mpl Gene Seq Alys Exon 11	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81340	Trb@ Gene Rearrange Amplify	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81341	Trb@ Gene Rearrange Dirprobe	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81342	Trg Gene Rearrangement Anal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81343	Ppp2R2B Gen Detc Abnor Allel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81344	Tbp Gene Detc Abnor Alleles	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81345	Tert Gene Targeted Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81346	Tyms Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81347	Sf3B1 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81348	Srsf2 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81349	Cytog Alys ChrmI Abnr Lw-Ps	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81350	Ugt1A1 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81351	Tp53 Gene Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81352	Tp53 Gene Trgt Sequence Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81353	Tp53 Gene Known Famil Vmnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81355	Vkorc1 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81357	U2Af1 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81360	Zrsr2 Gene Common Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81361	Hbb Gene Com Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81362	Hbb Gene Known Fam Variant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
81363	Hbb Gene Dup/Del Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

81364	Hbb Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81400	Mopath Procedure Level 1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81401	Mopath Procedure Level 2	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81402	Mopath Procedure Level 3	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81403	Mopath Procedure Level 4	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81404	Mopath Procedure Level 5	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81405	Mopath Procedure Level 6	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81406	Mopath Procedure Level 7	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81407	Mopath Procedure Level 8	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81408	Mopath Procedure Level 9	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81410	Aortic Dysfunction/Dilation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81411	Aortic Dysfunction/Dilation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81412	Ashkenazi Jewish Assoc Dis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81413	Car Ion Chnnlpath Inc 10 Gns	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81414	Car Ion Chnnlpath Inc 2 Gns	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81415	Exome Sequence Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81416	Exome Sequence Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81417	Exome Re-Evaluation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81419	Epilepsy Gen Seq Alys Panel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81422	Fetal ChromoI Microdeltj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81425	Genome Sequence Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81426	Genome Sequence Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81427	Genome Re-Evaluation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81430	Hearing Loss Sequence Analys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81431	Hearing Loss Dup/Del Analys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81432	Hrdtry Brst Ca-Rlatd Dsordrs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81433	Hrdtry Brst Ca-Rlatd Dsordrs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81434	Hereditary Retinal Disorders	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81435	Hereditary Colon Ca Dsordrs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81436	Hereditary Colon Ca Dsordrs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81437	Heredtry Nurondcrn Tum Dsrdr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81438	Heredtry Nurondcrn Tum Dsrdr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81439	Hrdtry Cardmypy Gene Panel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81440	Mitochondrial Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81442	Noonan Spectrum Disorders	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81443	Genetic Tstg Severe Inh Cond	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81445	Targeted Genomic Seq Analys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81448	Hrdtry Perph Neurphy Panel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81450	Targeted Genomic Seq Analys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81455	Targeted Genomic Seq Analys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81460	Whole Mitochondrial Genome	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81465	Whole Mitochondrial Genome	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81470	X-Linked Intellectual DbIt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81471	X-Linked Intellectual DbIt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81493	Cor Artery Disease Mrna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81504	Oncology Tissue Of Origin	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81518	Onc Brst Mrna 11 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81519	Oncology Breast Mrna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81520	Onc Breast Mrna 58 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81521	Onc Breast Mrna 70 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81522	Onc Breast Mrna 12 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81523	Onc Brst Mrna 70 Cnt 31 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81525	Oncology Colon Mrna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81529	Onc Cutan Mlnma Mrna 31 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81540	Oncology Tum Unknown Origin	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81541	Onc Prostate Mrna 46 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81542	Onc Prostate Mrna 22 Cnt Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81546	Onc Thyr Mrna 10 196 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81551	Onc Prostate 3 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81552	Onc Uveal Mlnma Mrna 15 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81554	Pulm Ds Ipf Mrna 190 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81595	Cardiology Hrt Trnspl Mrna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0001U	Rbc Dna Hea 35 Ag 11 Bld Grp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0004M	Scoliosis Dna Alyz	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0005U	Onc Prst8 3 Gene Ur Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0006M	