

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

- Blue Options [™] /Blue Choice Options [™] - Blue High Performance Network [™]				Utilization Management Process 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.		
	Procedure Code Groups					
Medical Pc	olicy Criteria (MP Criteria)	Procedures/services reviewed against			or Recommended	
		Clinical Review (Predetermination) to a	avoid post-service	<u>e review.</u>		
		Highlighted procedure/service in this c contract agreement.	ode group may re	equire Prior Au	thorization per	
Non Cover	ed	Procedures/services not covered by the Plan. Not subject to pre-service review.				
Experimen (EIU)	ital, Investigational, Unproven	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	r Undefined	Procedures/services not specifically de contract/clinical review.	fined or classified	l, may be subje	oct to	
	Note: Some codes will appear	twice if Ending Date and Effective Date	are within the sa	ime quarter pe	riod.	
Procedur	re Code Description	Code Group & Description	Effective Date	Ending Date	Updates	
11950	Subcutaneous Injection Of Filling	MP Criteria: Procedure/service reviewed		_	_	
	Material (Eg Collagen); 1 Cc Or Less	against Medical Policy Criteria. Submit for				
		Recommended Clinical Review				
		(Predetermination) to avoid post-service				
11951	Subcutaneous Injection Of Filling	review. MP Criteria: Procedure/service reviewed				
11551	Material (Eg Collagen); 1.1 To 5.0	against Medical Policy Criteria. Submit for		-	-	
	Cc	Recommended Clinical Review				
		(Predetermination) to avoid post-service				
		review.				

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

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15276		MP Criteria: Procedure/service reviewed	-	-	-
	To Face Scalp Eyelids Mouth Neck	against Medical Policy Criteria. Submit for			
	Ears Orbits Genitalia Hands Feet	Recommended Clinical Review			
	And/Or Multiple Digits Total	(Predetermination) to avoid post-service			
	Wound Surface Area Up To 100 Sq	review.			
15277	Application Of Skin Substitute Graft	MP Criteria: Procedure/service reviewed	_	_	_
	To Face Scalp Eyelids Mouth Neck	against Medical Policy Criteria. Submit for			
	Ears Orbits Genitalia Hands Feet	Recommended Clinical Review			
	And/Or Multiple Digits Total	(Predetermination) to avoid post-service			
	Wound Surface Area Greater Than	review.			
15278	Application Of Skin Substitute Graft	MP Criteria: Procedure/service reviewed			
	To Face Scalp Eyelids Mouth Neck	,	-	-	-
	Ears Orbits Genitalia Hands Feet	Recommended Clinical Review			
	And/Or Multiple Digits Total	(Predetermination) to avoid post-service			
	Wound Surface Area Greater Than	review.			
15758	Free Fascial Flap With Microvascular	MP Criteria: Procedure/service reviewed			
13736	·	-	-	-	-
	Anastomosis	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
1		review.			
15769	Grafting Of Autologous Soft Tissue	MP Criteria: Procedure/service reviewed	-	-	-
	Other Harvested By Direct Excision	against Medical Policy Criteria. Submit for			
	(Eg Fat Dermis Fascia)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15771	Grafting Of Autologous Fat	MP Criteria: Procedure/service reviewed	_	_	_
	Harvested By Liposuction Technique	against Medical Policy Criteria. Submit for			
	To Trunk Breasts Scalp Arms	Recommended Clinical Review			
	And/Or Legs; 50 Cc Or Less Injectate	(Predetermination) to avoid post-service			
		review.			
15772	Grafting Of Autologous Fat	MP Criteria: Procedure/service reviewed			
	с с	against Medical Policy Criteria. Submit for	-	-	-
	To Trunk Breasts Scalp Arms	Recommended Clinical Review			
	And/Or Legs; Each Additional 50 Cc	(Predetermination) to avoid post-service			
	Injectate Or Part Thereof (List	review.			
15775	Punch Graft For Hair Transplant; 1	MP Criteria: Procedure/service reviewed			
13773	To 15 Punch Grafts	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
45770	Durach Craft For Usin Transcalants	review.			
15776	Punch Graft For Hair Transplant;	MP Criteria: Procedure/service reviewed	-	-	-
	More Than 15 Punch Grafts	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15780	Dermabrasion; Total Face (Eg For	MP Criteria: Procedure/service reviewed	-	-	-
	Acne Scarring Fine Wrinkling	against Medical Policy Criteria. Submit for			
	Rhytids General Keratosis)	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	MP Criteria: Procedure/service reviewed			
	Than Face	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
			-		
		review.			

