



**2024 Recommended Clinical Review  
(Predetermination), Post-Service Review and  
Non-Covered Procedure Code List  
Effective 1/1/2024  
(Updated June 2024)**

<p>This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2024 except as noted in the Updates column below. This applies to some of our commercial non-HMO members, such as:</p> <ul style="list-style-type: none"> <li>- PPO</li> <li>- Blue Choice Preferred PPO<sup>SM</sup></li> <li>- Blue Choice PPO<sup>SM</sup></li> <li>- Blue Options<sup>SM</sup>/Blue Choice Options<sup>SM</sup></li> <li>- Blue High Performance Network<sup>SM</sup></li> </ul>	<p align="center"><b>Utilization Management Process</b></p> <p>This file is a searchable PDF. Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.</p>
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Procedure Code Groups	Procedure Code Group Description
Medical Policy Criteria (MP Criteria)	<p><a href="#">Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.</a></p> <p style="background-color: #ffffcc;">Highlighted procedure/service in this code group may require Prior Authorization per contract agreement.</p>
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, may be subject to contract/clinical review.

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

Procedure	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
11950	Subcutaneous Injection Of Filling Material (Eg Collagen); 1 Cc Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11951	Subcutaneous Injection Of Filling Material (Eg Collagen); 1.1 To 5.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

11952	Subcutaneous Injection Of Filling Material (Eg Collagen); 5.1 To 10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11954	Subcutaneous Injection Of Filling Material (Eg Collagen); Over 10.0 Cc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11960	Insertion Of Tissue Expander(S) For Other Than Breast Including Subsequent Expansion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11970	Replacement Of Tissue Expander With Permanent Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11980	Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11981	Insertion Drug-Delivery Implant (Ie Bioresorbable Biodegradable Non-Biodegradable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
11983	Removal With Reinsertion Non-Biodegradable Drug Delivery Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15271	Application Of Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15272	Application Of Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area Or Part Thereof (List	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15273	Application Of Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area Or 1% Of Body	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15274	Application Of Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area Or Part	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15275	Application Of Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound Surface Area Up To 100 Sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

15276	Application Of Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound Surface Area Up To 100 Sq	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15277	Application Of Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound Surface Area Greater Than	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15278	Application Of Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound Surface Area Greater Than	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15758	Free Fascial Flap With Microvascular Anastomosis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15769	Grafting Of Autologous Soft Tissue Other Harvested By Direct Excision (Eg Fat Dermis Fascia)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15771	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk Breasts Scalp Arms And/Or Legs; 50 Cc Or Less Injectate	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15772	Grafting Of Autologous Fat Harvested By Liposuction Technique To Trunk Breasts Scalp Arms And/Or Legs; Each Additional 50 Cc Injectate Or Part Thereof (List	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15775	Punch Graft For Hair Transplant; 1 To 15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15776	Punch Graft For Hair Transplant; More Than 15 Punch Grafts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15780	Dermabrasion; Total Face (Eg For Acne Scarring Fine Wrinkling Rhytids General Keratosis)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15781	Dermabrasion; Segmental Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15782	Dermabrasion; Regional Other Than Face	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

15783	Dermabrasion; Superficial Any Site (Eg Tattoo Removal)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15786	Abrasion; Single Lesion (Eg Keratosis Scar)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15787	Abrasion; Each Additional 4 Lesions Or Less (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15788	Chemical Peel Facial; Epidermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15789	Chemical Peel Facial; Dermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15792	Chemical Peel Nonfacial; Epidermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15793	Chemical Peel Nonfacial; Dermal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15820	Blepharoplasty Lower Eyelid;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15821	Blepharoplasty Lower Eyelid; With Extensive Herniated Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15822	Blepharoplasty Upper Eyelid;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15823	Blepharoplasty Upper Eyelid; With Excessive Skin Weighting Down Lid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15825	Rhytidectomy; Neck With Platysmal Tightening (Platysmal Flap P-Flap)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

15828	Rhytidectomy; Cheek Chin And Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15830	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen Infraumbilical Panniculectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15832	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Thigh	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15833	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15834	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15835	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Buttock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15836	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15837	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Forearm Or Hand	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15838	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Submental Fat Pad	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15839	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Other Area	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15847	Excision Excessive Skin And Subcutaneous Tissue (Includes Lipectomy) Abdomen (Eg Abdominoplasty) (Includes Umbilical Transposition And Fascial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

15876	Suction Assisted Lipectomy; Head And Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15877	Suction Assisted Lipectomy; Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15878	Suction Assisted Lipectomy; Upper Extremity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
15879	Suction Assisted Lipectomy; Lower Extremity	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
17106	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg Laser Technique); Less Than 10 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
17107	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg Laser Technique); 10.0 To 50.0 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
17108	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg Laser Technique); Over 50.0 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
17360	Chemical Exfoliation For Acne (Eg Acne Paste Acid)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
17380	Electrolysis Epilation Each 30 Minutes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19105	Ablation Cryosurgical Of Fibroadenoma Including Ultrasound Guidance Each Fibroadenoma	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19300	Mastectomy For Gynecomastia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19303	Mastectomy Simple Complete	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

19325	Breast Augmentation With Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19328	Removal Of Intact Breast Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19330	Removal Of Ruptured Breast Implant Including Implant Contents (Eg Saline Silicone Gel)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19340	Insertion Of Breast Implant On Same Day Of Mastectomy (Ie Immediate)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19342	Insertion Or Replacement Of Breast Implant On Separate Day From Mastectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19350	Nipple/Areola Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19355	Correction Of Inverted Nipples	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19357	Tissue Expander Placement In Breast Reconstruction Including Subsequent Expansion(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19370	Revision Of Peri-Implant Capsule Breast Including Capsulotomy Capsulorrhaphy And/Or Partial Capsulectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19371	Peri-Implant Capsulectomy Breast Complete Including Removal Of All Intracapsular Contents	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
19499	Unlisted Procedure Breast	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
20527	Injection Enzyme (Eg Collagenase) Palmar Fascial Cord (Ie Dupuytren'S Contracture)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing Noninvasive (Nonoperative)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
20982	Ablation Therapy For Reduction Or Eradication Of 1 Or More Bone Tumors (Eg Metastasis) Including Adjacent Soft Tissue When Involved By Tumor Extension Percutaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
20983	Ablation Therapy For Reduction Or Eradication Of 1 Or More Bone Tumors (Eg Metastasis) Including Adjacent Soft Tissue When Involved By Tumor Extension Percutaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21073	Manipulation Of Temporomandibular Joint(S) (Tmj) Therapeutic Requiring An Anesthesia Service (Ie General Or Monitored Anesthesia Care)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21083	Impression And Custom Preparation; Palatal Lift Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21120	Genioplasty; Augmentation (Autograft Allograft Prosthetic Material)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21121	Genioplasty; Sliding Osteotomy Single Piece	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21122	Genioplasty; Sliding Osteotomies 2 Or More Osteotomies (Eg Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21123	Genioplasty; Sliding Augmentation With Interpositional Bone Grafts (Includes Obtaining Autografts)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21244	Reconstruction Of Mandible Extraoral With Transosteal Bone Plate (Eg Mandibular Staple Bone Plate)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21246	Reconstruction Of Mandible Or Maxilla Subperiosteal Implant; Complete	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
21685	Hyoid Myotomy And Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



22505	Manipulation Of Spine Requiring Anesthesia Any Region	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
22836	Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; Up To 7 Vertebral Segments	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
22837	Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; 8 Or More Vertebral Segments	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
22838	Revision (Eg Augmentation Division Of Tether) Replacement Or Removal Of Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
23929	Unlisted Procedure Shoulder	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
24300	Manipulation Elbow Under Anesthesia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
25259	Manipulation Wrist Under Anesthesia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
26340	Manipulation Finger Joint Under Anesthesia Each Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
26341	Manipulation Palmar Fascial Cord (Ie Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
27275	Manipulation Hip Joint Requiring General Anesthesia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
27278	Arthrodesis Sacroiliac Joint Percutaneous With Image Guidance Including Placement Of Intra-Articular Implant(S) (Eg Bone Allograft[S] Synthetic Device[S])	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
27299	Unlisted Procedure Pelvis Or Hip Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

27702	Arthroplasty Ankle; With Implant (Total Ankle)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
27703	Arthroplasty Ankle; Revision Total Ankle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
27860	Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29862	Arthroscopy Hip Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty) Abrasion Arthroplasty And/Or Resection Of Labrum	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29866	Arthroscopy Knee Surgical; Osteochondral Autograft(S) (Eg Mosaicplasty) (Includes Harvesting Of The Autograft[S])	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29867	Arthroscopy Knee Surgical; Osteochondral Allograft (Eg Mosaicplasty)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29868	Arthroscopy Knee Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion) Medial Or Lateral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29914	Arthroscopy Hip Surgical; With Femoroplasty (Ie Treatment Of Cam Lesion)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29915	Arthroscopy Hip Surgical; With Acetabuloplasty (Ie Treatment Of Pincer Lesion)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29916	Arthroscopy Hip Surgical; With Labral Repair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
29999	Unlisted Procedure Arthroscopy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
31242	Nasal/Sinus Endoscopy Surgical; With Destruction By Radiofrequency Ablation Posterior Nasal Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024

31243	Nasal/Sinus Endoscopy Surgical; With Destruction By Cryoablation Posterior Nasal Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
31647	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Balloon Occlusion When Performed Assessment Of Air Leak Airway	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
31648	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Removal Of Bronchial Valve(S) Initial Lobe	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
31649	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Removal Of Bronchial Valve(S) Each Additional Lobe (List Separately In Addition To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
31651	Bronchoscopy Rigid Or Flexible Including Fluoroscopic Guidance When Performed; With Balloon Occlusion When Performed Assessment Of Air Leak Airway	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
32664	Thoracoscopy Surgical; With Thoracic Sympathectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
32994	Ablation Therapy For Reduction Or Eradication Of 1 Or More Pulmonary Tumor(S) Including Pleura Or Chest Wall When Involved By Tumor Extension Percutaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
32998	Ablation Therapy For Reduction Or Eradication Of 1 Or More Pulmonary Tumor(S) Including Pleura Or Chest Wall When Involved By Tumor Extension Percutaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33211	Insertion Or Replacement Of Temporary Transvenous Dual Chamber Pacing Electrodes (Separate Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33213	Insertion Of Pacemaker Pulse Generator Only; With Existing Dual Leads	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33225	Insertion Of Pacing Electrode Cardiac Venous System For Left Ventricular Pacing At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33268	Exclusion Of Left Atrial Appendage Open Performed At The Time Of Other Sternotomy Or Thoracotomy Procedure(S) Any Method (Eg Excision Isolation Via Stapling	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 4/1/2024

33269	Exclusion Of Left Atrial Appendage Thoracoscopic Any Method (Eg Excision Isolation Via Stapling Oversewing Ligation Plication Clip)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
33274	Transcatheter Insertion Or Replacement Of Permanent Leadless Pacemaker Right Ventricular Including Imaging Guidance (Eg Fluoroscopy Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33276	Insertion Of Phrenic Nerve Stimulator System (Pulse Generator And Stimulating Lead[S]) Including Vessel Catheterization All Imaging Guidance And Pulse Generator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33277	Insertion Of Phrenic Nerve Stimulator Transvenous Sensing Lead (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33278	Removal Of Phrenic Nerve Stimulator Including Vessel Catheterization All Imaging Guidance And Interrogation And Programming When Performed;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33279	Removal Of Phrenic Nerve Stimulator Including Vessel Catheterization All Imaging Guidance And Interrogation And Programming When Performed;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33280	Removal Of Phrenic Nerve Stimulator Including Vessel Catheterization All Imaging Guidance And Interrogation And Programming When Performed;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33281	Repositioning Of Phrenic Nerve Stimulator Transvenous Lead(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33285	Insertion Subcutaneous Cardiac Rhythm Monitor Including Programming	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33287	Removal And Replacement Of Phrenic Nerve Stimulator Including Vessel Catheterization All Imaging Guidance And Interrogation And Programming When Performed;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33288	Removal And Replacement Of Phrenic Nerve Stimulator Including Vessel Catheterization All Imaging Guidance And Interrogation And Programming When Performed;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
33289	Transcatheter Implantation Of Wireless Pulmonary Artery Pressure Sensor For Long-Term Hemodynamic Monitoring Including Deployment And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

33364	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Open Iliac Artery Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33367	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Percutaneous Peripheral Arterial And Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33368	Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Cardiopulmonary Bypass Support With Open Peripheral Arterial And Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33542	Myocardial Resection (Eg Ventricular Aneurysmectomy)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33548	Surgical Ventricular Restoration Procedure Includes Prosthetic Patch When Performed (Eg Ventricular Remodeling Svr Saver Dor Procedures)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33927	Implantation Of A Total Replacement Heart System (Artificial Heart) With Recipient Cardiectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33928	Removal And Replacement Of Total Replacement Heart System (Artificial Heart)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33929	Removal Of A Total Replacement Heart System (Artificial Heart) For Heart Transplantation (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
33999	Unlisted Procedure Cardiac Surgery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36465	Injection Of Non-Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate Inclusive Of All Imaging Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36466	Injection Of Non-Compounded Foam Sclerosant With Ultrasound Compression Maneuvers To Guide Dispersion Of The Injectate Inclusive Of All Imaging Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36468	Injection(S) Of Sclerosant For Spider Veins (Telangiectasia) Limb Or Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