Onc Hep Gene Risk Classifier	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0007M	Onc Gastro 51 Gene Nomogram	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0011M	Onc Prst8 Ca Mrna 12 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0012M	Onc Mrna 5 Gen Rsk Urthl Ca	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0013M	Onc Mrna 5 Gen Recr Urthl Ca	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0016M	Onc Bladder Mrna 209 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0016U	Onc Hmtlmf Neo Rna Bcr/Abl1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0017M	Onc Dlbcl Mrna 20 Genes Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0017U	Onc Hmtlmf Neo Jak2 Mut Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0018U	Onc Thyr 10 Micrna Seq Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0019U	Onc Rna Tiss Predict Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0022U	Trgt Gen Seq Dna&Rna 23 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0023U	Onc Aml Dna Detcj/Nondetcj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0026U	Onc Thyr Dna&Mrna 112 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0027U	Jak2 Gene Trgt Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0029U	Rx Metab Advrs Trgt Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0030U	Rx Metab Warf Trgt Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0031U	Cyp1A2 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0032U	Comt Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0033U	Htr2A Htr2C Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0034U	Tpmt Nudt15 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0036U	Xome Tum & Nml Spec Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0037U	Trgt Gen Seq Dna 324 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0040U	Bcr/Abl1 Gene Major Bp Quan	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0045U	Onc Brst Dux Carc Is 12 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0046U	Flt3 Gene ltd Variants Quan	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0047U	Onc Prst8 Mrna 17 Gene Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0048U	Onc Sld Org Neo Dna 468 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0049U	Npm1 Gene Analysis Quan	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0050U	Trgt Gen Seq Dna 194 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0055U	Card Hrt Trnspl 96 Dna Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0060U	Twn Zyg Gen Seq Alys Chrms2	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0069U	Onc Clrct Microrna Mir-31-3P	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0070U	Cyp2D6 Gen Com&Slct Rar Vrnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0071U	Cyp2D6 Full Gene Sequence	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0072U	Cyp2D6 Gen Cyp2D6-2D7 Hybrid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0073U	Cyp2D6 Gen Cyp2D7-2D6 Hybrid	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0074U	Cyp2D6 Nonduplicated Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0075U	Cyp2D6 5' Gene Dup/Mlt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0076U	Cyp2D6 3' Gene Dup/Mlt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0078U	Pain Mgt Opi Use Gnotyp Pnl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0079U	Cmprtv Dna Alys Mlt Snps	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0087U	Crd Hrt Trnspl Mrna 1283 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0088U	Trnsplj Kdn Algrft Rej 1495	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0089U	Onc Mlnma Prame & Linc00519	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0090U	Onc Cutan Mlnma Mrna 23 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0094U	Genome Rapid Sequence Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0101U	Hered Colon Ca Do 15 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0102U	Hered Brst Ca Rltd Do 17 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0103U	Hered Ova Ca Pnl 24 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0111U	Onc Colon Ca Kras&Nras Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0113U	Onc Prst8 Pca3&Tmprss2-Erg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0114U	Gi Barretts Esoph Vim&Ccna2	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0118U	Trnspjlj Don-Drv Cll-Fr Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0120U	Onc B Cll Lymphm Mrna 58 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0129U	Hered Brst Ca Rltd Do Panel	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0130U	Hered Colon Ca Do Mrna Pnl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0131U	Hered Brst Ca Rltd Do Pnl 14	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0132U	Hered Ova Ca Rltd Do Pnl 18	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0133U	Hered Prst8 Ca Rltd Do 12	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0134U	Hered Pan Ca Mrna Pnl 18 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0135U	Hered Gyn Ca Mrna Pnl 12 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0136U	Atm Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0137U	Palb2 Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0138U	Brca1 Brca2 Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0153U	Onc Breast Mrna 101 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0154U	Onc Urthl Ca Rna Fgfr3 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0155U	Onc Brst Ca Dna Pik3Ca Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0156U	Copy Number Sequence Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0157U	Apc Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0158U	Mlh1 Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0159U	Msh2 Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0160U	Msh6 Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0161U	Pms2 Mrna Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0162U	Hered Colon Ca Trgt Mrna Pnl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0169U	Nudt15&Tpmt Gene Com Vrn	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0170U	Neuro Asd Rna Next Gen Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0171U	Trgt Gen Seq Alys Pnl Dna 23	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0203U	Ai Ibd Mrna Xprsn Prfl 17	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0204U	Onc Thyr Mrna Xprsn Alys 593	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0205U	Oph Amd Alys 3 Gene Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0209U	Cytog Const Alys Interrog	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0211U	Onc Pan-Tum Dna&Rna Gnrj Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0212U	Rare Ds Gen Dna Alys Proband	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0213U	Rare Ds Gen Dna Alys Ea Comp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0214U	Rare Ds Xom Dna Alys Proband	