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15783	Dermabrasion; Superficial Any Site	MP Criteria: Procedure/service reviewed	-	-	-
	(Eg Tattoo Removal)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15786	Abrasion; Single Lesion (Eg	MP Criteria: Procedure/service reviewed	_	_	-
	Keratosis Scar)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15787	Abrasion; Each Additional 4 Lesions	MP Criteria: Procedure/service reviewed	_	_	_
	Or Less (List Separately In Addition	against Medical Policy Criteria. Submit for			
	To Code For Primary Procedure)	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	+	1	
17/02		against Medical Policy Criteria. Submit for	-	-	-
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		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	MP Criteria: Procedure/service reviewed			
	Extensive Herniated Fat Pad	against Medical Policy Criteria. Submit for	 -	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15822	Planharanlasty, Unnar Evolidy	MP Criteria: Procedure/service reviewed			
13022	Blepharoplasty Upper Eyelid;	-	-	-	-
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15823	Blepharoplasty Upper Eyelid; With	MP Criteria: Procedure/service reviewed	-	-	-
	Excessive Skin Weighting Down Lid	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15825	Rhytidectomy; Neck With Platysmal	MP Criteria: Procedure/service reviewed	_	_	_
	Tightening (Platysmal Flap P-Flap)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
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15828	Rhytidectomy; Cheek Chin And	MP Criteria: Procedure/service reviewed	-	-	-
	Neck	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15829	Rhytidectomy; Superficial	MP Criteria: Procedure/service reviewed	_	-	-
	Musculoaponeurotic System (Smas)	against Medical Policy Criteria. Submit for			
	Flap	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15830	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed	_	_	_
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			
	Lipectomy); Abdomen	Recommended Clinical Review			
	Infraumbilical Panniculectomy	(Predetermination) to avoid post-service			
		review.			
15832	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed			
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for	_	_	-
	Lipectomy); Thigh	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15833	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed	1		
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Lipectomy); Leg				
		(Predetermination) to avoid post-service			
15924	Evolution Evolution Skin And	review. MP Criteria: Procedure/service reviewed			
15834	Excision Excessive Skin And	,	-	-	-
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			
	Lipectomy); Hip	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15835	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed	_	-	-
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			
	Lipectomy); Buttock	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15836	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed	_	_	_
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			
	Lipectomy); Arm	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15837	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed			
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			_
	Lipectomy); Forearm Or Hand	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15838	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed			
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for	 ⁻	-	-
	Lipectomy); Submental Fat Pad	Recommended Clinical Review			
	Epectomy, Submental Lat Fau	(Predetermination) to avoid post-service			
		· · · ·			
15839	Excision Excessive Skin And	review. MP Criteria: Procedure/service reviewed	+	1	
10022		,	-	-	-
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			
	Lipectomy); Other Area	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15847	Excision Excessive Skin And	MP Criteria: Procedure/service reviewed	_	-	-
	Subcutaneous Tissue (Includes	against Medical Policy Criteria. Submit for			
	Lipectomy) Abdomen (Eg	Recommended Clinical Review			
	Abdominoplasty) (Includes	(Predetermination) to avoid post-service			
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15876	Suction Assisted Lipectomy; Head	MP Criteria: Procedure/service reviewed	-	-	-
	And Neck	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	MP Criteria: Procedure/service reviewed			
10070	Extremity	against Medical Policy Criteria. Submit for	-	-	-
	Extremity	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
15879	Sustion Assisted Linestemus Lower	MP Criteria: Procedure/service reviewed			
128/9	Suction Assisted Lipectomy; Lower		-	-	-
	Extremity	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
17106	Destruction Of Cutaneous Vascular	MP Criteria: Procedure/service reviewed	_	-	-
	Proliferative Lesions (Eg Laser	against Medical Policy Criteria. Submit for			
	Technique); Less Than 10 Sq Cm	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
17107	Destruction Of Cutaneous Vascular	MP Criteria: Procedure/service reviewed			
	Proliferative Lesions (Eg Laser	against Medical Policy Criteria. Submit for			_
	Technique); 10.0 To 50.0 Sq Cm	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
17108	Destruction Of Cutaneous Vascular	MP Criteria: Procedure/service reviewed			
1/100	Proliferative Lesions (Eg Laser	against Medical Policy Criteria. Submit for	-	-	-
	Technique); Over 50.0 Sq Cm	Recommended Clinical Review			
	rechnique), over 50.0 sq chi				
		(Predetermination) to avoid post-service			
47260		review.			
17360	Chemical Exfoliation For Acne (Eg	MP Criteria: Procedure/service reviewed	-	_	-
	Acne Paste Acid)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
17380	Electrolysis Epilation Each 30	MP Criteria: Procedure/service reviewed	-	-	-
	Minutes	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
19105	Ablation Cryosurgical Of	MP Criteria: Procedure/service reviewed	_	_	_
	Fibroadenoma Including	against Medical Policy Criteria. Submit for			
	Ultrasound Guidance Each	Recommended Clinical Review			
	Fibroadenoma	(Predetermination) to avoid post-service			
		review.			
19300	Mastectomy For Gynecomastia	MP Criteria: Procedure/service reviewed			1
		against Medical Policy Criteria. Submit for	–	-	 _
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
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10202	Maata staare Circula Caraalat	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.	1	1	