36470	Injection Of Sclerosant; Single Incompetent Vein (Other Than Telangiectasia)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36471	Injection Of Sclerosant; Multiple Incompetent Veins (Other Than Telangiectasia) Same Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36475	Endovenous Ablation Therapy Of Incompetent Vein Extremity Inclusive Of All Imaging Guidance And Monitoring Percutaneous Radiofrequency; First Vein Treated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36476	Endovenous Ablation Therapy Of Incompetent Vein Extremity Inclusive Of All Imaging Guidance And Monitoring Percutaneous Radiofrequency; Subsequent Vein(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36478	Endovenous Ablation Therapy Of Incompetent Vein Extremity Inclusive Of All Imaging Guidance And Monitoring Percutaneous Laser; First Vein Treated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36479	Endovenous Ablation Therapy Of Incompetent Vein Extremity Inclusive Of All Imaging Guidance And Monitoring Percutaneous Laser; Subsequent Vein(S) Treated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36482	Endovenous Ablation Therapy Of Incompetent Vein Extremity By Transcatheter Delivery Of A Chemical Adhesive (Eg Cyanoacrylate) Remote From The	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36483	Endovenous Ablation Therapy Of Incompetent Vein Extremity By Transcatheter Delivery Of A Chemical Adhesive (Eg Cyanoacrylate) Remote From The	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
36522	Photopheresis Extracorporeal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37215	Transcatheter Placement Of Intravascular Stent(S) Cervical Carotid Artery Open Or Percutaneous Including Angioplasty When Performed And Radiological	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37216	Transcatheter Placement Of Intravascular Stent(S) Cervical Carotid Artery Open Or Percutaneous Including Angioplasty When Performed And Radiological	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37217	Transcatheter Placement Of Intravascular Stent(S) Intrathoracic Common Carotid Artery Or Innominate Artery By Retrograde Treatment Open Ipsilateral Cervical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

37218	Transcatheter Placement Of Intravascular Stent(S) Intrathoracic Common Carotid Artery Or Innominate Artery Open Or Percutaneous Antegrade Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37241	Vascular Embolization Or Occlusion Inclusive Of All Radiological Supervision And Interpretation Intraprocedural Roadmapping And Imaging Guidance Necessary To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37242	Vascular Embolization Or Occlusion Inclusive Of All Radiological Supervision And Interpretation Intraprocedural Roadmapping And Imaging Guidance Necessary To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37243	Vascular Embolization Or Occlusion Inclusive Of All Radiological Supervision And Interpretation Intraprocedural Roadmapping And Imaging Guidance Necessary To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37244	Vascular Embolization Or Occlusion Inclusive Of All Radiological Supervision And Interpretation Intraprocedural Roadmapping And Imaging Guidance Necessary To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37500	Vascular Endoscopy Surgical With Ligation Of Perforator Veins Subfascial (Septs)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction Or Distal Interruptions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37718	Ligation Division And Stripping Short Saphenous Vein	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37722	Ligation Division And Stripping Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37760	Ligation Of Perforator Veins Subfascial Radical (Linton Type) Including Skin Graft When Performed Open 1 Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37761	Ligation Of Perforator Vein(S) Subfascial Open Including Ultrasound Guidance When Performed 1 Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

37765	Stab Phlebectomy Of Varicose Veins 1 Extremity; 10-20 Stab Incisions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37766	Stab Phlebectomy Of Varicose Veins 1 Extremity; More Than 20 Incisions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction (Separate Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
37785	Ligation Division And/Or Excision Of Varicose Vein Cluster(S) 1 Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38204	Management Of Recipient Hematopoietic Progenitor Cell Donor Search And Cell Acquisition	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Allogeneic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation Per Collection; Autologous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
38207	Transplant Preparation Of Hematopoietic Progenitor Cells; Cryopreservation And Storage	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38208	Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of Previously Frozen Harvest Without Washing Per Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38209	Transplant Preparation Of Hematopoietic Progenitor Cells; Thawing Of Previously Frozen Harvest With Washing Per Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38210	Transplant Preparation Of Hematopoietic Progenitor Cells; Specific Cell Depletion Within Harvest T-Cell Depletion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38211	Transplant Preparation Of Hematopoietic Progenitor Cells; Tumor Cell Depletion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



38212	Transplant Preparation Of Hematopoietic Progenitor Cells; Red Blood Cell Removal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38213	Transplant Preparation Of Hematopoietic Progenitor Cells; Platelet Depletion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38214	Transplant Preparation Of Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38215	Transplant Preparation Of Hematopoietic Progenitor Cells; Cell Concentration In Plasma Mononuclear Or Buffy Coat Layer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38230	Bone Marrow Harvesting For Transplantation; Allogeneic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
38232	Bone Marrow Harvesting For Transplantation; Autologous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38240	Hematopoietic Progenitor Cell (Hpc); Allogeneic Transplantation Per Donor	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38241	Hematopoietic Progenitor Cell (Hpc); Autologous Transplantation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
38242	Allogeneic Lymphocyte Infusions	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38243	Hematopoietic Progenitor Cell (Hpc); Hpc Boost	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
38308	Lymphangiomyotomy Or Other Operations On Lymphatic Channels	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
41120	Glossectomy; Less Than One-Half Tongue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024

41530	Submucosal Ablation Of The Tongue Base Radiofrequency 1 Or More Sites Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
42145	Palatopharyngoplasty (Eg Uvulopalatopharyngoplasty Uvulopharyngoplasty)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
42950	Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
43210	Esophagogastroduodenoscopy Flexible Transoral; With Esophagogastric Fundoplasty Partial Or Complete Includes Duodenoscopy When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43236	Esophagogastroduodenoscopy Flexible Transoral; With Directed Submucosal Injection(S) Any Substance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43253	Esophagogastroduodenoscopy Flexible Transoral; With Transendoscopic Ultrasound-Guided Transmural Injection Of Diagnostic Or Therapeutic Substance(S) (Eg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43257	Esophagogastroduodenoscopy Flexible Transoral; With Delivery Of Thermal Energy To The Muscle Of Lower Esophageal Sphincter And/Or Gastric Cardia For Treatment Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43284	Laparoscopy Surgical Esophageal Sphincter Augmentation Procedure Placement Of Sphincter Augmentation Device (Ie Magnetic Band) Including Cruroplasty When	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43289	Unlisted Laparoscopy Procedure Esophagus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43632	Gastrectomy Partial Distal; With Gastrojejunostomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2023	-	-
43633	Gastrectomy Partial Distal; With Roux-En-Y Reconstruction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43644	Laparoscopy Surgical Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

43645	Laparoscopy Surgical Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction To Limit Absorption	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43770	Laparoscopy Surgical Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (Eg Gastric Band And Subcutaneous Port Components)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43771	Laparoscopy Surgical Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43772	Laparoscopy Surgical Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43773	Laparoscopy Surgical Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Restrictive Device Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43774	Laparoscopy Surgical Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device And Subcutaneous Port Components	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43775	Laparoscopy Surgical Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie Sleeve Gastrectomy)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43842	Gastric Restrictive Procedure Without Gastric Bypass For Morbid Obesity; Vertical-Banded Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43843	Gastric Restrictive Procedure Without Gastric Bypass For Morbid Obesity; Other Than Vertical-Banded Gastroplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43845	Gastric Restrictive Procedure With Partial Gastrectomy Pylorus-Preserving Duodenoileostomy And Ileostomy (50 To 100 Cm Common Channel) To Limit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43846	Gastric Restrictive Procedure With Gastric Bypass For Morbid Obesity; With Short Limb (150 Cm Or Less) Roux-En-Y Gastroenterostomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43847	Gastric Restrictive Procedure With Gastric Bypass For Morbid Obesity; With Small Intestine Reconstruction To Limit Absorption	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

43848	Revision Open Of Gastric Restrictive Procedure For Morbid Obesity Other Than Adjustable Gastric Restrictive Device (Separate Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43886	Gastric Restrictive Procedure Open; Revision Of Subcutaneous Port Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43887	Gastric Restrictive Procedure Open; Removal Of Subcutaneous Port Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
43888	Gastric Restrictive Procedure Open; Removal And Replacement Of Subcutaneous Port Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
44705	Preparation Of Fecal Microbiota For Instillation Including Assessment Of Donor Specimen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47370	Laparoscopy Surgical Ablation Of 1 Or More Liver Tumor(S); Radiofrequency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47371	Laparoscopy Surgical Ablation Of 1 Or More Liver Tumor(S); Cryosurgical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47380	Ablation Open Of 1 Or More Liver Tumor(S); Radiofrequency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47382	Ablation 1 Or More Liver Tumor(S) Percutaneous Radiofrequency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
47383	Ablation 1 Or More Liver Tumor(S) Percutaneous Cryoablation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50250	Ablation Open 1 Or More Renal Mass Lesion(S) Cryosurgical Including Intraoperative Ultrasound Guidance And Monitoring If Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50360	Renal Allotransplantation Implantation Of Graft; Without Recipient Nephrectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

50541	Laparoscopy Surgical; Ablation Of Renal Cysts	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50542	Laparoscopy Surgical; Ablation Of Renal Mass Lesion(S) Including Intraoperative Ultrasound Guidance And Monitoring When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50592	Ablation 1 Or More Renal Tumor(S) Percutaneous Unilateral Radiofrequency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
50593	Ablation Renal Tumor(S) Unilateral Percutaneous Cryotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
51715	Endoscopic Injection Of Implant Material Into The Submucosal Tissues Of The Urethra And/Or Bladder Neck	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
52284	Cystourethroscopy With Mechanical Urethral Dilatation And Urethral Therapeutic Drug Delivery By Drug-Coated Balloon Catheter For Urethral Stricture Or Stenosis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
52327	Cystourethroscopy (Including Ureteral Catheterization); With Subureteric Injection Of Implant Material	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
52441	Cystourethroscopy With Insertion Of Permanent Adjustable Transprostatic Implant; Single Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
52442	Cystourethroscopy With Insertion Of Permanent Adjustable Transprostatic Implant; Each Additional Permanent Adjustable Transprostatic Implant (List	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
53451	Periurethral Transperineal Adjustable Balloon Continence Device; Bilateral Insertion Including Cystourethroscopy And Imaging Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
53855	Insertion Of A Temporary Prostatic Urethral Stent Including Urethral Measurement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
54125	Amputation Of Penis; Complete	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

54200	Injection Procedure For Peyronie Disease;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54205	Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54400	Insertion Of Penile Prosthesis; Non-Inflatable (Semi-Rigid)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54401	Insertion Of Penile Prosthesis; Inflatable (Self-Contained)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54405	Insertion Of Multi-Component Inflatable Penile Prosthesis Including Placement Of Pump Cylinders And Reservoir	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54406	Removal Of All Components Of A Multi-Component Inflatable Penile Prosthesis Without Replacement Of Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54408	Repair Of Component(S) Of A Multi-Component Inflatable Penile Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54410	Removal And Replacement Of All Component(S) Of A Multi-Component Inflatable Penile Prosthesis At The Same Operative Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54411	Removal And Replacement Of All Components Of A Multi-Component Inflatable Penile Prosthesis Through An Infected Field At The Same Operative Session Including	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54415	Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis Without Replacement Of Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54416	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
54417	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis Through An Infected Field At The Same Operative Session Including	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

54660	Insertion Of Testicular Prosthesis (Separate Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
55706	Biopsies Prostate Needle Transperineal Stereotactic Template Guided Saturation Sampling Including Imaging Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
55880	Ablation Of Malignant Prostate Tissue Transrectal With High Intensity-Focused Ultrasound (Hifu) Including Ultrasound Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
55899	Unlisted Procedure Male Genital System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
55970	Intersex Surgery; Male To Female	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
55980	Intersex Surgery; Female To Male	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
56805	Clitoroplasty For Intersex State	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
56810	Perineoplasty Repair Of Perineum Nonobstetrical (Separate Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
57291	Construction Of Artificial Vagina; Without Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
57292	Construction Of Artificial Vagina; With Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
57296	Revision (Including Removal) Of Prosthetic Vaginal Graft; Open Abdominal Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
57335	Vaginoplasty For Intersex State	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

57426	Revision (Including Removal) Of Prosthetic Vaginal Graft Laparoscopic Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
58580	Transcervical Ablation Of Uterine Fibroid(S) Including Intraoperative Ultrasound Guidance And Monitoring Radiofrequency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
58674	Laparoscopy Surgical Ablation Of Uterine Fibroid(S) Including Intraoperative Ultrasound Guidance And Monitoring Radiofrequency	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
59072	Fetal Umbilical Cord Occlusion Including Ultrasound Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
59074	Fetal Fluid Drainage (Eg Vesicocentesis Thoracocentesis Paracentesis) Including Ultrasound Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
59076	Fetal Shunt Placement Including Ultrasound Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
60699	Unlisted Procedure Endocrine System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61635	Transcatheter Placement Of Intravascular Stent(S) Intracranial (Eg Atherosclerotic Stenosis) Including Balloon Angioplasty If Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61645	Percutaneous Arterial Transluminal Mechanical Thrombectomy And/Or Infusion For Thrombolysis Intracranial Any Method Including Diagnostic Angiography	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61736	Laser Interstitial Thermal Therapy (Litt) Of Lesion Intracranial Including Burr Hole(S) With Magnetic Resonance Imaging Guidance When Performed; Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61737	Laser Interstitial Thermal Therapy (Litt) Of Lesion Intracranial Including Burr Hole(S) With Magnetic Resonance Imaging Guidance When Performed;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61783	Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	6/30/2024	Add effective 05/15/2024 Retire effective 6/30/2024