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0215U	Rare Ds Xom Dna Alys Ea Comp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0216U	Neuro Inh Ataxia Dna 12 Com	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0217U	Neuro Inh Ataxia Dna 51 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0218U	Neuro Musc Dys Dmd Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0228U	Onc Prst8 Ma Molec Prfl Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0229U	Bcat1 Promoter Mthyltn Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0230U	Ar Full Sequence Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0231U	Cacna1A Full Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0232U	Cstb Full Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0233U	Fxn Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0234U	Mecp2 Full Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0235U	Pten Full Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0236U	Smn1&Smn2 Full Gene Analysis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0237U	Car Ion Chnlpthy Gen Seq Pnl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0238U	Onc Lnch Syn Gen Dna Seq Aly	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0239U	Trgt Gen Seq Aly Pnl 311+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0242U	Trgt Gen Seq Aly Pnl 55-74	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0244U	Onc Solid Orgn Dna 257 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0245U	Onc Thyr Mut Alys 10 Gen&37	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0250U	Onc Sld Org Neo Dna 505 Gene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0252U	Ftl Aneuploidy Str Alys Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0253U	Ftl Aneuploidy Str Alys Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0254U	Reprdtve Med Alys 24 Chrsm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0258U	Ai Psor Mrna 50-100 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0260U	Rare Ds Id Opt Genome Mapp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0262U	Onc Sld Tum Rt-Pcr 7 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0264U	Rare Ds Id Opt Genome Mapg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0265U	Rar Do Whl Gn&Mtcdr1 Dna Als	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0266U	Unxpl Cnst Hrtbl Do Gn Xprs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0267U	Rare Do Id Opt Gen Mapg&Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0268U	Hem Ahus Gen Seq Alys 15 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0269U	Hem Aut Dm Cgen Trmbctpna 14	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0270U	Hem Cgen Coagj Do 20 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0271U	Hem Cgen Neutropenia 23 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0272U	Hem Genetic Bld Do 51 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0273U	Hem Gen Hyprfibrnllysis 8 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0274U	Hem Gen Pltlt Do 43 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0276U	Hem Inh Thrombocytopenia 23	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0277U	Hem Gen Pltlt Funcj Do 30	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0278U	Hem Gen Pltlt Funcj Do 30	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0285U	Onc Rsps Radj Cll Fr Dna Tox	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0286U	Onc RspS Radj Cll Fr Dna Tox	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0287U	Onc Thyr Dna&Mrna 112 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0288U	Onc Lung Mrna Quan Pcr 11&3	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0289U	Neuro Alzheimer Mrna 24 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0290U	Pain Mgmt Mrna Gen Xprsn 36	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0291U	Psyc Mood Do Mrna 144 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0292U	Psyc Strs Do Mrna 72 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0293U	Psyc Suicidal Idea Mrna 54	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0294U	Lngvty&Mrtlty Rsk Mrna 18Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0296U	Onc Orl&/Orop Ca 20 Mlc Feat	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0297U	Onc Pan Tum Whl Gen Seq Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0298U	Onc Pan Tum Whl Trns Seq Rna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0299U	Onc Pan Tum Whl Gen Opt Mapg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0300U	Onc Pan Tum Whl Gen Seq&Opt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0306U	Uncology (Minimal Residual Disease [Mrd]), Next-Generation Targeted Sequencing Analysis, Cell-Free Dna, Initial (Baseline) Assessment To Determine A Patient Specific Panel For Future Comparisons To Evaluate For	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0307U	Mrd Uncology (Minimal Residual Disease [Mrd]), Next-Generation Targeted Sequencing Analysis Of A Patient-Specific Panel, Cell-Free Dna, Subsequent Assessment With Comparison To Previously Analyzed Patient Specimens To Evaluate For Mrd	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0313U	Uncoiology (Pancreas), Dna And Mrna Next-Generation Sequencing Analysis Of 74 Genes And Analysis Of Cea (Ceacam5) Gene Expression, Pancreatic Cyst Fluid, Algorithm Reported As A Categorical Result (I.E., Negative, Low Probability Of Neoplasia Or Uncoiology (Cutaneous Melanoma), Mrna Gene Expression Profiling By Rt-Pcr Of 35 Genes (32 Content And 3 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded (Ffpe) Tissue, Algorithm Reported As A Categorical Risk	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0314U	Uncoiology (Cutaneous Squamous Cell Carcinoma), Mrna Gene Expression Profiling By Rt-Pcr Of 40 Genes (34 Content And 6 Housekeeping), Utilizing Formalin-Fixed Paraffin Embedded Tissue, Algorithm Reported As A Categorical Risk	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0315U	Oncology (Lung Cancer), Four-Probe Fish (3Q29, 3P22.1, 10Q22.3, 10Cen) Assay, Whole Blood, Predictive Algorithm Generated Evaluation Reported As Decreased Or Increased Risk For Lung Cancer	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0317U	Pediatrics (Congenital Epigenetic Disorders), Whole Genome Methylation Analysis By Microarray For 50 Or More Genes, Blood	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0318U	Nephrology (Renal Transplant), Rna Expression By Select Transcriptome Sequencing, Using Pretransplant Peripheral Blood, Algorithm Reported As A Risk Score For Early Acute Rejection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0319U	Nephrology (Renal Transplant), Rna Expression By Select Transcriptome Sequencing, Using Posttransplant Peripheral Blood, Algorithm Reported As A Risk Score For Acute Cellular Rejection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0320U	Trgt Gen Seq AlyS Pnl 83+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0326U					