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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	MP Criteria: Procedure/service reviewed			
	Implant Including Implant Contents	against Medical Policy Criteria. Submit for	_	_	_
	(Eg Saline Silicone Gel)	Recommended Clinical Review			
	,	(Predetermination) to avoid post-service			
		review.			
19340	Insertion Of Breast Implant On	MP Criteria: Procedure/service reviewed			
	Same Day Of Mastectomy (le	against Medical Policy Criteria. Submit for	-	-	-
	Immediate)	Recommended Clinical Review			
	ininediatey	(Predetermination) to avoid post-service			
		review.			
19342	Insertion Or Replacement Of Breast	MP Criteria: Procedure/service reviewed		1	
19342		-	-	-	-
	Implant On Separate Day From	against Medical Policy Criteria. Submit for			
	Mastectomy	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	MP Criteria: Procedure/service reviewed	_	_	_
	Breast Reconstruction Including	against Medical Policy Criteria. Submit for			
	Subsequent Expansion(S)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
19370	Revision Of Peri-Implant Capsule	MP Criteria: Procedure/service reviewed			
	Breast Including Capsulotomy	against Medical Policy Criteria. Submit for	_	_	_
	Capsulorrhaphy And/Or Partial	Recommended Clinical Review			
	Capsulectomy	(Predetermination) to avoid post-service			
	capoarcocomy	review.			
19371	Peri-Implant Capsulectomy Breast	MP Criteria: Procedure/service reviewed			
155/1	Complete Including Removal Of All	against Medical Policy Criteria. Submit for	-	-	-
	Intracapsular Contents	Recommended Clinical Review			
	intracapsular contents	(Predetermination) to avoid post-service			
10400	Unlisted Dresedure Dresst	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)	MP Criteria: Procedure/service reviewed	_	_	_
	Palmar Fascial Cord (Ie Dupuytren'S	against Medical Policy Criteria. Submit for			
	Contracture)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
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20979	Low Intensity Ultrasound	MP Criteria: Procedure/service reviewed	_	-	-
	Stimulation To Aid Bone Healing	against Medical Policy Criteria. Submit for			
	Noninvasive (Nonoperative)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
20982	Ablation Therapy For Reduction Or	MP Criteria: Procedure/service reviewed	-	-	-
	Eradication Of 1 Or More Bone	against Medical Policy Criteria. Submit for			
	Tumors (Eg Metastasis) Including	Recommended Clinical Review			
	Adjacent Soft Tissue When Involved				
	By Tumor Extension Percutaneous	review.			
20983	Ablation Therapy For Reduction Or	MP Criteria: Procedure/service reviewed	-	-	-
	Eradication Of 1 Or More Bone	against Medical Policy Criteria. Submit for			
	Tumors (Eg Metastasis) Including	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	By Tumor Extension Percutaneous	review.			
21073	Manipulation Of	MP Criteria: Procedure/service reviewed	-	-	-
	Temporomandibular Joint(S) (Tmj)	against Medical Policy Criteria. Submit for			
	Therapeutic Requiring An	Recommended Clinical Review			
	Anesthesia Service (le General Or	(Predetermination) to avoid post-service			
	Monitored Anesthesia Care)	review.			
21083	Impression And Custom	MP Criteria: Procedure/service reviewed	-	-	_
	Preparation; Palatal Lift Prosthesis	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
21120	Genioplasty; Augmentation	MP Criteria: Procedure/service reviewed	-	_	_
	(Autograft Allograft Prosthetic	against Medical Policy Criteria. Submit for			
	Material)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
21121	Genioplasty; Sliding Osteotomy	MP Criteria: Procedure/service reviewed	-	-	_
	Single Piece	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
21122	Genioplasty; Sliding Osteotomies 2	MP Criteria: Procedure/service reviewed	-	-	-
	Or More Osteotomies (Eg Wedge	against Medical Policy Criteria. Submit for			
	Excision Or Bone Wedge Reversal	Recommended Clinical Review			
	For Asymmetrical Chin)	(Predetermination) to avoid post-service			
		review.			
21123		MP Criteria: Procedure/service reviewed	-	-	-
	With Interpositional Bone Grafts	against Medical Policy Criteria. Submit for			
	(Includes Obtaining Autografts)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
21244	Reconstruction Of Mandible	MP Criteria: Procedure/service reviewed	-	-	-
	Extraoral With Transosteal Bone	against Medical Policy Criteria. Submit for			
	Plate (Eg Mandibular Staple Bone	Recommended Clinical Review			
	Plate)	(Predetermination) to avoid post-service			
		review.		ļ	
21246	Reconstruction Of Mandible Or	MP Criteria: Procedure/service reviewed	-	-	-
	Maxilla Subperiosteal Implant;	against Medical Policy Criteria. Submit for			
	Complete	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
21685	Hyoid Myotomy And Suspension	review. MP Criteria: Procedure/service reviewed	_	_	_
21685	Hyoid Myotomy And Suspension		_	-	-
21685	Hyoid Myotomy And Suspension	MP Criteria: Procedure/service reviewed	-	_	-
21685	Hyoid Myotomy And Suspension	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	_	-