61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver Direct Or Inductive Coupling; With Connection To A Single Electrode Array	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or Receiver Direct Or Inductive Coupling; With Connection To 2 Or More Electrode Arrays	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
61889	Insertion Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver Including Craniectomy Or Craniotomy When Performed With Direct Or Inductive Coupling With	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
61891	Revision Or Replacement Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver With Connection To Depth And/Or Cortical Strip Electrode Array(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
61892	Removal Of Skull-Mounted Cranial Neurostimulator Pulse Generator Or Receiver With Cranioplasty When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64566	Posterior Tibial Neurostimulation Percutaneous Needle Electrode Single Treatment Includes Programming	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64568	Open Implantation Of Cranial Nerve (Eg Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64575	Open Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64582	Open Implantation Of Hypoglossal Nerve Neurostimulator Array Pulse Generator And Distal Respiratory Sensor Electrode Or Electrode Array	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
64590	Insertion Or Replacement Of Peripheral Sacral Or Gastric Neurostimulator Pulse Generator Or Receiver Requiring Pocket Creation And Connection Between Electrode	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

64596	Insertion Or Replacement Of Percutaneous Electrode Array Peripheral Nerve With Integrated Neurostimulator Including Imaging Guidance When Performed; Initial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
64597	Insertion Or Replacement Of Percutaneous Electrode Array Peripheral Nerve With Integrated Neurostimulator Including Imaging Guidance When Performed; Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
64624	Destruction By Neurolytic Agent Genicular Nerve Branches Including Imaging Guidance When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	12/1/2023	12/31/2999	Add effective 12/01/2023
64640	Destruction By Neurolytic Agent; Other Peripheral Nerve Or Branch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64650	Chemodeneration Of Eccrine Glands; Both Axillae	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
64653	Chemodeneration Of Eccrine Glands; Other Area(S) (Eg Scalp Face Neck) Per Day	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
64802	Sympathectomy Cervical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
64804	Sympathectomy Cervicothoracic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
64809	Sympathectomy Thoracolumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
64818	Sympathectomy Lumbar	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
64820	Sympathectomy; Digital Arteries Each Digit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
64823	Sympathectomy; Superficial Palmar Arch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023

65760	Keratomileusis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
65770	Keratoprosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
65785	Implantation Of Intrastromal Corneal Ring Segments	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66174	Transluminal Dilatation Of Aqueous Outflow Canal (Eg Canaloplasty); Without Retention Of Device Or Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66175	Transluminal Dilatation Of Aqueous Outflow Canal (Eg Canaloplasty); With Retention Of Device Or Stent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66179	Aqueous Shunt To Extraocular Equatorial Plate Reservoir External Approach; Without Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66180	Aqueous Shunt To Extraocular Equatorial Plate Reservoir External Approach; With Graft	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66183	Insertion Of Anterior Segment Aqueous Drainage Device Without Extraocular Reservoir External Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66989	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1-Stage Procedure) Manual Or Mechanical Technique (Eg Irrigation And Aspiration Or	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
66991	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (1 Stage Procedure) Manual Or Mechanical Technique (Eg Irrigation And Aspiration Or	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
67516	Suprachoroidal Space Injection Of Pharmacologic Agent (Separate Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
67901	Repair Of Blepharoptosis; Frontalis Muscle Technique With Suture Or Other Material (Eg Banked Fascia)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

67902	Repair Of Blepharoptosis; Frontalis Muscle Technique With Autologous Fascial Sling (Includes Obtaining Fascia)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
67903	Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement Internal Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
67904	Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement External Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
67906	Repair Of Blepharoptosis; Superior Rectus Technique With Fascial Sling (Includes Obtaining Fascia)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
67908	Repair Of Blepharoptosis; Conjunctivo-Tarso-Muller'S Muscle-Levator Resection (Eg Fasanella-Servat Type)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69090	Ear Piercing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69676	Tympanic Neurectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/28/2023	12/31/2999	Add effective 08/28/2023
69705	Nasopharyngoscopy Surgical With Dilatation Of Eustachian Tube (Ie Balloon Dilatation); Unilateral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69706	Nasopharyngoscopy Surgical With Dilatation Of Eustachian Tube (Ie Balloon Dilatation); Bilateral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69716	Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69719	Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69728	Removal Entire Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Outside The Mastoid And Involving A Bony	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023	-	-

69729	Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Outside Of The Mastoid And Resulting In	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023	-	-
69730	Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Outside	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023	-	-
87505	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg Clostridium Difficile E. Coli Salmonella Shigella Norovirus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
87506	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg Clostridium Difficile E. Coli Salmonella Shigella Norovirus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
87507	Infectious Agent Detection By Nucleic Acid (Dna Or Rna); Gastrointestinal Pathogen (Eg Clostridium Difficile E. Coli Salmonella Shigella Norovirus	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
89337	Cryopreservation Mature Oocyte(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	9/30/2023	Retire effective: 9/30/23
90378	Respiratory Syncytial Virus Monoclonal Antibody Recombinant For Intramuscular Use 50 Mg Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
90867	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Initial Including Cortical Mapping Motor Threshold Determination Delivery And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90868	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Delivery And Management Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90875	Individual Psychophysiological Therapy Incorporating Biofeedback Training By Any Modality (Face-To-Face With The Patient) With Psychotherapy (Eg Insight Oriented	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90876	Individual Psychophysiological Therapy Incorporating Biofeedback Training By Any Modality (Face-To-Face With The Patient) With Psychotherapy (Eg Insight Oriented	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

90880	Hypnotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	5/31/2024	Retire effective: 5/31/2024
90901	Biofeedback Training By Any Modality	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90912	Biofeedback Training Perineal Muscles Anorectal Or Urethral Sphincter Including Emg And/Or Manometry When Performed; Initial 15 Minutes Of One-On-One	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
90913	Biofeedback Training Perineal Muscles Anorectal Or Urethral Sphincter Including Emg And/Or Manometry When Performed; Each Additional 15 Minutes Of One-On-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91034	Esophagus Gastroesophageal Reflux Test; With Nasal Catheter Ph Electrode(S) Placement Recording Analysis And Interpretation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91035	Esophagus Gastroesophageal Reflux Test; With Mucosal Attached Telemetry Ph Electrode Placement Recording Analysis And Interpretation	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91037	Esophageal Function Test Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(S) Placement Recording Analysis And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91038	Esophageal Function Test Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(S) Placement Recording Analysis And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91110	Gastrointestinal Tract Imaging Intraluminal (Eg Capsule Endoscopy) Esophagus Through Ileum With Interpretation And Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
91117	Colon Motility (Manometric) Study Minimum 6 Hours Continuous Recording (Including Provocation Tests Eg Meal Intracolonic Balloon Distension Pharmacologic Agents If	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
92622	Diagnostic Analysis Programming And Verification Of An Auditory Osseointegrated Sound Processor Any Type; First 60 Minutes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
92623	Diagnostic Analysis Programming And Verification Of An Auditory Osseointegrated Sound Processor Any Type; Each Additional 15 Minutes (List Separately In Addition	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024

92972	Percutaneous Transluminal Coronary Lithotripsy (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
93150	Therapy Activation Of Implanted Phrenic Nerve Stimulator System Including All Interrogation And Programming	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93151	Interrogation And Programming (Minimum One Parameter) Of Implanted Phrenic Nerve Stimulator System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93152	Interrogation And Programming Of Implanted Phrenic Nerve Stimulator System During Polysomnography	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93153	Interrogation Without Programming Of Implanted Phrenic Nerve Stimulator System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
93228	External Mobile Cardiovascular Telemetry With Electrocardiographic Recording Concurrent Computerized Real Time Data Analysis And Greater Than 24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93229	External Mobile Cardiovascular Telemetry With Electrocardiographic Recording Concurrent Computerized Real Time Data Analysis And Greater Than 24	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93264	Remote Monitoring Of A Wireless Pulmonary Artery Pressure Sensor For Up To 30 Days Including At Least Weekly Downloads Of Pulmonary Artery Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93580	Percutaneous Transcatheter Closure Of Congenital Interatrial Communication (Ie Fontan Fenestration Atrial Septal Defect) With Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93660	Evaluation Of Cardiovascular Function With Tilt Table Evaluation With Continuous Ecg Monitoring And Intermittent Blood Pressure Monitoring With Or Without	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
93895	Quantitative Carotid Intima Media Thickness And Carotid Atheroma Evaluation Bilateral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95700	Electroencephalogram (Eeg) Continuous Recording With Video When Performed Setup Patient Education And Takedown When Performed Administered In Person	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023

95705	Electroencephalogram (Eeg) Without Video Review Of Data Technical Description By Eeg Technologist 2-12 Hours; Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95706	Electroencephalogram (Eeg) Without Video Review Of Data Technical Description By Eeg Technologist 2-12 Hours; With Intermittent Monitoring And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95707	Electroencephalogram (Eeg) Without Video Review Of Data Technical Description By Eeg Technologist 2-12 Hours; With Continuous Real-Time Monitoring	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95708	Electroencephalogram (Eeg) Without Video Review Of Data Technical Description By Eeg Technologist Each Increment Of 12-26 Hours; Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95709	Electroencephalogram (Eeg) Without Video Review Of Data Technical Description By Eeg Technologist Each Increment Of 12-26 Hours; With Intermittent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95710	Electroencephalogram (Eeg) Without Video Review Of Data Technical Description By Eeg Technologist Each Increment Of 12-26 Hours; With Continuous Real-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95711	Electroencephalogram With Video (Veeg) Review Of Data Technical Description By Eeg Technologist 2-12 Hours; Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95712	Electroencephalogram With Video (Veeg) Review Of Data Technical Description By Eeg Technologist 2-12 Hours; With Intermittent Monitoring And Maintenance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95713	Electroencephalogram With Video (Veeg) Review Of Data Technical Description By Eeg Technologist 2-12 Hours; With Continuous Real-Time Monitoring And Maintenance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95714	Electroencephalogram With Video (Veeg) Review Of Data Technical Description By Eeg Technologist Each Increment Of 12-26 Hours; Unmonitored	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95715	Electroencephalogram With Video (Veeg) Review Of Data Technical Description By Eeg Technologist Each Increment Of 12-26 Hours; With Intermittent Monitoring And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95716	Electroencephalogram With Video (Veeg) Review Of Data Technical Description By Eeg Technologist Each Increment Of 12-26 Hours; With Continuous Real-Time	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023



95717	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95718	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95719	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95720	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95721	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95722	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95723	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95724	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95725	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95726	Electroencephalogram (Eeg) Continuous Recording Physician Or Other Qualified Health Care Professional Review Of Recorded Events Analysis Of Spike And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95803	Actigraphy Testing Recording Analysis Interpretation And Report (Minimum Of 72 Hours To 14 Consecutive Days Of Recording)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95954	Pharmacological Or Physical Activation Requiring Physician Or Other Qualified Health Care Professional Attendance During Eeg Recording Of Activation Phase (Eg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023

95957	Digital Analysis Of Electroencephalogram (Eeg) (Eg For Epileptic Spike Analysis)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
95961	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface Or Of Depth Electrodes To Provoke Seizures Or Identify Vital	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95962	Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface Or Of Depth Electrodes To Provoke Seizures Or Identify Vital	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95965	Magnetoencephalography (Meg) Recording And Analysis; For Spontaneous Brain Magnetic Activity (Eg Epileptic Cerebral Cortex Localization)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95966	Magnetoencephalography (Meg) Recording And Analysis; For Evoked Magnetic Fields Single Modality (Eg Sensory Motor Language Or Visual Cortex Localization)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95967	Magnetoencephalography (Meg) Recording And Analysis; For Evoked Magnetic Fields Each Additional Modality (Eg Sensory Motor Language Or Visual Cortex)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
95981	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg Rate Pulse Amplitude And Duration Configuration Of Wave Form Battery Status)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
95982	Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg Rate Pulse Amplitude And Duration Configuration Of Wave Form Battery Status)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
96000	Comprehensive Computer-Based Motion Analysis By Video-Taping And 3D Kinematics;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96001	Comprehensive Computer-Based Motion Analysis By Video-Taping And 3D Kinematics; With Dynamic Plantar Pressure Measurements During Walking	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96003	Dynamic Fine Wire Electromyography During Walking Or Other Functional Activities 1 Muscle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
96547	Intraoperative Hyperthermic Intraperitoneal Chemotherapy (Hipec) Procedure Including Separate Incision(S) And Closure When Performed; First 60 Minutes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024

96548	Intraoperative Hyperthermic Intraperitoneal Chemotherapy (Hipec) Procedure Including Separate Incision(S) And Closure When Performed; Each Additional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
96913	Photochemotherapy (Goeckerman And/Or Puva) For Severe Photoresponsive Dermatoses Requiring At Least 4-8 Hours Of Care Under Direct Supervision Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
97037	Application Of A Modality To 1 Or More Areas; Low-Level Laser Therapy (Ie Nonthermal And Non-Ablative) For Post-Operative Pain Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands Direct (One-On-One) Patient Contact Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
98978	Remote Therapeutic Monitoring (Eg, Therapy Adherence, Therapy Response); Device(S) Supply With Scheduled (Eg, Daily) Recording(S) And/Or Programmed Alert(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	2/29/2024	Add effective 09/01/2023 Retire effective 02/29/2024
00640	Anesthesia For Manipulation Of The Spine Or For Closed Procedures On The Cervical Thoracic Or Lumbar Spine	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0071T	Focused Ultrasound Ablation Of Uterine Leiomyomata Including Mr Guidance; Total Leiomyomata Volume Less Than 200 Cc Of Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	12/1/2023	12/31/2999	Add effective 12/1/2023
0072T	Focused Ultrasound Ablation Of Uterine Leiomyomata Including Mr Guidance; Total Leiomyomata Volume Greater Or Equal To 200 Cc Of Tissue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	12/1/2023	12/31/2999	Add effective 12/1/2023
0075T	Transcatheter Placement Of Extracranial Vertebral Artery Stent(S) Including Radiologic Supervision And Interpretation Open Or Percutaneous; Initial Vessel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0076T	Transcatheter Placement Of Extracranial Vertebral Artery Stent(S) Including Radiologic Supervision And Interpretation Open Or Percutaneous; Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
00797	Weight Loss	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0184T	Excision Of Rectal Tumor Transanal Endoscopic Microsurgical Approach (Ie Tems) Including Muscularis Propria (Ie Full Thickness)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