0327U	Ftl Aneuploidy Trsmy Dna Seq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0329U	Onc Neo Xomeandtrns Seq Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0331U	Onc HI Neo Opt Gen Mapping	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G9143	Warfarin Respon Genetic Test	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3800	Genetic Testing Als	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3840	Dna Analysis Ret-Oncogene	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3841	Gene Test Retinoblastoma	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3842	Gene Test Hippel-Lindau	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

S3844	Dna Analysis Deafness	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3845	Gene Test Alpha-Thalassemia	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3846	Gene Test Beta-Thalassemia	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3849	Gene Test Niemann-Pick	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3850	Gene Test Sickle Cell	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3852	Dna Analysis Apoe Alzheimer	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3853	Gene Test Myo Musclr Dyst	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S3854	Gene Profile Panel Breast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

S3861	Genetic Test Brugada	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S3865	Comp Genet Test Hyp Cardiomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S3866	Spec Gene Test Hyp Cardiomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S3870	Cgh Test Developmental Delay	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
20930	Sp Bone Algrft Morsel Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
20931	Sp Bone Algrft Struct Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
20932	Osteoart Algrft W/Surf & B2	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
20933	Hemicrt Intrcly Algrft Prtl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

20934	Intercalary Algrft Compl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20936	Sp Bone Agrft Local Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20937	Sp Bone Agrft Morsel Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20938	Sp Bone Agrft Struct Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20939	Bone Marrow Aspir Bone Grfg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20974	Electrical Bone Stimulation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20975	Electrical Bone Stimulation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22206	Incis Spine 3 Column Thorac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

22207	Incis Spine 3 Column Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22208	Incis Spine 3 Column Adl Seg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22210	Incis 1 Vertebral Seg Cerv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22212	Incis 1 Vertebral Seg Thorac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22214	Incis 1 Vertebral Seg Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22216	Incis Addl Spine Segment	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22220	Osteot Dsc Ant 1 Vrt Sgm Crv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22222	Osteot Dsc Ant 1Vrt Sgm Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

22224	Osteot Dsc Ant 1Vrt Sgm Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22226	Osteot Dsc Ant 1Vrt Sgm Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22510	Perq Cervicothoracic Inject	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22511	Perq Lumbosacral Injection	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22512	Vertebroplasty Addl Inject	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22513	Perq Vertebral Augmentation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22514	Perq Vertebral Augmentation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22515	Perq Vertebral Augmentation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

22532	Arthrd Lat Xtrcvtry Tq Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22533	Arthrd Lat Xtrcvtry Tq Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22534	Arthrd Lat Xtrcvtry Tq Ea Ad	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22548	Arthrd Ant Toral/Xoral C1-C3	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22551	Arthrd Ant Ntrbdy Cervical	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22552	Arthrd Ant Ntrbd Cervical Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22554	Arthrd Ant Ntrbd Min Dsc Crv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22556	Arthrd Ant Ntrbd Min Dsc Thc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

22558	Arthrd Ant Ntrbd Min Dsc Lum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22585	Arthrd Ant Ntrbd Min Dsc Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22590	Arthrd Pst Tq Craniocervical	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22595	Arthrd Pst Tq Atlas-Axis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22600	Arthrd Pst Tq 1Ntrspc Crv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22610	Arthrd Pst Tq 1Ntrspc Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22612	Arthrd Pst Tq 1Ntrspc Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22614	Arthrd Pst Tq 1Ntrspc Ea Add	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

22630	Arthrd Pst Tq 1Ntrspc Lum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22632	Arthrd Pst Tq 1Ntrspc Lm Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22633	Arthrd Cmbn 1Ntrspc Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22634	Arthrd Cmbn 1Ntrspc Ea Adtl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22800	Arthrd Pst Dfrm<6 Vrt Sgm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22802	Arthrd Pst Dfrm 7-12 Vrt Sgm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22804	Arthrd Pst Dfrm 13+ Vrt Sgm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22808	Arthrd Ant Dfrm 2-3 Vrt Sgm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

22810	Arthrd Ant Dfrm 4-7 Vrt Sgm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22812	Arthrd Ant Dfrm 8+ Vrt Sgm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22818	Kyphectomy 1-2 Segments	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22819	Kyphectomy 3 Or More	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22830	Exploration Of Spinal Fusion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22840	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22841	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22842	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

22843	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22844	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22845	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22846	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22847	Insert Spine Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22848	Insert Pelv Fixation Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22849	Reinsert Spinal Fixation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22853	Insj Biomechanical Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

22854	Insj Biomechanical Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22856	Tot Disc Arthrp Ant 1Ntrspc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22857	Tot Disc Arthrp Ant Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22858	Tot Disc Arthrp Ant 2Nd Lvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22859	Insj Biomechanical Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22861	Revise Cerv Artific Disc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22862	Revise Lumbar Artif Disc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
22864	Remove Cerv Artif Disc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

22865	Remove Lumb Artif Disc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23105	Remove Shoulder Joint Lining	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23107	Explore Treat Shoulder Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23120	Partial Removal Collar Bone	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23410	Repair Rotator Cuff Acute	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23412	Repair Rotator Cuff Chronic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23415	Release Of Shoulder Ligament	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23420	Repair Of Shoulder	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

23430	Repair Biceps Tendon	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23440	Remove/Transplant Tendon	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23450	Repair Shoulder Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23455	Repair Shoulder Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23460	Repair Shoulder Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23462	Repair Shoulder Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23465	Repair Shoulder Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23466	Repair Shoulder Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