Manipulation Of Spine Requiring	MP Criteria: Procedure/service reviewed			
Anesthesia Any Region	against Medical Policy Criteria. Submit for	-	-	-
Anesthesia Any Region				
Anterior Thoracic Vertebral Body		2/15/2024	5/14/2024	Add effective
,	-	-, -0, -0	0, 1, 202	02/15/2024
				Retire effective
:				05/14/2024
	, , ,			
Anterior Thoracic Vertebral Body		2/15/2024	5/14/2024	Add effective
Tethering Including Thoracoscopy	against Medical Policy Criteria. Submit for			02/15/2024
When Performed; 8 Or More	Recommended Clinical Review			Retire effective
Vertebral Segments	(Predetermination) to avoid post-service			05/14/2024
_	review.			
Revision (Eg Augmentation Division	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
Of Tether) Replacement Or	against Medical Policy Criteria. Submit for			02/15/2024
Removal Of Thoracic Vertebral Body	Recommended Clinical Review			Retire effective
Tethering Including Thoracoscopy	(Predetermination) to avoid post-service			05/14/2024
When Performed	review.			
Unlisted Procedure Shoulder	MP Criteria: Procedure/service reviewed	_	_	_
	against Medical Policy Criteria. Submit for			
	Recommended Clinical Review			
	(Predetermination) to avoid post-service			
	review.			
Manipulation Elbow Under	MP Criteria: Procedure/service reviewed	_	_	-
Anesthesia	against Medical Policy Criteria. Submit for			
	Recommended Clinical Review			
	(Predetermination) to avoid post-service			
	review.			
•	-	_	-	_
Anesthesia				
1 0	·	-	-	-
Anesthesia Each Joint				
	(Predetermination) to avoid post-service review.			
Manipulation Dolmar Facaial Card				
	MP Criteria: Procedure/service reviewed	_	_	_
(le Dupuytren'S Cord) Post Enzyme	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	_	_	_
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-		_
(le Dupuytren'S Cord) Post Enzyme	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service	_	-	
(le 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.	-		_
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-		
(le 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service	-	-	
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord 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. 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
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia Arthrodesis Sacroiliac Joint	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	- 2/15/2024	5/14/2024	- - Add effective 02/15/2024
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia Arthrodesis Sacroiliac Joint Percutaneous With Image	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- 2/15/2024	 5/14/2024	02/15/2024
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia Arthrodesis Sacroiliac Joint Percutaneous With Image Guidance Including Placement Of	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	- 2/15/2024	 5/14/2024	02/15/2024 Retire effective
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia Arthrodesis Sacroiliac Joint Percutaneous With Image Guidance Including Placement Of Intra-Articular Implant(S) (Eg Bone	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. 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	02/15/2024
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. (Predetermination) to avoid post-service review.	- 2/15/2024	 5/14/2024	02/15/2024 Retire effective
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia Arthrodesis Sacroiliac Joint Percutaneous With Image Guidance Including Placement Of Intra-Articular Implant(S) (Eg Bone Allograft[S] Synthetic Device[S]) Unlisted Procedure Pelvis Or Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	- - 2/15/2024 -	 5/14/2024 	02/15/2024 Retire effective
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia 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. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- - 2/15/2024 -	 5/14/2024 	02/15/2024 Retire effective
(le Dupuytren'S Cord) Post Enzyme Injection (Eg Collagenase) Single Cord Manipulation Hip Joint Requiring General Anesthesia Arthrodesis Sacroiliac Joint Percutaneous With Image Guidance Including Placement Of Intra-Articular Implant(S) (Eg Bone Allograft[S] Synthetic Device[S]) Unlisted Procedure Pelvis Or Hip	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	- - 2/15/2024 -	 5/14/2024 	02/15/2024 Retire effective
_	Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; Up To 7 Vertebral Segments Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; 8 Or More Vertebral Segments Revision (Eg Augmentation Division Of Tether) Replacement Or Removal Of Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed Unlisted Procedure Shoulder Manipulation Elbow Under Anesthesia	Recommended Clinical Review (Predetermination) to avoid post-service review.Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; Up To 7 Vertebral SegmentsMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; 8 Or More Vertebral SegmentsMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.Revision (Eg Augmentation Division Of Tether) Replacement Or Removal Of Thoracic Vertebral Body Tethering Including Thoracoscopy When PerformedMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.Unlisted Procedure ShoulderMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.Manipulation Elbow Under AnesthesiaMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.Manipulation Wrist Under Anesthesia Each JointMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.Manipulation Finger Joint Under Anesthesia Each JointMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Pr	Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/2024Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; Up To 7 Vertebral SegmentsMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/2024Anterior Thoracic Vertebral Body Tethering Including Thoracoscopy When Performed; 8 Or More Vertebral SegmentsMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/2024Revision (Eg Augmentation Division Of Tether) Replacement Or Removal Of Thoracic Vertebral Body Tethering Including Thoracoscopy When PerformedMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/2024Unlisted Procedure ShoulderMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review	Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/2024Anterior Thoracic Vertebral Body When Performed; Up To 7 Vertebral SegmentsMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review2/15/20245/14/2024Anterior Thoracic Vertebral Body When Performed; Up To 7 Vertebral SegmentsMP Criteria: Procedure/service reviewedd against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/20245/14/2024Anterior Thoracic Vertebral Body When Performed; 8 Or More Vertebral SegmentsMP Criteria: Procedure/service reviewedd against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/20245/14/2024Revision (Eg Augmentation Division MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.2/15/20245/14/2024Unlisted Procedure Shoulder AnesthesiaMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewManipulation Elbow Under AnesthesiaMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service reviewManipulation Wrist Under AnesthesiaMP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service revi

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27702	Arthroplasty Ankle; With Implant	MP Criteria: Procedure/service reviewed	-	-	-
	(Total Ankle)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
27703		MP Criteria: Procedure/service reviewed	_	_	_
	Ankle	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
27860	Manipulation Of Ankle Under	MP Criteria: Procedure/service reviewed	_	_	_
	General Anesthesia (Includes	against Medical Policy Criteria. Submit for			
	Application Of Traction Or Other	Recommended Clinical Review			
	Fixation Apparatus)	(Predetermination) to avoid post-service			
		review.			
29862	Arthroscopy Hip Surgical; With	MP Criteria: Procedure/service reviewed			
	Debridement/Shaving Of Articular	against Medical Policy Criteria. Submit for			
	Cartilage (Chondroplasty) Abrasion	Recommended Clinical Review			
	Arthroplasty And/Or Resection Of	(Predetermination) to avoid post-service			
	Labrum	review.			
29866	Arthroscopy Knee Surgical;	MP Criteria: Procedure/service reviewed			
	Osteochondral Autograft(S) (Eg	against Medical Policy Criteria. Submit for	 -	-	-
	Mosaicplasty) (Includes Harvesting	Recommended Clinical Review			
	Of The Autograft[S])	(Predetermination) to avoid post-service			
		review.			
29867	Arthroscopy Knee Surgical;	MP Criteria: Procedure/service reviewed			
29007		-	-	-	-
	Osteochondral Allograft (Eg	against Medical Policy Criteria. Submit for			
	Mosaicplasty)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
29868	Arthroscopy Knee Surgical;	MP Criteria: Procedure/service reviewed	-	-	-
	Meniscal Transplantation (Includes	against Medical Policy Criteria. Submit for			
	Arthrotomy For Meniscal Insertion)	Recommended Clinical Review			
	Medial Or Lateral	(Predetermination) to avoid post-service			
		review.			
29914	Arthroscopy Hip Surgical; With	MP Criteria: Procedure/service reviewed	-	_	_
	Femoroplasty (Ie Treatment Of	against Medical Policy Criteria. Submit for			
	Cam Lesion)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
29915	Arthroscopy Hip Surgical; With	MP Criteria: Procedure/service reviewed	_	_	_
	Acetabuloplasty (le Treatment Of	against Medical Policy Criteria. Submit for			
	Pincer Lesion)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
29916	Arthroscopy Hip Surgical; With	MP Criteria: Procedure/service reviewed			
	Labral Repair	against Medical Policy Criteria. Submit for	–	[⁻	 ⁻
	· · · · · · ·	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
29999	Unlisted Procedure Arthroscopy	MP Criteria: Procedure/service reviewed			1
	Sinisted Freedore Artifioscopy	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.		- 1 1.	
31242		MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	With Destruction By Radiofrequency	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review		1	Retire effective
	Ablation Posterior Nasal Nerve	Recommended Chinical Review			netire chective
	Ablation Posterior Nasal Nerve	(Predetermination) to avoid post-service			05/14/2024