0200T	Percutaneous Sacral Augmentation (Sacroplasty) Unilateral Injection(S) Including The Use Of A Balloon Or Mechanical Device When Used 1 Or More Needles Includes Imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0201T	Percutaneous Sacral Augmentation (Sacroplasty) Bilateral Injections Including The Use Of A Balloon Or Mechanical Device When Used 2 Or More Needles Includes Imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0253T	Insertion Of Anterior Segment Aqueous Drainage Device Without Extraocular Reservoir Internal Approach Into The Suprachoroidal Space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0266T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement Unilateral Or Bilateral Lead Placement Intra-	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0267T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Lead Only Unilateral (Includes Intra-Operative Interrogation Programming And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0268T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation Programming And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0269T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement Unilateral Or Bilateral Lead Placement Intra-Operative	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0270T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Lead Only Unilateral (Includes Intra-Operative Interrogation Programming And Repositioning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0271T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation Programming And Repositioning	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0272T	Interrogation Device Evaluation (In Person) Carotid Sinus Baroreflex Activation System Including Telemetric Iterative Communication With The Implantable Device To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0273T	Interrogation Device Evaluation (In Person) Carotid Sinus Baroreflex Activation System Including Telemetric Iterative Communication With The Implantable Device To	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0308T	Insertion Of Ocular Telescope Prosthesis Including Removal Of Crystalline Lens Or Intraocular Lens Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

0322U	Neurology (Autism Spectrum Disorder [Asd]) Quantitative Measurements Of 14 Acyl Carnitines And Microbiome-Derived Metabolites Liquid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	2/1/2024	Add effective 10/15/2023 Retire effective 2/1/2024
0331T	Myocardial Sympathetic Innervation Imaging Planar Qualitative And Quantitative Assessment;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0332T	Myocardial Sympathetic Innervation Imaging Planar Qualitative And Quantitative Assessment; With Tomographic Spect	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0352T	Optical Coherence Tomography Of Breast Or Axillary Lymph Node Excised Tissue Each Specimen; Interpretation And Report Real-Time Or Referred	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0354T	Optical Coherence Tomography Of Breast Surgical Cavity; Interpretation And Report Real-Time Or Referred	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0369U	Infectious Agent Detection By Nucleic Acid (Dna And Rna) Gastrointestinal Pathogens 31 Bacterial Viral And Parasitic Organisms And Identification Of 21	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	5/14/2024	Add effective 02/01/2024 Retire effective 05/14/2024
0398T	Magnetic Resonance Image Guided High Intensity Focused Ultrasound (Mrgfus) Stereotactic Ablation Lesion Intracranial For Movement Disorder Including Stereotactic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0408T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System Including Contractility Evaluation When Performed And Programming Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0409T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System Including Contractility Evaluation When Performed And Programming Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0410T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System Including Contractility Evaluation When Performed And Programming Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0411T	Insertion Or Replacement Of Permanent Cardiac Contractility Modulation System Including Contractility Evaluation When Performed And Programming Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0412T	Removal Of Permanent Cardiac Contractility Modulation System; Pulse Generator Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024

0413T	Removal Of Permanent Cardiac Contractility Modulation System; Transvenous Electrode (Atrial Or Ventricular)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0414T	Removal And Replacement Of Permanent Cardiac Contractility Modulation System Pulse Generator Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0415T	Repositioning Of Previously Implanted Cardiac Contractility Modulation Transvenous Electrode (Atrial Or Ventricular Lead)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0416T	Relocation Of Skin Pocket For Implanted Cardiac Contractility Modulation Pulse Generator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0417T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0418T	Interrogation Device Evaluation (In Person) With Analysis Review And Report Includes Connection Recording And Disconnection Per Patient Encounter Implantable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0422T	Tactile Breast Imaging By Computer-Aided Tactile Sensors Unilateral Or Bilateral	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0440T	Ablation Percutaneous Cryoablation Includes Imaging Guidance; Upper Extremity Distal/Peripheral Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
0441T	Ablation Percutaneous Cryoablation Includes Imaging Guidance; Lower Extremity Distal/Peripheral Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0442T	Ablation Percutaneous Cryoablation Includes Imaging Guidance; Nerve Plexus Or Other Truncal Nerve (Eg Brachial Plexus Pudendal Nerve)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0449T	Insertion Of Aqueous Drainage Device Without Extraocular Reservoir Internal Approach Into The Subconjunctival Space; Initial Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0450T	Insertion Of Aqueous Drainage Device Without Extraocular Reservoir Internal Approach Into The Subconjunctival Space; Each Additional Device (List Separately In	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

0474T	Insertion Of Anterior Segment Aqueous Drainage Device With Creation Of Intraocular Reservoir Internal Approach Into The Supraciliary Space	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0479T	Fractional Ablative Laser Fenestration Of Burn And Traumatic Scars For Functional Improvement; First 100 Cm2 Or Part Thereof Or 1% Of Body Surface Area Of Infants	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0480T	Fractional Ablative Laser Fenestration Of Burn And Traumatic Scars For Functional Improvement; Each Additional 100 Cm2 Or Each Additional 1% Of Body Surface Area	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0483T	Transcatheter Mitral Valve Implantation/Replacement (Tmvi) With Prosthetic Valve; Percutaneous Approach Including Transseptal Puncture When	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0484T	Transcatheter Mitral Valve Implantation/Replacement (Tmvi) With Prosthetic Valve; Transthoracic Exposure (Eg Thoracotomy Transapical)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0494T	Surgical Preparation And Cannulation Of Marginal (Extended) Cadaver Donor Lung(S) To Ex Vivo Organ Perfusion System Including Decannulation Separation From	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
0495T	Initiation And Monitoring Marginal (Extended) Cadaver Donor Lung(S) Organ Perfusion System By Physician Or Qualified Health Care Professional Including Physiological	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
0496T	Initiation And Monitoring Marginal (Extended) Cadaver Donor Lung(S) Organ Perfusion System By Physician Or Qualified Health Care Professional Including Physiological	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
0510T	Removal Of Sinus Tarsi Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0516T	Insertion Of Wireless Cardiac Stimulator For Left Ventricular Pacing Including Device Interrogation And Programming And Imaging Supervision And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0517T	Insertion Of Wireless Cardiac Stimulator For Left Ventricular Pacing Including Device Interrogation And Programming And Imaging Supervision And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0524T	Endovenous Catheter Directed Chemical Ablation With Balloon Isolation Of Incompetent Extremity Vein Open Or Percutaneous Including All Vascular Access	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

0529T	Interrogation Device Evaluation (In Person) Of Intracardiac Ischemia Monitoring System With Analysis Review And Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0537T	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Harvesting Of Blood-Derived T Lymphocytes For Development Of Genetically Modified Autologous Car-T Cells	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
0538T	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Preparation Of Blood-Derived T Lymphocytes For Transportation (Eg Cryopreservation Storage)	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	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Receipt And Preparation Of Car-T Cells For Administration	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
0540T	Chimeric Antigen Receptor T-Cell (Car-T) Therapy; Car-T Cell Administration 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
0544T	Transcatheter Mitral Valve Annulus Reconstruction With Implantation Of Adjustable Annulus Reconstruction Device Percutaneous Approach Including	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0545T	Transcatheter Tricuspid Valve Annulus Reconstruction With Implantation Of Adjustable Annulus Reconstruction Device Percutaneous Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0546T	Radiofrequency Spectroscopy Real Time Intraoperative Margin Assessment At The Time Of Partial Mastectomy With Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	Add effective 01/01/2024
0569T	Transcatheter Tricuspid Valve Repair Percutaneous Approach; Initial Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0570T	Transcatheter Tricuspid Valve Repair Percutaneous Approach; Each Additional Prosthesis During Same Session (List Separately In Addition To Code For Primary	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0587T	Percutaneous Implantation Or Replacement Of Integrated Single Device Neurostimulation System For Bladder Dysfunction Including Electrode Array And Receiver Or	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0588T	Revision Or Removal Of Percutaneously Placed Integrated Single Device Neurostimulation System For Bladder Dysfunction Including Electrode Array And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



0589T	Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System For Bladder Dysfunction (Eg Electrode Array And Receiver)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0590T	Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System For Bladder Dysfunction (Eg Electrode Array And Receiver)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0596T	Temporary Female Intraurethral Valve-Pump (Ie Voiding Prosthesis); Initial Insertion Including Urethral Measurement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
0597T	Temporary Female Intraurethral Valve-Pump (Ie Voiding Prosthesis); Replacement	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
0600T	Ablation Irreversible Electroporation; 1 Or More Tumors Per Organ Including Imaging Guidance When Performed Percutaneous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0601T	Ablation Irreversible Electroporation; 1 Or More Tumors Per Organ Including Fluoroscopic And Ultrasound Guidance When Performed Open	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0619T	Cystourethroscopy With Transurethral Anterior Prostate Commissurotomy And Drug Delivery Including Transrectal Ultrasound And Fluoroscopy When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
0632T	Percutaneous Transcatheter Ultrasound Ablation Of Nerves Innervating The Pulmonary Arteries Including Right Heart Catheterization Pulmonary Artery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0643T	Transcatheter Left Ventricular Restoration Device Implantation Including Right And Left Heart Catheterization And Left Ventriculography When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0645T	Transcatheter Implantation Of Coronary Sinus Reduction Device Including Vascular Access And Closure Right Heart Catheterization Venous Angiography Coronary	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0646T	Transcatheter Tricuspid Valve Implantation (Ttvi)/Replacement With Prosthetic Valve Percutaneous Approach Including Right Heart Catheterization Temporary	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
0650T	Programming Device Evaluation (Remote) Of Subcutaneous Cardiac Rhythm Monitor System With Iterative Adjustment Of The Implantable Device To Test The	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

0692T	Therapeutic Ultrafiltration	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
0740T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Initial Set-Up And Patient Education	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0741T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Provision Of Software Data Collection Transmission And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	Add effective 09/01/2023
0745T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Noninvasive Arrhythmia Localization And Mapping Of Arrhythmia Site (Nidus) Derived From Anatomical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	-
0746T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Conversion Of Arrhythmia Localization And Mapping Of Arrhythmia Site (Nidus) Into A	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	-
0747T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Delivery Of Radiation Therapy Arrhythmia	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	-
0764T	Assistive Algorithmic Electrocardiogram Risk-Based Assessment For Cardiac Dysfunction (Eg Low-Ejection Fraction Pulmonary Hypertension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	-
0765T	Assistive Algorithmic Electrocardiogram Risk-Based Assessment For Cardiac Dysfunction (Eg Low-Ejection Fraction Pulmonary Hypertension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/15/2023	-	-
0780T	Instillation Of Fecal Microbiota Suspension Via Rectal Enema Into Lower Gastrointestinal Tract	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023	-	-
0784T	Insertion Or Replacement Of Percutaneous Electrode Array Spinal With Integrated Neurostimulator Including Imaging Guidance When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0785T	Revision Or Removal Of Neurostimulator Electrode Array Spinal With Integrated Neurostimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0786T	Insertion Or Replacement Of Percutaneous Electrode Array Sacral With Integrated Neurostimulator Including Imaging Guidance When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024

0787T	Revision Or Removal Of Neurostimulator Electrode Array Sacral With Integrated Neurostimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0788T	Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System (Eg Electrode Array And Receiver) Including Contact Group(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0789T	Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System (Eg Electrode Array And Receiver) Including Contact Group(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0790T	Revision (Eg Augmentation Division Of Tether) Replacement Or Removal Of Thoracolumbar Or Lumbar Vertebral Body Tethering Including Thoracoscopy When	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
0793T	Percutaneous Transcatheter Thermal Ablation Of Nerves Innervating The Pulmonary Arteries Including Right Heart Catheterization Pulmonary Artery	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0795T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0796T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0797T	Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0798T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0799T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0800T	Transcatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0801T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-

0802T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0803T	Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0804T	Programming Device Evaluation (In Person) With Iterative Adjustment Of Implantable Device To Test The Function Of Device And To Select Optimal Permanent Programmed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0805T	Transcatheter Superior And Inferior Vena Cava Prosthetic Valve Implantation (Ie Caval Valve Implantation [Cavi]); Percutaneous Femoral Vein Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0806T	Transcatheter Superior And Inferior Vena Cava Prosthetic Valve Implantation (Ie Caval Valve Implantation [Cavi]); Open Femoral Vein Approach	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0810T	Subretinal Injection Of A Pharmacologic Agent Including Vitrectomy And 1 Or More Retinotomies	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
0813T	Esophagogastroduodenoscopy Flexible Transoral With Volume Adjustment Of Intra gastric Bariatric Balloon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024 Retire effective 6/30/2024
0816T	Open Insertion Or Replacement Of Integrated Neurostimulation System For Bladder Dysfunction Including Electrode(S) (Eg Array Or Leadless) And Pulse Generator Or Receiver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	6/30/2024	Add effective 05/15/2024 Retire effective 6/30/2024
0818T	Revision Or Removal Of Integrated Neurostimulation System For Bladder Dysfunction Including Analysis Programming And Imaging When Performed	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	6/30/2024	Add effective 05/15/2024
0823T	Transcatheter Insertion Of Permanent Single-Chamber Leadless Pacemaker Right Atrial Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	12/31/2999	Add effective 5/15/2024
0824T	Transcatheter Removal Of Permanent Single-Chamber Leadless Pacemaker Right Atrial Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	12/31/2999	Add effective 5/15/2024
0825T	Transcatheter Removal And Replacement Of Permanent Single-Chamber Leadless Pacemaker Right Atrial Including Imaging Guidance (Eg Fluoroscopy Venous	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	12/31/2999	Add effective 5/15/2024