23470	Reconstruct Shoulder Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23472	Reconstruct Shoulder Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23473	Revis Reconst Shoulder Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
23474	Revis Reconst Shoulder Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27120	Reconstruction Of Hip Socket	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27122	Reconstruction Of Hip Socket	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27125	Partial Hip Replacement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27130	Total Hip Arthroplasty	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

27132	Total Hip Arthroplasty	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27134	Revise Hip Joint Replacement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27137	Revise Hip Joint Replacement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27138	Revise Hip Joint Replacement	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27279	Arthrodesis Sacroiliac Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27332	Removal Of Knee Cartilage	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27333	Removal Of Knee Cartilage	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27334	Remove Knee Joint Lining	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

27335	Remove Knee Joint Lining	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27345	Under Excision Procedures On The Femur (Thigh Region) And Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27403	Repair Of Knee Cartilage	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27415	Osteochondral Knee Allograft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27416	Osteochondral Knee Autograft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27425	Lat Retinacular Release Open	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27427	Reconstruction Knee	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27428	Reconstruction Knee	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

27429	Reconstruction Knee	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27437	Revise Kneecap	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27438	Revise Kneecap With Implant	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27440	Revision Of Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27441	Revision Of Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27442	Revision Of Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27443	Revision Of Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27445	Revision Of Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

27446	Revision Of Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27447	Total Knee Arthroplasty	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27486	Revise/Replace Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27487	Revise/Replace Knee Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
27488	Removal Of Knee Prosthesis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
28446	Osteochondral Talus Autograft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62380	Ndsc Dcmprn 1 Ntrspc Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63001	Remove Spine Lamina 1/2 Crvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63003	Remove Spine Lamina 1/2 Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63005	Remove Spine Lamina 1/2 Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63012	Remove Lamina/Facets Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63015	Remove Spine Lamina >2 Crvcl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63016	Remove Spine Lamina >2 Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63017	Remove Spine Lamina >2 Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63020	Neck Spine Disk Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63030	Low Back Disk Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63035	Spinal Disk Surgery Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63040	Laminotomy Single Cervical	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63042	Laminotomy Single Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63043	Laminotomy Addl Cervical	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63044	Laminotomy Addl Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63045	Lam Facetec & Foramot Crv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63046	Lam Facetec & Foramot Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63047	Lam Facetec & Foramot Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63048	Lam Facetec &Foramot Ea Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63050	Cervical Laminoplasty 2/> Seg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63051	C-Laminoplasty W/Graft/Plate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63052	Lam Factc/Frmt Arthrd Lum Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63053	Lam Factc/Frmt Arthrd Lum Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63055	Decompress Spinal Cord Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63056	Decompress Spinal Cord Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63057	Decompress Spine Cord Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

63075	Neck Spine Disk Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63076	Neck Spine Disk Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63081	Remove Vert Body Dcmprn Crvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63082	Remove Vertebral Body Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63085	Remove Vert Body Dcmprn Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63086	Remove Vertebral Body Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63087	Remov Vertbr Dcmprn Thrclmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63088	Remove Vertebral Body Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63090	Remove Vert Body Dcmprn Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63091	Remove Vertebral Body Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63101	Remove Vert Body Dcmprn Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63102	Remove Vert Body Dcmprn Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63103	Remove Vertebral Body Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63185	Incise Spine Nrv Half Segmnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63190	Incise Spine Nrv >2 Segmnts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63191	Incise Spine Accessory Nerve	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63200	Release Spinal Cord Lumbar	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63250	Revise Spinal Cord Vsls Crvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63252	Revise Spine Cord Vsl Thrmb	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63265	Excise Intraspinal Lesion Crv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63267	Excise Intraspinal Lesion Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63270	Excise Intraspinal Lesion Crvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63272	Excise Intraspinal Lesion Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63275	Bx/Exc Xdrl Spine Lesn Crvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63277	Bx/Exc Xdrl Spine Lesn Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63280	Bx/Exc Idrl Spine Lesn Crvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63282	Bx/Exc Idrl Spine Lesn Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63285	Bx/Exc Idrl Imed Lesn Cervl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63287	Bx/Exc Idrl Imed Lesn ThrLmb	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63290	Bx/Exc Xdrl/Idrl Lsn Any Lvl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63300	Remove Vert Xdrl Body Crvcl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
63301	Remove Vert Xdrl Body Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

63302	Remove Vert Xdrl Body Thrlmb	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63303	Remov Vert Xdrl Bdy Lmbr/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63304	Remove Vert Idrl Body Crvcl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63305	Remove Vert Idrl Body Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63306	Remov Vert Idrl Bdy Thrlmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63307	Remov Vert Idrl Bdy Lmbr/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63308	Remove Vertebral Body Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0095T	Rmvl Artific Disc Addl Crvcl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0098T	Rev Artific Disc Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0164T	Remove Lumb Artif Disc Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0165T	Revise Lumb Artif Disc Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C9359	Implnt Bon Void Filler-Putty	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
C9362	Implnt Bon Void Filler-Strip	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
E0748	Elec Osteogen Stim Spinal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
E0749	Elec Osteogen Stim Implanted	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
J7330	Cultured Chondrocytes Implnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