31243	Nasal/Sinus Endoscopy Surgical;	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	With Destruction By Cryoablation	against Medical Policy Criteria. Submit for			02/15/2024
	Posterior Nasal Nerve	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
		review.			
31647	Bronchoscopy Rigid Or Flexible	MP Criteria: Procedure/service reviewed	_	_	_
	Including Fluoroscopic Guidance	against Medical Policy Criteria. Submit for			
	When Performed; With Balloon	Recommended Clinical Review			
	Occlusion When Performed	(Predetermination) to avoid post-service			
	Assessment Of Air Leak Airway	review.			
31648	Bronchoscopy Rigid Or Flexible	MP Criteria: Procedure/service reviewed	_	_	_
	Including Fluoroscopic Guidance	against Medical Policy Criteria. Submit for			
	When Performed; With Removal Of	Recommended Clinical Review			
	Bronchial Valve(S) Initial Lobe	(Predetermination) to avoid post-service			
		review.			
1649	Bronchoscopy Rigid Or Flexible	MP Criteria: Procedure/service reviewed	_	_	_
	Including Fluoroscopic Guidance	against Medical Policy Criteria. Submit for			
	When Performed; With Removal Of	Recommended Clinical Review			
	Bronchial Valve(S) Each Additional	(Predetermination) to avoid post-service			
	Lobe (List Separately In Addition To	review.			
31651	Bronchoscopy Rigid Or Flexible	MP Criteria: Procedure/service reviewed	_	_	_
	Including Fluoroscopic Guidance	against Medical Policy Criteria. Submit for			
	When Performed; With Balloon	Recommended Clinical Review			
	Occlusion When Performed	(Predetermination) to avoid post-service			
	Assessment Of Air Leak Airway	review.			
2664	Thoracoscopy Surgical; With	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
	Thoracic Sympathectomy	against Medical Policy Criteria. Submit for			08/28/2023
	· · · · · , ,	Recommended Clinical Review			, -,
		(Predetermination) to avoid post-service			
		review.			
32994	Ablation Therapy For Reduction Or	MP Criteria: Procedure/service reviewed			
	Eradication Of 1 Or More	against Medical Policy Criteria. Submit for	-	_	-
	Pulmonary Tumor(S) Including	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	By Tumor Extension Percutaneous	review.			
32998	Ablation Therapy For Reduction Or	MP Criteria: Procedure/service reviewed			
2000	Eradication Of 1 Or More	against Medical Policy Criteria. Submit for	-	-	-
	Pulmonary Tumor(S) Including	Recommended Clinical Review			
	, , , ,	(Predetermination) to avoid post-service			
	By Tumor Extension Percutaneous	review.			
3211	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	+		
,,,,,,,	Temporary Transvenous Dual	against Medical Policy Criteria. Submit for	-	-	-
	Chamber Pacing Electrodes	Recommended Clinical Review			1
	(Separate Procedure)	(Predetermination) to avoid post-service			
	(Separate FIOCEdure)	review.			1
33213	Insertion Of Pacemaker Pulse	MP Criteria: Procedure/service reviewed	+		
5213	Generator Only; With Existing Dual	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			1
	Leads	(Predetermination) to avoid post-service			
		· · · ·			
3225	Insertion Of Design Flastrada	review.	+		
5225	Insertion Of Pacing Electrode	MP Criteria: Procedure/service reviewed	-	-	-
	Cardiac Venous System For Left	against Medical Policy Criteria. Submit for			
	Ventricular Pacing At Time Of	Recommended Clinical Review			1
	Insertion Of Implantable	(Predetermination) to avoid post-service			1
	Defibrillator Or Pacemaker Pulse	review.		10 1-11	
3268	Exclusion Of Left Atrial Appendage	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
	Open Performed At The Time Of	against Medical Policy Criteria. Submit for			4/1/2024
	Other Sternotomy Or Thoracotomy	Recommended Clinical Review			
	Procedure(S) Any Method (Eg	(Predetermination) to avoid post-service			
	Excision Isolation Via Stapling	review.	1		1