0826T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	12/31/2999	Add effective 5/15/2024
0858T	Externally Applied Transcranial Magnetic Stimulation With Concomitant Measurement Of Evoked Cortical Potentials With Automated Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2024	12/31/2999	
0861T	Removal Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing; Both Components (Battery And Transmitter)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0862T	Relocation Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing Including Device Interrogation And Programming; Battery Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0863T	Relocation Of Pulse Generator For Wireless Cardiac Stimulator For Left Ventricular Pacing Including Device Interrogation And Programming; Transmitter Component Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
0864T	Low-Intensity Extracorporeal Shock Wave Therapy Involving Corpus Cavernosum Low Energy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024 Retire effective 6/30/2024
33267	Exclusion Of Left Atrial Appendage Open Any Method (Eg Excision Isolation Via Stapling Oversewing Ligation Plication Clip)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
53452	Periurethral Transperineal Adjustable Balloon Continence Device; Unilateral Insertion Including Cystourethroscopy And Imaging Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
53453	Periurethral Transperineal Adjustable Balloon Continence Device; Removal Each Balloon	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
53454	Periurethral Transperineal Adjustable Balloon Continence Device; Percutaneous Adjustment Of Balloon(S) Fluid Volume	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
97545	Work Hardening/Conditioning; Initial 2 Hours	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
97546	Work Hardening/Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024

A0021	Ambulance Service Outside State Per Mile Transport (Medicaid Only)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0426	Ambulance Service Advanced Life Support Non-Emergency Transport Level 1 (Als 1)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0428	Ambulance Service Basic Life Support Non-Emergency Transport (BlS)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0431	Ambulance Service Conventional Air Services Transport One Way (Rotary Wing)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A0436	Rotary 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.	-	-	-
A0998	Ambulance Response And Treatment No Transport	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A4100	Skin Substitute Fda Cleared As A Device Not Otherwise Specified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A4341	Indwelling Intraurethral Drainage Device With Valve Patient Inserted Replacement Only Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
A4342	Accessories For Patient Inserted Indwelling Intraurethral Drainage Device With Valve Replacement Only Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
A4540	Distal Transcutaneous Electrical Nerve Stimulator Stimulates Peripheral Nerves Of The Upper Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
A4541	Monthly Supplies For Use Of Device Coded At E0733	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
A4542	Supplies And Accessories For External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024

A4555	Electrode/Transducer For Use With Electrical Stimulation Device Used For Cancer Treatment Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A4560	Neuromuscular Electrical Stimulator (Nmes) Disposable Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	1/14/2024	Add effective 10/01/2023
A4600	Sleeve For Intermittent Limb Compression Device Replacement Only Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
A4638	Replacement Battery For Patient-Owned Ear Pulse Generator Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
A9291	Prescription Digital Cognitive And/Or Behavioral Therapy Fda Cleared Per Course Of Treatment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
B4105	In-Line Cartridge Containing Digestive Enzyme(S) For Enteral Feeding Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1062	Intravertebral Body Fracture Augmentation With Implant (E.G. Metal Polymer)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
C1761	Catheter Transluminal Intravascular Lithotripsy Coronary	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1764	Event Recorder Cardiac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1776	Joint Device (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1778	Lead Neurostimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
C1783	Ocular Implant Aqueous Drainage Assist Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

C1817	Septal Defect Imp Sys	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1818	Integrated Keratoprosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1820	Generator Neurostimulator (Implantable) With Rechargeable Battery And Charging System	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	Generator Neurostimulator (Implantable) High Frequency With Rechargeable Battery And Charging System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1824	Generator Cardiac Contractility Modulation (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
C1825	Generator Neurostimulator (Implantable) Non-Rechargeable With Carotid Sinus Baroreceptor Stimulation Lead(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C1826	Generator Neurostimulator (Implantable) Includes Closed Feedback Loop Leads And All Implantable Components With Rechargeable Battery And Charging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
C1832	Autograft Suspension Including Cell Processing And Application And All System Components	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
C1833	Monitor Cardiac Including Intracardiac Lead And All System Components (Implantable)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C2623	Catheter Transluminal Angioplasty Drug-Coated Non-Laser	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C2624	Implantable Wireless Pulmonary Artery Pressure Sensor With Delivery Catheter Including All System Components	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C5271	Application Of Low Cost Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-



C5272	Application Of Low Cost Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area Or Part	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C5273	Application Of Low Cost Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C5274	Application Of Low Cost Skin Substitute Graft To Trunk Arms Legs Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C5275	Application Of Low Cost Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C5276	Application Of Low Cost Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C5277	Application Of Low Cost Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C5278	Application Of Low Cost Skin Substitute Graft To Face Scalp Eyelids Mouth Neck Ears Orbits Genitalia Hands Feet And/Or Multiple Digits Total Wound	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
C9160	Injection, Daxibotulinumtoxin-A Lanm, 1 Unit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	12/31/2999	Add effective 05/15/2024
C9161	Injection, Afibercept Hd, 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
C9168	Injection Mirikizumab-Mrkz 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2024	12/31/2999	Add effective 8/1/2024
C9734	Focused Ultrasound Ablation/Therapeutic Intervention Other Than Uterine Leiomyomata With Magnetic Resonance (Mr) Guidance	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9739	Cystourethroscopy With Insertion Of Transprostatic Implant; 1 To 3 Implants	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

C9740	Cystourethroscopy With Insertion Of Transprostatic Implant; 4 Or More Implants	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9764	Revascularization Endovascular Open Or Percutaneous Any Vessel(S); With Intravascular Lithotripsy Includes Angioplasty Within The Same Vessel(S) When	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9765	Revascularization Endovascular Open Or Percutaneous Any Vessel(S); With Intravascular Lithotripsy And Transluminal Stent Placement(S) Includes Angioplasty	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9766	Revascularization Endovascular Open Or Percutaneous Any Vessel(S); With Intravascular Lithotripsy And Atherectomy Includes Angioplasty Within The	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9767	Revascularization Endovascular Open Or Percutaneous Any Vessel(S); With Intravascular Lithotripsy And Transluminal Stent Placement(S) And Atherectomy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
C9782	Blinded Procedure For New York Heart Association (Nyha) Class Ii Or Iii Heart Failure Or Canadian Cardiovascular Society (Ccs) Class Iii Or Iv Chronic Refractory Angina;	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/15/2024
C9784	Gastric Restrictive Procedure Endoscopic Sleeve Gastroplasty With Esophagogastroduodenoscopy And Intraluminal Tube Insertion If Performed Including All System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	11/30/2023	-
C9786	Echocardiography Image Post Processing For Computer Aided Detection Of Heart Failure With Preserved Ejection Fraction Including Interpretation And Report	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
C9793	3D Predictive Model Generation For Pre-Planning Of A Cardiac Procedure Using Data From Cardiac Computed Tomographic Angiography With Report	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2024	12/31/2999	Add effective 8/1/2024
C9796	Repair Of Enterocutaneous Fistula Small Intestine Or Colon (Excluding Anorectal Fistula) With Plug (E.G. Porcine Small Intestine Submucosa [Sis])	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	6/30/2024	Add effective 04/01/2024 retire effective 06/30/2024
E0187	Water Pressure Mattress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0280	Bed Cradle Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E0290	Hospital Bed Fixed Height Without Side Rails With Mattress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0292	Hospital Bed Variable Height Hi-Lo Without Side Rails With Mattress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0293	Hospital Bed Variable Height Hi-Lo Without Side Rails Without Mattress	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Adjustable Or Non-Adjustable Prefabricated Includes Fitting And Adjustment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
E0492	Power Source And Control Electronics Unit For Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
E0493	Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle Used In Conjunction With The Power Source And Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
E0530	Electronic Positional Obstructive Sleep Apnea Treatment With Sensor Includes All Components And Accessories Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
E0616	Implantable Cardiac Event Recorder With Memory Activator And Programmer	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0617	External Defibrillator With Integrated Electrocardiogram Analysis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0650	Pneumatic Compressor Non-Segmental Home Model	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0651	Pneumatic Compressor Segmental Home Model Without Calibrated Gradient Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0652	Pneumatic Compressor Segmental Home Model With Calibrated Gradient Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E0655	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor Half Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0656	Segmental Pneumatic Appliance For Use With Pneumatic Compressor Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor Chest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0660	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0665	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0666	Non-Segmental Pneumatic Appliance For Use With Pneumatic Compressor Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0667	Segmental Pneumatic Appliance For Use With Pneumatic Compressor Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0668	Segmental Pneumatic Appliance For Use With Pneumatic Compressor Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0669	Segmental Pneumatic Appliance For Use With Pneumatic Compressor Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0670	Segmental Pneumatic Appliance For Use With Pneumatic Compressor Integrated 2 Full Legs And Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0671	Segmental Gradient Pressure Pneumatic Appliance Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0672	Segmental Gradient Pressure Pneumatic Appliance Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E0673	Segmental Gradient Pressure Pneumatic Appliance Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0676	Intermittent Limb Compression Device (Includes All Accessories) Not Otherwise Specified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0677	Non-Pneumatic Sequential Compression Garment Trunk	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
E0678	Non-Pneumatic Sequential Compression Garment Full Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0679	Non-Pneumatic Sequential Compression Garment Half Leg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0680	Non-Pneumatic Compression Controller With Sequential Calibrated Gradient Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0681	Non-Pneumatic Compression Controller Without Calibrated Gradient Pressure	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0682	Non-Pneumatic Sequential Compression Garment Full Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0691	Ultraviolet Light Therapy System Includes Bulbs/Lamps Timer And Eye Protection; Treatment Area 2 Square Feet Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0692	Ultraviolet Light Therapy System Panel Includes Bulbs/Lamps Timer And Eye Protection 4 Foot Panel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0693	Ultraviolet Light Therapy System Panel Includes Bulbs/Lamps Timer And Eye Protection 6 Foot Panel	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet Includes Bulbs/Lamps Timer And Eye Protection	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E0732	Cranial Electrotherapy Stimulation (Ces) System Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
E0733	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Trigeminal Nerve	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0734	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
E0735	Non-Invasive Vagus Nerve Stimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
E0736	Transcutaneous Tibial Nerve Stimulator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 5/1/2024
E0744	Neuromuscular Stimulator For Scoliosis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
E0746	Electromyography (Emg) Biofeedback Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2023	12/31/2999	Add effective 11/1/2023
E0747	Osteogenesis Stimulator Electrical Non-Invasive Other Than Spinal Applications	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0760	Osteogenesis Stimulator Low Intensity Ultrasound Non-Invasive	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0761	Non-Thermal Pulsed High Frequency Radiowaves High Peak Power Electromagnetic Energy Treatment Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0766	Electrical Stimulation Device Used For Cancer Treatment Includes All Accessories Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0920	Fracture Frame Attached To Bed Includes Weights	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E0930	Fracture Frame Free Standing Includes Weights	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0935	Continuous Passive Motion Exercise Device For Use On Knee Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0946	Fracture Frame Dual With Cross Bars Attached To Bed (E. G. Balken 4 Poster)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0950	Wheelchair Accessory Tray Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0954	Wheelchair Accessory Foot Box Any Type Includes Attachment And Mounting Hardware Each Foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0955	Wheelchair Accessory Headrest Cushioned Any Type Including Fixed Mounting Hardware Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0969	Narrowing Device Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0983	Manual Wheelchair Accessory Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair Joystick Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0984	Manual Wheelchair Accessory Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair Tiller Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0985	Wheelchair Accessory Seat Lift Mechanism	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0986	Manual Wheelchair Accessory Push-Rim Activated Power Assist System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0988	Manual Wheelchair Accessory Lever-Activated Wheel Drive Pair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E0990	Wheelchair Accessory Elevating Leg Rest Complete Assembly Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E0992	Manual Wheelchair Accessory Solid Seat Insert	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1002	Wheelchair Accessory Power Seating System Tilt Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1003	Wheelchair Accessory Power Seating System Recline Only Without Shear Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1004	Wheelchair Accessory Power Seating System Recline Only With Mechanical Shear Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1005	Wheelchair Accessory Power Seating System Recline Only With Power Shear Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1006	Wheelchair Accessory Power Seating System Combination Tilt And Recline Without Shear Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1007	Wheelchair Accessory Power Seating System Combination Tilt And Recline With Mechanical Shear Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1008	Wheelchair Accessory Power Seating System Combination Tilt And Recline With Power Shear Reduction	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1009	Wheelchair Accessory Addition To Power Seating System Mechanically Linked Leg Elevation System Including Pushrod And Leg Rest Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1010	Wheelchair Accessory Addition To Power Seating System Power Leg Elevation System Including Leg Rest Pair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1012	Wheelchair Accessory Addition To Power Seating System Center Mount Power Elevating Leg Rest/Platform Complete System Any Type Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