27096	Inject Sacroiliac Joint	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62280	Treat Spinal Cord Lesion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62281	Treat Spinal Cord Lesion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62282	Treat Spinal Canal Lesion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62292	Njx Chemonucleolysis Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62320	Njx Interlaminar Crv/Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62321	Njx Interlaminar Crv/Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62322	Njx Interlaminar Lmbr/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

62323	Njx Interlaminar Lmbr/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62325	Njx Interlaminar Crv/Thrc	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62327	Njx Interlaminar Lmbr/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62350	Implant Spinal Canal Cath	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62351	Implant Spinal Canal Cath	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62360	Insert Spine Infusion Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62361	Implant Spine Infusion Pump	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
62362	Implant Spine Infusion Pump	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

63650	Implant Neuroelectrodes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63655	Implant Neuroelectrodes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63663	Revise Spine Eltrd Perq Aray	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63664	Revise Spine Eltrd Plate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63685	Insrt/Redo Spine N Generator	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63688	Revise/Remove Neuroreceiver	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64451	Njx Aa&/Strd Nrv Nrvtg Si Jt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64479	Njx Aa&/Strd Tfrm Epi C/T 1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

64480	Njx Aa&/Strd Tfrm Epi C/T Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64483	Njx Aa&/Strd Tfrm Epi L/S 1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64484	Njx Aa&/Strd Tfrm Epi L/S Ea	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64490	Inj Paravert F Jnt C/T 1 Lev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64491	Inj Paravert F Jnt C/T 2 Lev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64492	Inj Paravert F Jnt C/T 3 Lev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64493	Inj Paravert F Jnt L/S 1 Lev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64494	Inj Paravert F Jnt L/S 2 Lev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

64495	Inj Paravert F Jnt L/S 3 Lev	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64510	N Block Stellate Ganglion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64520	N Block Lumbar/Thoracic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64625	Rf Abltj Nrv Nrvtg Si Jt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64633	Destroy Cerv/Thor Facet Jnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64634	Destroy C/Th Facet Jnt Adtl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64635	Destroy Lumb/Sac Facet Jnt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64636	Destroy L/S Facet Jnt Adtl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0213T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0214T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0215T	Njx Paravert W/Us Cer/Thor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0216T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0217T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0218T	Njx Paravert W/Us Lumb/Sac	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61850	Implant Neuroelectrodes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61863	Implant Neuroelectrode	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

61864	Implant Neuroelectrde Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61867	Implant Neuroelectrode	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61868	Implant Neuroelectrde Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64561	Implant Neuroelectrodes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64581	Opn Impltj Nea Sacral Nerve	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A4290	Sacral Nerve Stim Test Lead	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
E0745	Neuromuscular Stim For Shock	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
L8600	Implant Breast Silicone/Eq	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

30130	Excise Inferior Turbinate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30140	Resect Inferior Turbinate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
30520	Repair Of Nasal Septum	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64716	Revision Of Cranial Nerve	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64732	Incision Of Brow Nerve	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64734	Incision Of Cheek Nerve	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
64771	Sever Cranial Nerve	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21085	Prepare Face/Oral Prosthesis	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

21110	Interdental Fixation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21141	Lefort I-1 Piece W/O Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21142	Lefort I-2 Piece W/O Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21143	Lefort I-3/> Piece W/O Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21193	Reconst Lwr Jaw W/O Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21194	Reconst Lwr Jaw W/Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21195	Reconst Lwr Jaw W/O Fixation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21196	Reconst Lwr Jaw W/Fixation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

21198	Reconstr Lwr Jaw Segment	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21199	Reconstr Lwr Jaw W/Advance	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21210	Face Bone Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21215	Lower Jaw Bone Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
21230	Rib Cartilage Graft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
19294	Prep Tum Cav Iort Prtl Mast	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
19296	Place Po Breast Cath For Rad	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
19297	Place Breast Cath For Rad	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

19298	Place Breast Rad Tube/Caths	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
20555	Place Ndl Musc/Tis For Rt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
31643	Diag Bronchoscope/Catheter	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
32701	Thorax Stereo Rad Targetw/Tx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
41019	Place Needles H&N For Rt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
55860	Surgical Exposure Prostate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
55862	Extensive Prostate Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
55865	Extensive Prostate Surgery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

55874	Tprnl Plmt Biodegrdabl Matr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
55875	Transperi Needle Place Pros	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
55920	Place Needles Pelvic For Rt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
57155	Insert Uteri Tandem/Ovoids	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
57156	Ins Vag Brachytx Device	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
58346	Insert Heyman Uteri Capsule	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61796	Srs Cranial Lesion Simple	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61797	Srs Cran Les Simple Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

61798	Srs Cranial Lesion Complex	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61799	Srs Cran Les Complex Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
61800	Apply Srs Headframe Add-On	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63620	Srs Spinal Lesion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
63621	Srs Spinal Lesion Addl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
67218	Treatment Of Retinal Lesion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
76873	Echograp Trans R Pros Study	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
76965	Echo Guidance Radiotherapy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