33269	Exclusion Of Left Atrial Appendage	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
	Thoracoscopic Any Method (Eg	against Medical Policy Criteria. Submit for			04/01/2024
	Excision Isolation Via Stapling	Recommended Clinical Review			
	Oversewing Ligation Plication Clip)	(Predetermination) to avoid post-service			
		review.			
3274	Transcatheter Insertion Or	MP Criteria: Procedure/service reviewed	-	-	-
	Replacement Of Permanent	against Medical Policy Criteria. Submit for			
	Leadless Pacemaker Right	Recommended Clinical Review			
	Ventricular Including Imaging	(Predetermination) to avoid post-service			
	Guidance (Eg Fluoroscopy Venous	review.	a / . = /a aa .	- / /	
3276	Insertion Of Phrenic Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
		against Medical Policy Criteria. Submit for			02/15/2024
	And Stimulating Lead[S]) Including	Recommended Clinical Review			Retire effective
	Vessel Catheterization All Imaging	(Predetermination) to avoid post-service			05/14/2024
	Guidance And Pulse Generator	review.	a / . = /a aa .	- / /	
3277	Insertion Of Phrenic Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Stimulator Transvenous Sensing	against Medical Policy Criteria. Submit for			02/15/2024
	Lead (List Separately In Addition To	Recommended Clinical Review			Retire effective
	Code For Primary Procedure)	(Predetermination) to avoid post-service			05/14/2024
		review.	a / + = /a a = -	- / /	
3278	Removal Of Phrenic Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Stimulator Including Vessel	against Medical Policy Criteria. Submit for			02/15/2024
	Catheterization All Imaging	Recommended Clinical Review			Retire effective
	Guidance And Interrogation And	(Predetermination) to avoid post-service			05/14/2024
	Programming When Performed;	review.			
3279	Removal Of Phrenic Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Stimulator Including Vessel	against Medical Policy Criteria. Submit for			02/15/2024
	Catheterization All Imaging	Recommended Clinical Review			Retire effective
	Guidance And Interrogation And	(Predetermination) to avoid post-service			05/14/2024
	Programming When Performed;	review.			
3280	Removal Of Phrenic Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Stimulator Including Vessel	against Medical Policy Criteria. Submit for			02/15/2024
	Catheterization All Imaging	Recommended Clinical Review			Retire effective
	Guidance And Interrogation And	(Predetermination) to avoid post-service			05/14/2024
	Programming When Performed;	review.			
3281	Repositioning Of Phrenic Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Stimulator Transvenous Lead(S)	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
		review.			
3285	Insertion Subcutaneous Cardiac	MP Criteria: Procedure/service reviewed	_	_	_
	Rhythm Monitor Including	against Medical Policy Criteria. Submit for			
	Programming	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
3287	Removal And Replacement Of	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Phrenic Nerve Stimulator Including	against Medical Policy Criteria. Submit for			02/15/2024
	Vessel Catheterization All Imaging	Recommended Clinical Review			Retire effective
	Guidance And Interrogation And	(Predetermination) to avoid post-service			05/14/2024
	Programming When Performed;	review.		- 4	
3288	Removal And Replacement Of	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Phrenic Nerve Stimulator Including	against Medical Policy Criteria. Submit for			02/15/2024
	Vessel Catheterization All Imaging	Recommended Clinical Review			Retire effective
	Guidance And Interrogation And	(Predetermination) to avoid post-service			05/14/2024
	Programming When Performed;	review.			
3289	Transcatheter Implantation Of	MP Criteria: Procedure/service reviewed	-	-	_
	Wireless Pulmonary Artery Pressure	against Medical Policy Criteria. Submit for			
	Sensor For Long-Term	Recommended Clinical Review			
	Hemodynamic Monitoring	(Predetermination) to avoid post-service			
	Including Deployment And	review.		1	

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36470	Injection Of Sclerosant; Single	MP Criteria: Procedure/service reviewed	-	-	-
	Incompetent Vein (Other Than	against Medical Policy Criteria. Submit for			
	Telangiectasia)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
36471	Injection Of Sclerosant; Multiple	MP Criteria: Procedure/service reviewed	_	_	_
	Incompetent Veins (Other Than	against Medical Policy Criteria. Submit for			
	Telangiectasia) Same Leg	Recommended Clinical Review			
	<i>, , ,</i>	(Predetermination) to avoid post-service			
		review.			
36475	Endovenous Ablation Therapy Of	MP Criteria: Procedure/service reviewed			
	Incompetent Vein Extremity	against Medical Policy Criteria. Submit for	-	-	-
	Inclusive Of All Imaging Guidance	Recommended Clinical Review			
	And Monitoring Percutaneous	(Predetermination) to avoid post-service			
	Radiofrequency; First Vein Treated	review.			
36476	Endovenous Ablation Therapy Of	MP Criteria: Procedure/service reviewed			
50470		-	-	-	-
	Incompetent Vein Extremity	against Medical Policy Criteria. Submit for			
	Inclusive Of All Imaging Guidance	Recommended Clinical Review			
	And Monitoring Percutaneous	(Predetermination) to avoid post-service			
26.476	Radiofrequency; Subsequent Vein(S)	review.	+		
36478	Endovenous Ablation Therapy Of	MP Criteria: Procedure/service reviewed	-	-	-
	Incompetent Vein Extremity	against Medical Policy Criteria. Submit for			
	Inclusive Of All Imaging Guidance	Recommended Clinical Review			
	And Monitoring Percutaneous	(Predetermination) to avoid post-service			
	Laser; First Vein Treated	review.			
36479	Endovenous Ablation Therapy Of	MP Criteria: Procedure/service reviewed	_	_	-
	Incompetent Vein Extremity	against Medical Policy Criteria. Submit for			
	Inclusive Of All Imaging Guidance	Recommended Clinical Review			
	And Monitoring Percutaneous	(Predetermination) to avoid post-service			
	Laser; Subsequent Vein(S) Treated	review.			
36482	Endovenous Ablation Therapy Of	MP Criteria: Procedure/service reviewed	_	_	_
	Incompetent Vein Extremity By	against Medical Policy Criteria. Submit for			
	Transcatheter Delivery Of A	Recommended Clinical Review			
	Chemical Adhesive (Eg	(Predetermination) to avoid post-service			
	Cyanoacrylate) Remote From The	review.			
36483	Endovenous Ablation Therapy Of	MP Criteria: Procedure/service reviewed			
	Incompetent Vein Extremity By	against Medical Policy Criteria. Submit for	-	-	-
	Transcatheter Delivery Of A	Recommended Clinical Review			
	Chemical Adhesive (Eg	(Predetermination) to avoid post-service			
	Cyanoacrylate) Remote From The	review.			
36522	Photopheresis Extracorporeal	MP Criteria: Procedure/service reviewed			
50522		against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
27215	Transcatheter Placement Of	review.			
37215		MP Criteria: Procedure/service reviewed	-	-	-
	Intravascular Stent(S) Cervical	against Medical Policy Criteria. Submit for			
	Carotid Artery Open Or	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	When Performed And Radiological	review.			
37216	Transcatheter Placement Of	MP Criteria: Procedure/service reviewed	-	-	-
	Intravascular Stent(S) Cervical	against Medical Policy Criteria. Submit for			
	Carotid Artery Open Or	Recommended Clinical Review			
	Percutaneous Including Angioplasty	(Predetermination) to avoid post-service			
	When Performed And Radiological	review.			
37217	Transcatheter Placement Of	MP Criteria: Procedure/service reviewed	_	_	_
	Intravascular Stent(S) Intrathoracic	against Medical Policy Criteria. Submit for			
	Common Carotid Artery Or	Recommended Clinical Review			
	Innominate Artery By Retrograde	(Predetermination) to avoid post-service			
	Treatment Open Ipsilateral Cervical	review.			