E1028	Wheelchair Accessory Manual Swingaway Retractable Or Removable Mounting Hardware For Joystick Other Control Interface Or Positioning Accessory	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1036	Multi-Positional Patient Transfer System Extra-Wide With Integrated Seat Operated By Caregiver Patient Weight Capacity Greater Than 300 Lbs	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1084	Hemi-Wheelchair Detachable Arms Desk Or Full Length Arms Swing Away Detachable Elevating Leg Rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1085	Hemi-Wheelchair Fixed Full Length Arms Swing Away Detachable Foot Rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1100	Semi-Reclining Wheelchair Fixed Full Length Arms Swing Away Detachable Elevating Leg Rests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1110	Semi-Reclining Wheelchair Detachable Arms (Desk Or Full Length) Elevating Leg Rest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1170	Amputee Wheelchair Fixed Full Length Arms Swing Away Detachable Elevating Legrests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1171	Amputee Wheelchair Fixed Full Length Arms Without Footrests Or Legrest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1172	Amputee Wheelchair Detachable Arms (Desk Or Full Length) Without Footrests Or Legrest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1180	Amputee Wheelchair Detachable Arms (Desk Or Full Length) Swing Away Detachable Footrests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1190	Amputee Wheelchair Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Legrests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1195	Heavy Duty Wheelchair Fixed Full Length Arms Swing Away Detachable Elevating Legrests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E1223	Wheelchair With Detachable Arms Footrests	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1225	Wheelchair Accessory Manual Semi-Reclining Back (Recline Greater Than 15 Degrees But Less Than 80 Degrees) Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1226	Wheelchair Accessory Manual Fully Reclining Back (Recline Greater Than 80 Degrees) Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1227	Special Height Arms For Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1228	Special Back Height For Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1230	Power Operated Vehicle (Three Or Four Wheel Nonhighway) Specify Brand Name And Model Number	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1231	Wheelchair Pediatric Size Tilt-In-Space Rigid Adjustable With Seating System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1239	Power Wheelchair Pediatric Size Not Otherwise Specified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1250	Lightweight Wheelchair Fixed Full Length Arms Swing Away Detachable Footrest	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E1301	Whirlpool Tub Walk-In Portable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
E2120	Pulse Generator System For Tympanic Treatment Of Inner Ear Endolymphatic Fluid	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
E2201	Manual Wheelchair Accessory Nonstandard Seat Frame Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2202	Manual Wheelchair Accessory Nonstandard Seat Frame Width 24-27 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2203	Manual Wheelchair Accessory Nonstandard Seat Frame Depth 20 To Less Than 22 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2204	Manual Wheelchair Accessory Nonstandard Seat Frame Depth 22 To 25 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2209	Arm Trough With Or Without Hand Support Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2211	Manual Wheelchair Accessory Pneumatic Propulsion Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2212	Manual Wheelchair Accessory Tube For Pneumatic Propulsion Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2213	Manual Wheelchair Accessory Insert For Pneumatic Propulsion Tire (Removable) Any Type Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2214	Manual Wheelchair Accessory Pneumatic Caster Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2215	Manual Wheelchair Accessory Tube For Pneumatic Caster Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2216	Manual Wheelchair Accessory Foam Filled Propulsion Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2217	Manual Wheelchair Accessory Foam Filled Caster Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2218	Manual Wheelchair Accessory Foam Propulsion Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2219	Manual Wheelchair Accessory Foam Caster Tire Any Size Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2228	Manual Wheelchair Accessory Wheel Braking System And Lock Complete Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2291	Back Planar For Pediatric Size Wheelchair Including Fixed Attaching Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2292	Seat Planar For Pediatric Size Wheelchair Including Fixed Attaching Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2293	Back Contoured For Pediatric Size Wheelchair Including Fixed Attaching Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2294	Seat Contoured For Pediatric Size Wheelchair Including Fixed Attaching Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2298	Complex Rehabilitative Power Wheelchair Accessory Power Seat Elevation System Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
E2300	Wheelchair Accessory, Power Seat Elevation System, Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	12/1/2023	3/31/2024	Add effective 12/01/2023 Retire effective 03/31/2024
E2310	Power Wheelchair Accessory Electronic Connection Between Wheelchair Controller And One Power Seating System Motor Including All Related Electronics	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2311	Power Wheelchair Accessory Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors Including All Related Electronics	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2312	Power Wheelchair Accessory Hand Or Chin Control Interface Mini- Proportional	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2313	Power Wheelchair Accessory Harness For Upgrade To Expandable Controller	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2321	Power Wheelchair Accessory Hand Control Interface Remote Joystick Nonproportional Including All Related Electronics Mechanical Stop Switch And Fixed Mounting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2322	Power Wheelchair Accessory Hand Control Interface Multiple Mechanical Switches Nonproportional Including All Related Electronics Mechanical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2323	Power Wheelchair Accessory Specialty Joystick Handle For Hand Control Interface Prefabricated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2324	Power Wheelchair Accessory Chin Cup For Chin Control Interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2325	Power Wheelchair Accessory Sip And Puff Interface Nonproportional Including All Related Electronics Mechanical Stop Switch And Manual Swingaway Mounting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2326	Power Wheelchair Accessory Breath Tube Kit For Sip And Puff Interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2327	Power Wheelchair Accessory Head Control Interface Mechanical Proportional Including All Related Electronics Mechanical Direction Change Switch And Fixed Mounting	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2328	Power Wheelchair Accessory Head Control Or Extremity Control Interface Electronic Proportional Including All Related Electronics And Fixed Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2329	Power Wheelchair Accessory Head Control Interface Contact Switch Mechanism Nonproportional Including All Related Electronics Mechanical Stop Switch Mechanical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2330	Power Wheelchair Accessory Head Control Interface Proximity Switch Mechanism Nonproportional Including All Related Electronics Mechanical Stop Switch Mechanical	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2331	Power Wheelchair Accessory Attendant Control Proportional Including All Related Electronics And Fixed Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2340	Power Wheelchair Accessory Nonstandard Seat Frame Width 20-23 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2341	Power Wheelchair Accessory Nonstandard Seat Frame Width 24-27 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2342	Power Wheelchair Accessory Nonstandard Seat Frame Depth 20 Or 21 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2343	Power Wheelchair Accessory Nonstandard Seat Frame Depth 22-25 Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2351	Power Wheelchair Accessory Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2358	Power Wheelchair Accessory Group 34 Non-Sealed Lead Acid Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2359	Power Wheelchair Accessory Group 34 Sealed Lead Acid Battery Each (E.G. Gel Cell Absorbed Glassmat)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2360	Power Wheelchair Accessory 22 Nf Non-Sealed Lead Acid Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2361	Power Wheelchair Accessory 22Nf Sealed Lead Acid Battery Each (E. G. Gel Cell Absorbed Glassmat)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2362	Power Wheelchair Accessory Group 24 Non-Sealed Lead Acid Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2363	Power Wheelchair Accessory Group 24 Sealed Lead Acid Battery Each (E. G. Gel Cell Absorbed Glassmat)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2364	Power Wheelchair Accessory U-1 Non-Sealed Lead Acid Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2365	Power Wheelchair Accessory U-1 Sealed Lead Acid Battery Each (E. G. Gel Cell Absorbed Glassmat)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2366	Power Wheelchair Accessory Battery Charger Single Mode For Use With Only One Battery Type Sealed Or Non-Sealed Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2367	Power Wheelchair Accessory Battery Charger Dual Mode For Use With Either Battery Type Sealed Or Non-Sealed Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2371	Power Wheelchair Accessory Group 27 Sealed Lead Acid Battery (E.G. Gel Cell Absorbed Glassmat) Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2372	Power Wheelchair Accessory Group 27 Non-Sealed Lead Acid Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2373	Power Wheelchair Accessory Hand Or Chin Control Interface Compact Remote Joystick Proportional Including Fixed Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2377	Power Wheelchair Accessory Expandable Controller Including All Related Electronics And Mounting Hardware Upgrade Provided At Initial Issue	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2397	Power Wheelchair Accessory Lithium-Based Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2500	Speech Generating Device Digitized Speech Using Pre-Recorded Messages Less Than Or Equal To 8 Minutes Recording Time	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2502	Speech Generating Device Digitized Speech Using Pre-Recorded Messages Greater Than 8 Minutes But Less Than Or Equal To 20 Minutes Recording Time	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2504	Speech Generating Device Digitized Speech Using Pre-Recorded Messages Greater Than 20 Minutes But Less Than Or Equal To 40 Minutes Recording Time	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2506	Speech Generating Device Digitized Speech Using Pre-Recorded Messages Greater Than 40 Minutes Recording Time	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2508	Speech Generating Device Synthesized Speech Requiring Message Formulation By Spelling And Access By Physical Contact With The Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2510	Speech Generating Device Synthesized Speech Permitting Multiple Methods Of Message Formulation And Multiple Methods Of Device Access	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2511	Speech Generating Software Program For Personal Computer Or Personal Digital Assistant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2512	Accessory For Speech Generating Device Mounting System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2599	Accessory For Speech Generating Device Not Otherwise Classified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2602	General Use Wheelchair Seat Cushion Width 22 Inches Or Greater Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2603	Skin Protection Wheelchair Seat Cushion Width Less Than 22 Inches Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2604	Skin Protection Wheelchair Seat Cushion Width 22 Inches Or Greater Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2605	Positioning Wheelchair Seat Cushion Width Less Than 22 Inches Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2606	Positioning Wheelchair Seat Cushion Width 22 Inches Or Greater Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2607	Skin Protection And Positioning Wheelchair Seat Cushion Width Less Than 22 Inches Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2608	Skin Protection And Positioning Wheelchair Seat Cushion Width 22 Inches Or Greater Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2609	Custom Fabricated Wheelchair Seat Cushion Any Size	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



E2611	General Use Wheelchair Back Cushion Width Less Than 22 Inches Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2612	General Use Wheelchair Back Cushion Width 22 Inches Or Greater Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2613	Positioning Wheelchair Back Cushion Posterior Width Less Than 22 Inches Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2614	Positioning Wheelchair Back Cushion Posterior Width 22 Inches Or Greater Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2615	Positioning Wheelchair Back Cushion Posterior-Lateral Width Less Than 22 Inches Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2616	Positioning Wheelchair Back Cushion Posterior-Lateral Width 22 Inches Or Greater Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2617	Custom Fabricated Wheelchair Back Cushion Any Size Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2620	Positioning Wheelchair Back Cushion Planar Back With Lateral Supports Width Less Than 22 Inches Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2621	Positioning Wheelchair Back Cushion Planar Back With Lateral Supports Width 22 Inches Or Greater Any Height Including Any Type Mounting Hardware	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2622	Skin Protection Wheelchair Seat Cushion Adjustable Width Less Than 22 Inches Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2623	Skin Protection Wheelchair Seat Cushion Adjustable Width 22 Inches Or Greater Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2624	Skin Protection And Positioning Wheelchair Seat Cushion Adjustable Width Less Than 22 Inches Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

E2625	Skin Protection And Positioning Wheelchair Seat Cushion Adjustable Width 22 Inches Or Greater Any Depth	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2626	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Adjustable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2627	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Adjustable Rancho Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2628	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Reclining	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2629	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Attached To Wheelchair Balanced Friction Arm Support (Friction Dampening To Proximal And Distal	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2630	Wheelchair Accessory Shoulder Elbow Mobile Arm Support Monosuspension Arm And Hand Support Overhead Elbow Forearm Hand Sling Support Yoke Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2631	Wheelchair Accessory Addition To Mobile Arm Support Elevating Proximal Arm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2632	Wheelchair Accessory Addition To Mobile Arm Support Offset Or Lateral Rocker Arm With Elastic Balance Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E2633	Wheelchair Accessory Addition To Mobile Arm Support Supinator	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
E3000	Speech Volume Modulation System Any Type Including All Components And Accessories	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	5/14/2024	Add effective 02/15/2024 Retire effective 05/14/2024
G0176	Activity Therapy Such As Music Dance Art Or Play Therapies Not For Recreation Related To The Care And Treatment Of Patient'S Disabling Mental Health Problems	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0303	Pre-Operative Pulmonary Surgery Services For Preparation For Lvr's 10 To 15 Days Of Services	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

G0341	Percutaneous Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0342	Laparoscopy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0343	Laparotomy For Islet Cell Transplant Includes Portal Vein Catheterization And Infusion	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0416	Surgical Pathology Gross And Microscopic Examinations For Prostate Needle Biopsy Any Method	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0422	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring With Exercise Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0423	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise Per Session	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0429	Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G. As A Result Of Highly Active Antiretroviral Therapy.)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0455	Preparation With Instillation Of Fecal Microbiota By Any Method Including Assessment Of Donor Specimen	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G0518	Removal With Reinsertion Non-Biodegradable Drug Delivery Implants 4 Or More (Services For Subdermal Implants)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G2082	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient That Requires The Supervision Of A Physician Or Other Qualified Health	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
G2083	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient That Requires The Supervision Of A Physician Or Other Qualified Health	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J0172	Injection Aducanumab-Awwa 2 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

J0174	Injection Lecanemab-Irmb 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/15/2023	12/31/2999	Add effective 09/15/2023
J0177	Injection Aflibercept Hd 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
J0202	Injection Alemtuzumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0218	Injection Olipudase Alfa-Rpcp 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	-	-
J0219	Injection Avalglucosidase Alfa-Ngpt 4 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0220	Injection Alglucosidase Alfa 10 Mg Not Otherwise Specified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J0222	Injection Patisiran 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0223	Injection Givosiran 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0224	Injection Lumasiran 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0225	Injection Vutrisiran 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023	-	-
J0248	Injection Remdesivir 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2024	12/31/2999	Add effective 05/01/2024
J0485	Injection Belatacept 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024

J0491	Injection Anifrolumab-Fnia 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0517	Injection Benralizumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0565	Injection Bezlotoxumab 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0567	Injection Cerliponase Alfa 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
J0584	Injection Burosumab-Twza 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0585	Injection Onabotulinumtoxina 1 Unit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0586	Injection Abobotulinumtoxina 5 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0587	Injection Rimabotulinumtoxinb 100 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	1/31/2024	Retire effective 01/31/2024
J0588	Injection Incobotulinumtoxin A 1 Unit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	1/31/2024	Retire effective 01/31/2024
J0589	Injection Daxibotulinumtoxina-Lanm 1 Unit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/15/2024	12/31/2999	Add effective 05/15/2024
J0717	Injection Certolizumab Pegol 1 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct Supervision Of A Physician Not For Use When Drug Is	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0739	Injection, Cabotegravir, 1Mg, Fda Approved Prescription, Only For Use As Hiv Pre-Exposure Prophylaxis (Not For Use As Treatment For Hiv)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	2/14/2024	Add effective 10/15/2023 Retire effective 02/14/2024