77014	Ct Scan For Therapy Guide	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77295	3-D Radiotherapy Plan	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77301	Radiotherapy Dose Plan Imrt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77316	Brachytx Isodose Plan Simple	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77317	Brachytx Isodose Intermed	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77318	Brachytx Isodose Complex	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77338	Design Mlc Device For Imrt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77370	Radiation Physics Consult	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

77371	Srs Multisource	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77372	Srs Linear Based	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77373	Sbrt Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77385	Ntsty Modul Rad Tx Dlvr Smpl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77386	Ntsty Modul Rad Tx Dlvr Cplx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77387	Guidance For Radj Tx Dlvr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77402	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77407	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

77412	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77424	Io Rad Tx Delivery By X-Ray	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77425	Io Rad Tx Deliver By Elctrns	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77432	Stereotactic Radiation Trmt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77435	Sbrt Management	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77469	Io Radiation Tx Management	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77470	Special Radiation Treatment	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77520	Proton Trmt Simple W/O Comp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

77522	Proton Trmt Simple W/Comp	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77523	Proton Trmt Intermediate	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77525	Proton Treatment Complex	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77750	Infuse Radioactive Materials	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77761	Apply Intrcav Radiat Simple	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77762	Apply Intrcav Radiat Intern	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77763	Apply Intrcav Radiat Compl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77767	Hdr Rdncl Skn Surf Brachytx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

77768	Hdr Rdncl Skn Surf Brachytx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77770	Hdr Rdncl Ntrstl/Icav Brchtx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77771	Hdr Rdncl Ntrstl/Icav Brchtx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77772	Hdr Rdncl Ntrstl/Icav Brchtx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77778	Apply Interstit Radiat Compl	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
77790	Radiation Handling	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
79101	Nuclear Rx Iv Admin	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
79403	Hematopoietic Nuclear Tx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0394T	Hdr Elctrc Skn Surf Brchytx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0395T	Hdr Elctr Ntrst/Ntrcv Brchtx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9508	I131 Iodobenguat Dx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9513	Lutetium Lu 177 Dotatat Ther	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9528	Iodine I-131 Iodide Cap Dx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9531	I131 Max 100Uci	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9543	Y90 Ibritumomab Rx	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9590	Iodine I-131 Iobenguane 1Mci	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

A9600	Sr89 Strontium	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9604	Sm 153 Lexidronam	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9606	Radium Ra223 Dichloride Ther	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G0339	Robot Lin-Radsurg Com First	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G0340	Robt Lin-Radsurg Fractx 2-6	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G0458	Ldr Prostate Brachy Comp Rat	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6001	Echo Guidance Radiotherapy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6002	Stereoscopic X-Ray Guidance	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

G6003	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6004	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6005	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6006	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6007	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6008	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6009	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6010	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

G6011	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6012	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6013	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6014	Radiation Treatment Delivery	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6015	Radiation Tx Delivery Imrt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6016	Delivery Comp Imrt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
G6017	Intrafraction Track Motion	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
Q3001	Brachytherapy Radioelements	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

58030	Tantalum Ring Application	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
95807	Sleep Study Attended	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
95810	Polysom 6/> Yrs 4/> Param	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
95811	Polysom 6/>Yrs Cpap 4/> Parm	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
32851	Lung Transplant, Single; Without Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
32852	Lung Transplant, Single; With Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
32853	Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
32854	Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

33935	Heart-Lung Transplant With Recipient Cardiectomy-Pneumonectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
33945	Heart Transplant, With Or Without Recipient Cardiectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
44135	Intestinal Allotransplantation; From Cadaver Donor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
44136	Intestinal Allotransplantation; From Living Donor	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
47135	Liver Allotransplantation, Orthotopic, Partial Or Whole, From Cadaver Or Living Donor, Any Age	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
48160	Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
48554	Transplantation Of Pancreatic Allograft	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
50365	Renal Allotransplantation, Implantation Of Graft; With Recipient Nephrectomy	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

50380	Renal Autotransplantation, Reimplantation Of Kidney	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0584T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Percutaneous	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0585T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Laparoscopic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
0586T	Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion, Including All Imaging, Including Guidance, And Radiological Supervision And Interpretation, When Performed; Open	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S2053	Transplantation Of Small Intestine And Liver Allografts	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S2054	Transplantation Of Multivisceral Organs	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S2060	Lobar Lung Transplantation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
S2065	Simultaneous Pancreas Kidney Transplantation	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023

95808	Polysom Any Age 1-3> Param	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
S2102	Islet Cell Tissue Transplant From Pancreas; Allogeneic	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by BCBS.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9607	Lutetium Lu 177 Vipivotide Tetraxetan, Therapeutic, 1 Millicurie	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9602	Fluorodopa F-18, Diagnostic, Per Millicurie	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
A9800	Gallium Ga-68 Gozetotide, Diagnostic, (Locametz), 1 Millicurie	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81418	Rx Metab Gen Seq Alys Pnl 6	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81441	Ibmfs Seq Alys Pnl 30 Genes	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81449	Tgsap So Neo 5-50 Rna Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