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

27765	Stab Dhiabastary Of Variana Vite	MD Critoria: Dracadure (and inc. and inc. a		1	
37765		MP Criteria: Procedure/service reviewed	-	-	-
	1 Extremity; 10-20 Stab Incisions	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
37766		MP Criteria: Procedure/service reviewed	-	-	-
	1 Extremity; More Than 20 Incisions	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
37780	Ligation And Division Of Short	MP Criteria: Procedure/service reviewed	-	-	-
	Saphenous Vein At	against Medical Policy Criteria. Submit for			
	Saphenopopliteal Junction	Recommended Clinical Review			
	(Separate Procedure)	(Predetermination) to avoid post-service			
		review.			
37785	Ligation Division And/Or Excision	MP Criteria: Procedure/service reviewed	-	-	-
	Of Varicose Vein Cluster(S) 1 Leg	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38204	Management Of Recipient	MP Criteria: Procedure/service reviewed	_	-	-
	Hematopoietic Progenitor Cell	against Medical Policy Criteria. Submit for			
	Donor Search And Cell Acquisition	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38205	Blood-Derived Hematopoietic	MP Criteria: Procedure/service reviewed	_	_	-
	Progenitor Cell Harvesting For	against Medical Policy Criteria. Submit for			
	Transplantation Per Collection;	Recommended Clinical Review			
	Allogeneic	(Predetermination) to avoid post-service			
		review.			
38206	Blood-Derived Hematopoietic	MP Criteria: Procedure/service reviewed	_	_	_
	Progenitor Cell Harvesting For	against Medical Policy Criteria, and may			
	Transplantation Per Collection;	require Prior Authorization per contract			
	Autologous	agreement.			
38207	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for			
	Cryopreservation And Storage	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38208	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for			
	Thawing Of Previously Frozen	Recommended Clinical Review			
	Harvest Without Washing Per	(Predetermination) to avoid post-service			
	Donor	review.			
38209	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	_		_
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for			
	Thawing Of Previously Frozen	Recommended Clinical Review			
	Harvest With Washing Per Donor	(Predetermination) to avoid post-service			
		review.			
38210	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for			
	Specific Cell Depletion Within	Recommended Clinical Review			
	Harvest T-Cell Depletion	(Predetermination) to avoid post-service			
		review.			
38211	Transplant Preparation Of	MP Criteria: Procedure/service reviewed			
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for	 ⁻	⁻	–
	Tumor Cell Depletion	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
I		iction.			

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38212	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Blood Cell Removal	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38213	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	-	_	-
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for			
	Platelet Depletion	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38214	Transplant Preparation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Hematopoietic Progenitor Cells;	against Medical Policy Criteria. Submit for			
	Plasma (Volume) Depletion	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38215	Transplant Preparation Of	MP Criteria: Procedure/service reviewed			
	Hematopoietic Progenitor Cells; Cell	-	-	-	-
	Concentration In Plasma	Recommended Clinical Review			
	Mononuclear Or Buffy Coat Layer	(Predetermination) to avoid post-service			
	Wohondelear of Burry coat Layer	review.			
38230	Bone Marrow Harvesting For	MP Criteria: Procedure/service reviewed			
55250		against Medical Policy Criteria, and may	-	-	-
	Transplantation; Allogeneic				
		require Prior Authorization per contract			
		agreement.			
20222					
38232	Bone Marrow Harvesting For	MP Criteria: Procedure/service reviewed	-	-	-
	Transplantation; Autologous	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38240	Hematopoietic Progenitor Cell	MP Criteria: Procedure/service reviewed	_	-	-
	(Hpc); Allogeneic Transplantation	against Medical Policy Criteria. Submit for			
	Per Donor	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
38241	Hematopoietic Progenitor Cell	MP Criteria: Procedure/service reviewed	_	_	_
	(Hpc); Autologous Transplantation	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	MP Criteria: Procedure/service reviewed	1	1	1
00210	(Hpc); Hpc Boost	against Medical Policy Criteria. Submit for	-	_	-
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
38308	Lymphangiatomy Or Other	review. MP Criteria: Procedure/service reviewed	+	+	+
20200	Lymphangiotomy Or Other	-	-	-	-
	Operations On Lymphatic Channels	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
	1	(Predetermination) to avoid post-service			
		review.			
41120	Glossectomy; Less Than One-Half	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Tongue	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			
	1	(Predetermination) to avoid post-service			
		review.			
			1		