J0741	Injection Cabotegravir And Rilpivirine 2Mg/3Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	12/31/2999	Add effective 10/15/2023
J0775	Injection Collagenase Clostridium Histolyticum 0.01 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J0791	Injection Crizanlizumab-Tmca 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1203	Injection Cipaglusosidase Alfa-Atga 5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2024	12/31/2999	Add effective 07/15/2024
J1301	Injection Edaravone 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1302	Injection Sutimlimab-Jome 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1303	Injection Ravulizumab-Cwvz 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1304	Injection Tofersen 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J1305	Injection Evinacumab-Dgnb 5Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1306	Injection Inclisiran 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1325	Injection Epoprostenol 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1411	Injection Etranacogene Dezaparvovec-Drlb Per Therapeutic Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	5/1/2023	-	-

J1412	Injection Valoctocogene Roxaparvec-Rvox Per Ml Containing Nominal 2 X 10 <sup>13</sup> Vector Genomes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J1413	Injection Delandistrogene Moxeparvec-Rokl Per Therapeutic Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J1426	Injection Casimersen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1427	Injection Viltolarsen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1428	Injection Eteplirsen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1429	Injection Golodirsen 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1440	Fecal Microbiota Live - Jslm 1 Ml	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	6/1/2024	12/31/2999	
J1551	Injection Immune Globulin (Cutaquig) 100 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1554	Injection Immune Globulin (Asceniv) 500 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1576	Injection Immune Globulin (Panzyga) Intravenous Non-Lyophilized (E.G. Liquid) 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
J1620	Injection Gonadorelin Hydrochloride Per 100 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1632	Injection Brexanolone 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

J1675	Injection Histrelin Acetate 10 Micrograms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1746	Injection Ibalizumab-Uiyk 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
J1747	Injection 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	-	-
J1823	Injection Inebilizumab-Cdon 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J1930	Injection Lanreotide 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J1951	Injection Leuprolide Acetate For Depot Suspension (Fensolvi) 0.25 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J1954	Injection Leuprolide Acetate For Depot Suspension (Cipla) 7.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2023	-	-
J2278	Injection Ziconotide 1 Microgram	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J2278	Injection Ziconotide 1 Microgram	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/1/2006	5/31/2024	Retiring 5/31/2024
J2327	Injection Risankizumab-Rzaa Intravenous 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2023	-	-
J2329	Injection Ublituximab-Xiiy 1Mg	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
J2353	Injection Octreotide Depot Form For Intramuscular Injection 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024



J2354	Injection Octreotide Non-Depot Form For Subcutaneous Or Intravenous Injection 25 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J2356	Injection Tezepelumab-Ekko 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J2502	Injection Pasireotide Long Acting 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	4/30/2024	Retire effective 04/30/2024
J2508	Injection Pegunigalsidase Alfa-lwxj 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J2779	Injection Ranibizumab Via Intravitreal Implant (Susvimo) 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J2782	Injection Avacincaptad Pegol 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/15/2024	12/31/2999	Add effective 07/15/2024
J2796	Injection Romiplostim 10 Micrograms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J3032	Injection Eptinezumab-Jjmr 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J3111	Injection Romosozumab-Aqqg 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J3121	Injection Testosterone Enanthate 1Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J3145	Injection Testosterone Undecanoate 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J3241	Injection Teprotumumab-Trbw 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-

J3245	Injection Tildrakizumab 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J3299	Injection Triamcinolone Acetonide (Xipere) 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J3396	Injection Verteporfin 0.1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J3398	Injection Voretigene Neparovec-Rzyl 1 Billion Vector Genomes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J3399	Injection Onasemnogene Aeparovec-Xioi Per Treatment Up To 5X10 <sup>15</sup> Vector Genomes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J3401	Beremagene Geperpavec-Svdt For Topical Administration Containing Nominal 5 X 10 <sup>9</sup> Pfu/MI Vector Genomes Per 0.1 MI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J3520	Edetate Disodium Per 150 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7177	Injection Human Fibrinogen Concentrate (Fibryga) 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7178	Injection Human Fibrinogen Concentrate Not Otherwise Specified 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J7178	Injection Human Fibrinogen Concentrate Not Otherwise Specified 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	1/1/2013	6/30/2024	
J7183	Injection Von Willebrand Factor Complex (Human) Wilate 1 I.U. Vwf:Rco	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
J7309	Methyl Aminolevulinate (Mal) For Topical Administration 16.8% 1 Gram	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

J7316	Injection Ocriplasmin 0.125 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J7402	Mometasone Furoate Sinus Implant (Sinuva) 10 Micrograms	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
J9029	Intravesical Instillation Nadofaragene Firadenovec-Vncg Per Therapeutic Dose	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
J9332	Injection Efgartigimod Alfa-Fcab 2Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
J9333	Injection Rozanolixizumab-Noli 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J9334	Injection Efgartigimod Alfa 2 Mg And Hyaluronidase-Qvfc	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
J9376	Injection Pozelimab-Bbfg 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/15/2024	12/31/2999	Add effective 04/15/2024
J9381	Injection Teplizumab-Mzww 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
J9600	Injection Porfimer Sodium 75 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0010	Standard - Weight Frame Motorized/Power Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0011	Standard - Weight Frame Motorized/Power Wheelchair With Programmable Control Parameters For Speed Adjustment Tremor Dampening Acceleration Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0012	Lightweight Portable Motorized/Power Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0013	Custom Motorized/Power Wheelchair Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0014	Other Motorized/Power Wheelchair Base	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0053	Elevating Footrests Articulating (Telescoping) Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0056	Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength Lightweight Or Ultralightweight Wheelchair	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0108	Wheelchair Component Or Accessory Not Otherwise Specified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0455	Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication (E. G. Epoprostenol Or Treprostinol)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0669	Seat/Back Custom; No Dme Pdac Ver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0743	Suction Pump Home Model Portable For Use On Wounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0744	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad Size 16 Square Inches Or Less	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0745	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad Size More Than 16 Square Inches But Less Than Or Equal To 48 Square Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0746	Absorptive Wound Dressing For Use With Suction Pump Home Model Portable Pad Size Greater Than 48 Square Inches	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0800	Power Operated Vehicle Group 1 Standard Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0801	Power Operated Vehicle Group 1 Heavy Duty Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0802	Power Operated Vehicle Group 1 Very Heavy Duty Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0806	Power Operated Vehicle Group 2 Standard Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0807	Power Operated Vehicle Group 2 Heavy Duty Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0808	Power Operated Vehicle Group 2 Very Heavy Duty Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0812	Power Operated Vehicle Not Otherwise Classified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0813	Power Wheelchair Group 1 Standard Portable Sling/Solid Seat And Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0814	Power Wheelchair Group 1 Standard Portable Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0815	Power Wheelchair Group 1 Standard Sling/Solid Seat And Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0816	Power Wheelchair Group 1 Standard Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0820	Power Wheelchair Group 2 Standard Portable Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0821	Power Wheelchair Group 2 Standard Portable Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0822	Power Wheelchair Group 2 Standard Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0823	Power Wheelchair Group 2 Standard Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0824	Power Wheelchair Group 2 Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0825	Power Wheelchair Group 2 Heavy Duty Captains Chair Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0826	Power Wheelchair Group 2 Very Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0827	Power Wheelchair Group 2 Very Heavy Duty Captains Chair Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0828	Power Wheelchair Group 2 Extra Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 601 Pounds Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0829	Power Wheelchair Group 2 Extra Heavy Duty Captains Chair Patient Weight Capacity 601 Pounds Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0830	Power Wheelchair Group 2 Standard Seat Elevator Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0831	Power Wheelchair Group 2 Standard Seat Elevator Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0835	Power Wheelchair Group 2 Standard Single Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0836	Power Wheelchair Group 2 Standard Single Power Option Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0837	Power Wheelchair Group 2 Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0838	Power Wheelchair Group 2 Heavy Duty Single Power Option Captains Chair Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0839	Power Wheelchair Group 2 Very Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0840	Power Wheelchair Group 2 Extra Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight Capacity 601 Pounds Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0841	Power Wheelchair Group 2 Standard Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0842	Power Wheelchair Group 2 Standard Multiple Power Option Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0843	Power Wheelchair Group 2 Heavy Duty Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0848	Power Wheelchair Group 3 Standard Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0849	Power Wheelchair Group 3 Standard Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0850	Power Wheelchair Group 3 Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0851	Power Wheelchair Group 3 Heavy Duty Captains Chair Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0852	Power Wheelchair Group 3 Very Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0853	Power Wheelchair Group 3 Very Heavy Duty Captains Chair Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0854	Power Wheelchair Group 3 Extra Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 601 Pounds Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0855	Power Wheelchair Group 3 Extra Heavy Duty Captains Chair Patient Weight Capacity 601 Pounds Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0856	Power Wheelchair Group 3 Standard Single Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0857	Power Wheelchair Group 3 Standard Single Power Option Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0858	Power Wheelchair Group 3 Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0859	Power Wheelchair Group 3 Heavy Duty Single Power Option Captains Chair Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0860	Power Wheelchair Group 3 Very Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0861	Power Wheelchair Group 3 Standard Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0862	Power Wheelchair Group 3 Heavy Duty Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0863	Power Wheelchair Group 3 Very Heavy Duty Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0864	Power Wheelchair Group 3 Extra Heavy Duty Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity 601 Pounds Or More	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



K0868	Power Wheelchair Group 4 Standard Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0869	Power Wheelchair Group 4 Standard Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0870	Power Wheelchair Group 4 Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0871	Power Wheelchair Group 4 Very Heavy Duty Sling/Solid Seat/Back Patient Weight Capacity 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0877	Power Wheelchair Group 4 Standard Single Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0878	Power Wheelchair Group 4 Standard Single Power Option Captains Chair Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0879	Power Wheelchair Group 4 Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0880	Power Wheelchair Group 4 Very Heavy Duty Single Power Option Sling/Solid Seat/Back Patient Weight 451 To 600 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0884	Power Wheelchair Group 4 Standard Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0885	Power Wheelchair Group 4 Standard Multiple Power Option Captains Chair Weight Capacity Up To And Including 300 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0886	Power Wheelchair Group 4 Heavy Duty Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity 301 To 450 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0890	Power Wheelchair Group 5 Pediatric Single Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 125 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

K0891	Power Wheelchair Group 5 Pediatric Multiple Power Option Sling/Solid Seat/Back Patient Weight Capacity Up To And Including 125 Pounds	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K0899	Power Mobile Device; No Dme Pdac	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
K1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility Without Fixed Mechanical Hinge Custom Fabricated Includes Fitting And Adjustment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
K1030	External Recharging System For Battery (Internal) For Use With Implanted Cardiac Contractility Modulation Generator Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L1320	Thoracic Pectus Carinatum Orthosis Sternal Compression Rigid Circumferential Frame With Anterior And Posterior Rigid Pads Custom Fabricated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
L1834	Knee Orthosis Without Knee Joint Rigid Custom-Fabricated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L1840	Knee Orthosis Derotation Medial-Lateral Anterior Cruciate Ligament Custom Fabricated	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L1844	Knee Orthosis Single Upright Thigh And Calf With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric) Medial-Lateral And Rotation Control With Or Without	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L1846	Knee Orthosis Double Upright Thigh And Calf With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric) Medial-Lateral And Rotation Control With	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5610	Addition To Lower Extremity Exoskeletal System Above Knee Hydracandace System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5614	Addition To Lower Extremity Exoskeletal System Above Knee-Knee Disarticulation 4 Bar Linkage With Pneumatic Swing Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5615	Addition Endoskeletal Knee-Shin System 4 Bar Linkage Or Multiaxial Fluid Swing And Stance Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024

L5616	Addition To Lower Extremity Endoskeletal System Above Knee Universal Multiplex System Friction Swing Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5639	Addition To Lower Extremity Below Knee Wood Socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5642	Addition To Lower Extremity Above Knee Leather Socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5644	Addition To Lower Extremity Above Knee Wood Socket	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5710	Addition Exoskeletal Knee-Shin System Single Axis Manual Lock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5711	Additions Exoskeletal Knee-Shin System Single Axis Manual Lock Ultra-Light Material	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5712	Addition Exoskeletal Knee-Shin System Single Axis Friction Swing And Stance Phase Control (Safety Knee)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5714	Addition Exoskeletal Knee-Shin System Single Axis Variable Friction Swing Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5716	Addition Exoskeletal Knee-Shin System Polycentric Mechanical Stance Phase Lock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5718	Addition Exoskeletal Knee-Shin System Polycentric Friction Swing And Stance Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5722	Addition Exoskeletal Knee-Shin System Single Axis Pneumatic Swing Friction Stance Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5724	Addition Exoskeletal Knee-Shin System Single Axis Fluid Swing Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

L5726	Addition Exoskeletal Knee-Shin System Single Axis External Joints Fluid Swing Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5728	Addition Exoskeletal Knee-Shin System Single Axis Fluid Swing And Stance Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5780	Addition Exoskeletal Knee-Shin System Single Axis Pneumatic/Hydra Pneumatic Swing Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5816	Addition Endoskeletal Knee-Shin System Polycentric Mechanical Stance Phase Lock	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5818	Addition Endoskeletal Knee-Shin System Polycentric Friction Swing And Stance Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5841	Addition Endoskeletal Knee-Shin System Polycentric Pneumatic Swing And Stance Phase Control	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
L5858	Addition To Lower Extremity Prosthesis Endoskeletal Knee Shin System Microprocessor Control Feature Stance Phase Only Includes Electronic Sensor(S) Any	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5859	Addition To Lower Extremity Prosthesis Endoskeletal Knee-Shin System Powered And Programmable Flexion/Extension Assist Control Includes Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5969	Addition Endoskeletal Ankle-Foot Or Ankle System Power Assist Includes Any Type Motor(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5973	Endoskeletal Ankle Foot System Microprocessor Controlled Feature Dorsiflexion And/Or Plantar Flexion Control Includes Power Source	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L5978	All Lower Extremity Prostheses Foot Multiaxial Ankle/Foot	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6026	Transcarpal/Metacarpal Or Partial Hand Disarticulation Prosthesis External Power Self-Suspended Inner Socket With Removable Forearm Section Electrodes And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