81451	Tgsap HI Neo 5-50 Rna Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
81456	Tgsap So/HI 51/< Rna Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0332U	Onc Pan Tum Gen Prflg 8 Dna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0333U	Onc Lvr Surveilanc Hcc Cfdna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0334U	Onc Sld Orgn Tgsa Dna 84/+	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0335U	Rare Ds Whl Gen Seq Fetal	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0336U	Rare Ds Whl Gen Seq Bld/Slv	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0339U	Onc Prst8 Mrna Hoxc6 And Dlx1	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0340U	Onc Pan Ca Alys Mrd Plasma	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0341U	Ftl Aneup Dna Seq Cmpr Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0343U	Onc Prst8 Xom Aly 442 Sncrna	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0345U	Psyc Genom Alys Pnl 15 Gen	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0347U	Rx Metab/Pcx Dna 16 Gen Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0348U	Rx Metab/Pcx Dna 25 Gen Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0349U	Rx Metab/Pcx Dna 27Gen Rx Ia	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0350U	Rx Metab/Pcx Dna 27 Gen Alys	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023

0355U	Apo1 Risk Variants	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0356U	Onc Orop 17 Dna Ddpcr Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0362U	Onc Pap Thyr Ca Rna 82&10	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0363U	Onc Urthl Mrna 5 Gen Alg	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
22860	Tot Disc Arthrp 2Ntrspc Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Moved from PA to Recommended Clinical Review 9/18/2023
0163T	Tot Disc Arthrp Ea Addl Lmbr	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Code Terminated 12/31/2022 - This code is now replaced by 22860
0012U	Germln Do Gene Reargmt Detcj	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Code Terminated Effective 1/1/2023
0013U	Onc Sld Org Neo Gene Reargmt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	_	Code Terminated Effective 1/1/2023

0014U	Hem Hmtlmf Neo Gene Reargmt	MP Criteria: Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review by Carelon.	9/18/2023	—	Code Termed Effective 1/1/2023
0056U	Hem Aml Dna Gene Reargmt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/18/2023	—	Code Termed Effective 1/1/2023
70336	Magnetic Image Jaw Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/18/2023	—	Moved from PA to Recommended Clinical Review 9/18/2023
27412	Autochondrocyte Implant Knee	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/18/2023	—	Prior Authorization required through Carelon. Moved to Recommended Clinical Review 9/18/2023
64555	IMPLANT NEUROELECTRODES	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
64575	OPN IMPLTJ NEA PERPH NERVE	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
64590	INSRT/REDO PN/GASTR STIMUL	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
91303	SARSCOV2 VAC AD26 .5ML IM	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	6/1/2023	12/31/2999	Add effective 06/01/2023
0031A	ADM SARSCOV2 VAC AD26 .5ML	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	6/1/2023	12/31/2999	Add effective 06/01/2023
0034A	ADM SARSCOV2 VAC AD26 .5ML	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	6/1/2023	12/31/2999	Add effective 06/01/2023
C1820	Generator neuro rechg bat sy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
C1822	Gen neuro hf rechg bat	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
J1726	Makena 10 mg	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
J1729	Inj hydroxyprogst capoat nos	Non Covered: Procedure/service not covered by the Plan. Not subject to pre-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
K1024	Non pneum comp control cal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	12/31/2999	Add effective 07/01/2023
K1025	Non pneum compress full arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	12/31/2999	Add effective 07/01/2023
K1031	Non pneu comp control w/o ca	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	12/31/2999	Add effective 07/01/2023

K1032	Non pneum seq comp full leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	12/31/2999	Add effective 07/01/2023
K1033	Non pneum seq comp half leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	12/31/2999	Add effective 07/01/2023
L8678	Ext sply implt neurostim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8679	Imp neurosti pls gn any type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8680	Implt neurostim elctr each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8681	Pt prgrm for implt neurostim	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8682	Implt neurostim radiofq rec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8683	Radiofq trsmtr for implt neu	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8685	Implt nrostm pls gen sng rec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8686	Implt nrostm pls gen sng non	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8687	Implt nrostm pls gen dua rec	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8688	Implt nrostm pls gen dua non	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8689	External recharg sys intern	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
L8695	External recharg sys extern	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2023	12/31/2999	Add effective 07/15/2023
J9029	Inj adstiladrin per tx dos	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2023	12/31/2999	Add effective 08/01/2023
J9381	Inj teplizumab mzwv 5 mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2023	12/31/2999	Add effective 08/01/2023
J1576	Inj panzyga 500 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2023	12/31/2999	Add effective 08/01/2023
J2329	Inj ublituximab-xiyy 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/15/2023	12/31/2999	Add effective 08/15/2023
C9786	Echo cad for hf preserved ef	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2023	12/31/2999	Add effective 08/01/2023