L6611	Addition To Upper Extremity Prosthesis External Powered Additional Switch Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6621	Upper Extremity Prosthesis Addition Flexion/Extension Wrist With Or Without Friction For Use With External Powered Terminal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6880	Electric Hand Switch Or Myoelectric Controlled Independently Articulating Digits Any Grasp Pattern Or Combination Of Grasp Patterns Includes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6882	Microprocessor Control Feature Addition To Upper Limb Prosthetic Terminal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6920	Wrist Disarticulation External Power Self-Suspended Inner Socket Removable Forearm Shell Otto Bock Or Equal Switch Cables Two Batteries And One Charger Switch	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6925	Wrist Disarticulation External Power Self-Suspended Inner Socket Removable Forearm Shell Otto Bock Or Equal Electrodes Cables Two Batteries And One Charger	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6930	Below Elbow External Power Self-Suspended Inner Socket Removable Forearm Shell Otto Bock Or Equal Switch Cables Two Batteries And One Charger Switch Control Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6935	Below Elbow External Power Self-Suspended Inner Socket Removable Forearm Shell Otto Bock Or Equal Electrodes Cables Two Batteries And One Charger Myoelectronic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6940	Elbow Disarticulation External Power Molded Inner Socket Removable Humeral Shell Outside Locking Hinges Forearm Otto Bock Or Equal Switch Cables Two	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6945	Elbow Disarticulation External Power Molded Inner Socket Removable Humeral Shell Outside Locking Hinges Forearm Otto Bock Or Equal Electrodes Cables Two	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6950	Above Elbow External Power Molded Inner Socket Removable Humeral Shell Internal Locking Elbow Forearm Otto Bock Or Equal Switch Cables Two Batteries And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6955	Above Elbow External Power Molded Inner Socket Removable Humeral Shell Internal Locking Elbow Forearm Otto Bock Or Equal Electrodes Cables Two Batteries	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

L6960	Shoulder Disarticulation External Power Molded Inner Socket Removable Shoulder Shell Shoulder Bulkhead Humeral Section Mechanical Elbow Forearm Otto	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6965	Shoulder Disarticulation External Power Molded Inner Socket Removable Shoulder Shell Shoulder Bulkhead Humeral Section Mechanical Elbow Forearm Otto	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6970	Interscapular-Thoracic External Power Molded Inner Socket Removable Shoulder Shell Shoulder Bulkhead Humeral Section Mechanical Elbow Forearm Otto	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L6975	Interscapular-Thoracic External Power Molded Inner Socket Removable Shoulder Shell Shoulder Bulkhead Humeral Section Mechanical Elbow Forearm Otto	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7007	Electric Hand Switch Or Myoelectric Controlled Adult	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7008	Electric Hand Switch Or Myoelectric Controlled Pediatric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7009	Electric Hook Switch Or Myoelectric Controlled Adult	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7040	Prehensile Actuator Switch Controlled	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7045	Electric Hook Switch Or Myoelectric Ontrrolled Pediatric	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7170	Electronic Elbow Hosmer Or Equal Switch Controlled	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7180	Electronic Elbow Microprocessor Sequential Control Of Elbow And Terminal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7181	Electronic Elbow Microprocessor Simultaneous Control Of Elbow And Terminal Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

L7185	Electronic Elbow Adolescent Variety Village Or Equal Switch Controlled	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7186	Electronic Elbow Child Variety Village Or Equal Switch Controlled	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7190	Electronic Elbow Adolescent Variety Village Or Equal Myoelectronically Controlled	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7191	Electronic Elbow Child Variety Village Or Equal Myoelectronically Controlled	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7259	Electronic Wrist Rotator Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7360	Six Volt Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7364	Twelve Volt Battery Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L7366	Battery Charger Twelve Volt Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8603	Injectable Bulking Agent Collagen Implant Urinary Tract 2.5 MI Syringe Includes Shipping And Necessary Supplies	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	5/14/2024	Retire effective 05/14/2024
L8604	Injectable Bulking Agent Dextranomer/Hyaluronic Acid Copolymer Implant Urinary Tract 1 MI Includes Shipping And Necessary Supplies	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8606	Injectable Bulking Agent Synthetic Implant Urinary Tract 1 MI Syringe Includes Shipping And Necessary Supplies	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8612	Aqueous Shunt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

L8678	Electrical Stimulator Supplies (External) For Use With Implantable Neurostimulator Per Month	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	Implantable Neurostimulator Pulse Generator Any Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8680	Implantable Neurostimulator Electrode Each	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8682	Implantable Neurostimulator Radiofrequency Receiver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8683	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8685	Implantable Neurostimulator Pulse Generator Single Array Rechargeable Includes Extension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8686	Implantable Neurostimulator Pulse Generator Single Array Non-Rechargeable Includes Extension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8687	Implantable Neurostimulator Pulse Generator Dual Array Rechargeable Includes Extension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8688	Implantable Neurostimulator Pulse Generator Dual Array Non-Rechargeable Includes Extension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8689	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8695	External Recharging System For Battery (External) For Use With Implantable Neurostimulator Replacement Only	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



L8698	Miscellaneous Component Supply Or Accessory For Use With Total Artificial Heart System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8701	Powered Upper Extremity Range Of Motion Assist Device Elbow Wrist Hand With Single Or Double Upright(S) Includes Microprocessor Sensors All Components And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
L8702	Powered Upper Extremity Range Of Motion Assist Device Elbow Wrist Hand Finger Single Or Double Upright(S) Includes Microprocessor Sensors All Components And	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
P2031	Hair Analysis (Excluding Arsenic)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0477	Power Module Patient Cable For Use With Electric Or Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0482	Microprocessor Control Unit For Use With Electric/Pneumatic Combination Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0484	Monitor/Display Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0485	Monitor Control Cable For Use With Electric Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0487	Leads (Pneumatic/Electrical) For Use With Any Type Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0488	Power Pack Base For Use With Electric Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0489	Power Pack Base For Use With Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0490	Emergency Power Source For Use With Electric Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

Q0491	Emergency Power Source For Use With Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0492	Emergency Power Supply Cable For Use With Electric Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0493	Emergency Power Supply Cable For Use With Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0494	Emergency Hand Pump For Use With Electric Or Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0500	Filters For Use With Electric Or Electric/Pneumatic Ventricular Assist Device Replacement Only	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q0504	Power Adapter For Pneumatic Ventricular Assist Device Replacement Only Vehicle Type	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q2026	Injection Radiesse 0.1 MI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q2028	Injection Sculptra 0.5 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q2041	Axicabtagene CiloleuceL Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q2042	TisagenlecleuceL Up To 600 Million Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per Therapeutic Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q2053	Brexucabtagene AutoleuceL Up To 200 Million Autologous Anti-Cd19 Car Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q2054	Lisocabtagene MaraleuceL Up To 110 Million Autologous Anti-Cd19 Car-Positive Viable T Cells Including Leukapheresis And Dose Preparation Procedures Per	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-

Q2055	Idecabtagene Vicleucel Up To 460 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q2056	Ciltacabtagene Autoleucel Up To 100 Million Autologous B-Cell Maturation Antigen (Bcma) Directed Car-Positive T Cells Including Leukapheresis And Dose	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q4122	Dermacell Dermacell Awm Or Dermacell Awm Porous Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4132	Grafix Core And Grafixpl Core Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4133	Grafix Prime Grafixpl Prime Stravix And Stravixpl Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4151	Amnioband Or Guardian Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4154	Biovance Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4159	Affinity Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4168	Amnioband 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4186	Epifix Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4187	Epicord Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
Q4279	Vendaje Ac Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024

Q4287	Dermabind DI Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4288	Dermabind Ch Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4289	Revosshield + Amniotic Barrier Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4290	Membrane Wrap-Hydro Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4291	Lamellas Xt Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4292	Lamellas Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4293	Acesso DI Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4294	Amnio Quad-Core Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4295	Amnio Tri-Core Amniotic Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4296	Rebound Matrix Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4297	Emerge Matrix Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4298	Amnicore Pro Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024

Q4299	Amnicore Pro+ Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4300	Acesso TI Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4301	Activate Matrix Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4302	Complete Aca Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4303	Complete Aa Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	Add effective 03/15/2024 Retire effective 6/30/2024
Q4304	Grafix Plus Per Square Centimeter	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	Add effective 03/15/2024
Q5106	Injection Epoetin Alfa-Epbx Biosimilar (Retacrit) (For Non-Esrd Use) 1000 Units	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q5109	Injection Infliximab-Qbtx Biosimilar (Ixifi) 10 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
Q5124	Injection Ranibizumab-Nuna Biosimilar (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	Injection Ranibizumab-Eqrn (Cimerli) Biosimilar 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
Q5133	Injection Tocilizumab-Bavi (Tofidence) Biosimilar 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	8/1/2024	12/31/2999	Add effective 08/01/2024
Q5134	Injection Natalizumab-Sztn (Tyruko) Biosimilar 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2024	12/31/2999	Add effective 07/01/2024

S0013	Esketamine Nasal Spray 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0155	Sterile Dilutant For Epoprostenol 50MI	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0157	Becaplermin Gel 0. 01% 0. 5 Gm	MP Criteria: Procedure/service reviewed against Medical Policy Criteria, and may require Prior Authorization per contract agreement.	-	-	-
S0215	Non-Emergency Transportation; Mileage Per Mile	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0596	Phakic Intraocular Lens For Correction Of Refractive Error	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
S0800	Laser In Situ Keratomileusis (Lasik)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S0810	Photorefractive Keratectomy (Prk)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S1030	Continuous Noninvasive Glucose Monitoring Device Purchase (For Physician Interpretation Of Data Use Cpt Code)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S1031	Continuous Noninvasive Glucose Monitoring Device Rental Including Sensor Sensor Replacement And Download To Monitor (For Physician Interpretation Of Data Use Cpt	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S1040	Cranial Remolding Orthosis Pediatric Rigid With Soft Interface Material Custom Fabricated Includes Fitting And Adjustment(S)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2102	Islet Cell Tissue Transplant From Pancreas; Allogeneic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	Add effective 11/15/2023
S2103	Adrenal Tissue Transplant To Brain	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

S2112	Arthroscopy Knee Surgical For Harvesting Of Cartilage (Chondrocyte Cells)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2118	Metal-On-Metal Total Hip Resurfacing Including Acetabular And Femoral Components	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2140	Cord Blood Harvesting For Transplantation Allogeneic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2142	Cord Blood-Derived Stem-Cell Transplantation Allogeneic	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2150	Bone Marrow Or Blood-Derived Stem Cells (Peripheral Or Umbilical) Allogeneic Or Autologous Harvesting Transplantation And Related Complications; Including:	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2230	Implantation Of Magnetic Component Of Semi-Implantable Hearing Device On Ossicles In Middle Ear	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2235	Implantation Of Auditory Brain Stem Implant	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2400	Repair Congenital Diaphragmatic Hernia In The Fetus Using Temporary Tracheal Occlusion Procedure Performed In Utero	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2401	Repair Urinary Tract Obstruction In The Fetus Procedure Performed In Utero	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
S2402	Repair Congenital Cystic Adenomatoid Malformation In The Fetus Procedure Performed In Utero	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
S2403	Repair Extralobar Pulmonary Sequestration In The Fetus Procedure Performed In Utero	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

S2404	Repair Myelomeningocele In The Fetus Procedure Performed In Utero	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
S2405	Repair Of Sacrococcygeal Teratoma In The Fetus Procedure Performed In Utero	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S2409	Repair Congenital Malformation Of Fetus Procedure Performed In Utero Not Otherwise Classified	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
S2411	Fetoscopic Laser Therapy For Treatment Of Twin-To-Twin Transfusion Syndrome	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2999	Add effective 10/01/2023
S8035	Magnetic Source Imaging	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S8040	Topographic Brain Mapping	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	Add effective 03/01/2024
S8948	Application Of A Modality (Requiring Constant Provider Attendance) To One Or More Areas; Low-Level Laser; Each 15 Minutes	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S9002	Intra-Vaginal Motion Sensor System Provides Biofeedback For Pelvic Floor Muscle Rehabilitation Device	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	Add effective 04/01/2024
S9055	Procuren Or Other Growth Factor Preparation To Promote Wound Healing	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S9117	Back School Per Visit	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S9472	Cardiac Rehabilitation Program Non-Physician Provider Per Diem	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S9558	Home Injectable Therapy; Growth Hormone Including Administrative Services Professional Pharmacy Services Care Coordination And All Necessary Supplies And Equipment	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-



S9560	Home Injectable Therapy; Hormonal Therapy (E. G. ; Leuprolide Goserelin) Including Administrative Services Professional Pharmacy Services Care Coordination And All	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
S9960	Ambulance Service Conventional Air Services Nonemergency 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.	-	-	-
S9961	Ambulance Service Conventional Air Service Nonemergency Transport One Way (Rotary Wing)	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
V2627	Scleral Cover Shell	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
V2787	Astigmatism Correcting Function Of Intraocular Lens	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	Add effective 02/15/2024
V2788	Presbyopia Correcting Function Of Intraocular Lens	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-

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Please note that checking eligibility and benefits and/or the fact that a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of Illinois (BCBSIL). For other services/members, BCBSIL has contracted with Caredon Medical Benefits Management for utilization management and related services.

Services performed without prior authorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSIL members. Obtaining prior authorization is not a substitute for checking eligibility and benefits.

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