41530	Submucosal Ablation Of The Tongue	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
	Base Radiofrequency 1 Or More	against Medical Policy Criteria. Submit for			04/01/2024
	Sites Per Session	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
42145	Palatopharyngoplasty (Eg	MP Criteria: Procedure/service reviewed		_	_
	Uvulopalatopharyngoplasty	against Medical Policy Criteria. Submit for		_	_
	Uvulopharyngoplasty)	Recommended Clinical Review			
	1 7 6 1 77	(Predetermination) to avoid post-service			
		review.			
42950	Pharyngoplasty (Plastic Or	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Reconstructive Operation On	against Medical Policy Criteria. Submit for			03/15/2024
	Pharynx)	Recommended Clinical Review			
	, ,	(Predetermination) to avoid post-service			
		review.			
43210	Esophagogastroduodenoscopy	MP Criteria: Procedure/service reviewed			
	Flexible Transoral; With	against Medical Policy Criteria. Submit for	-	-	-
	Esophagogastric Fundoplasty	Recommended Clinical Review			
	Partial Or Complete Includes	(Predetermination) to avoid post-service			
	Duodenoscopy When Performed	review.			
43236	Esophagogastroduodenoscopy	MP Criteria: Procedure/service reviewed	1		
43230	Flexible Transoral; With Directed	against Medical Policy Criteria. Submit for	-	-	-
	Submucosal Injection(S) Any	Recommended Clinical Review			
	Substance	(Predetermination) to avoid post-service			
	Substance	review.			
43253	Esophagogastroduodenoscopy	MP Criteria: Procedure/service reviewed			
45255	Flexible Transoral; With	against Medical Policy Criteria. Submit for	-	-	-
	Transendoscopic Ultrasound-Guided				
	Transmural Injection Of Diagnostic				
	, ,	(Predetermination) to avoid post-service review.			
12257	Or Therapeutic Substance(S) (Eg				
43257	Esophagogastroduodenoscopy	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Thermal Energy To The Muscle Of	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
42204	Gastric Cardia For Treatment Of	review.			
43284	Laparoscopy Surgical Esophageal	MP Criteria: Procedure/service reviewed	-	-	-
	Sphincter Augmentation Procedure	against Medical Policy Criteria. Submit for			
	Placement Of Sphincter	Recommended Clinical Review			
	Augmentation Device (le Magnetic	(Predetermination) to avoid post-service			
42200	Band) Including Cruroplasty When	review.			
43289	Unlisted Laparoscopy Procedure	MP Criteria: Procedure/service reviewed	-	-	-
	Esophagus	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
42622		review.	C /A /2022		
43632	Gastrectomy Partial Distal; With	MP Criteria: Procedure/service reviewed	6/1/2023	-	-
	Gastrojejunostomy	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
43633	Gastrectomy Partial Distal; With	MP Criteria: Procedure/service reviewed	-	-	-
	Roux-En-Y Reconstruction	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
43644	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed	_	_	-
	Restrictive Procedure; With Gastric	against Medical Policy Criteria. Submit for			
	Bypass And Roux-En-Y	Recommended Clinical Review			
	Gastroenterostomy (Roux Limb 150	(Predetermination) to avoid post-service			
	Cm Or Less)	review.			

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43645	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed	_	-	-
	Restrictive Procedure; With Gastric	against Medical Policy Criteria. Submit for			
	Bypass And Small Intestine	Recommended Clinical Review			
	Reconstruction To Limit Absorption	(Predetermination) to avoid post-service			
		review.			
43770	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed	_	_	-
	Restrictive Procedure; Placement Of	against Medical Policy Criteria. Submit for			
	Adjustable Gastric Restrictive Device	Recommended Clinical Review			
	(Eg Gastric Band And Subcutaneous	(Predetermination) to avoid post-service			
	Port Components)	review.			
43771	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed	_	_	-
	Restrictive Procedure; Revision Of	against Medical Policy Criteria. Submit for			
	Adjustable Gastric Restrictive Device	Recommended Clinical Review			
	Component Only	(Predetermination) to avoid post-service			
		review.			
43772	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed			
	Restrictive Procedure; Removal Of	against Medical Policy Criteria. Submit for	-	_	-
	Adjustable Gastric Restrictive Device	-			
	Component Only	(Predetermination) to avoid post-service			
		review.			
43773	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed		1	
	Restrictive Procedure; Removal And		-	-	-
	Replacement Of Adjustable Gastric	Recommended Clinical Review			
	Restrictive Device Component Only	(Predetermination) to avoid post-service			
	Restrictive Device component only	review.			
43774	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed			
43774		·	-	-	-
	Restrictive Procedure; Removal Of	against Medical Policy Criteria. Submit for			
	Adjustable Gastric Restrictive Device				
	And Subcutaneous Port	(Predetermination) to avoid post-service			
40775	Components	review.			
43775	Laparoscopy Surgical Gastric	MP Criteria: Procedure/service reviewed	-	-	-
	Restrictive Procedure; Longitudinal	against Medical Policy Criteria. Submit for			
	Gastrectomy (le Sleeve	Recommended Clinical Review			
	Gastrectomy)	(Predetermination) to avoid post-service			
		review.			
43842	Gastric Restrictive Procedure	MP Criteria: Procedure/service reviewed	-	-	-
	Without Gastric Bypass For Morbid	against Medical Policy Criteria. Submit for			
	Obesity; Vertical-Banded	Recommended Clinical Review			
	Gastroplasty	(Predetermination) to avoid post-service			
		review.			
43843	Gastric Restrictive Procedure	MP Criteria: Procedure/service reviewed	_	_	-
	Without Gastric Bypass For Morbid	against Medical Policy Criteria. Submit for			
	Obesity; Other Than Vertical-	Recommended Clinical Review			
	Banded Gastroplasty	(Predetermination) to avoid post-service			
		review.			
43845	Gastric Restrictive Procedure With	MP Criteria: Procedure/service reviewed	_	_	-
	Partial Gastrectomy Pylorus-	against Medical Policy Criteria. Submit for			
	Preserving Duodenoileostomy And	Recommended Clinical Review			
	Ileoileostomy (50 To 100 Cm	(Predetermination) to avoid post-service			
	Common Channel) To Limit	review.			
43846	Gastric Restrictive Procedure With	MP Criteria: Procedure/service reviewed		I_	
	Gastric Bypass For Morbid Obesity;	against Medical Policy Criteria. Submit for		[⁻	–
	With Short Limb (150 Cm Or Less)	Recommended Clinical Review			
	Roux-En-Y Gastroenterostomy	(Predetermination) to avoid post-service			
	is a characteristic in the state of the stat	review.			
43847	Gastric Restrictive Procedure With	MP Criteria: Procedure/service reviewed			
40047			-	-	-
	Gastric Bypass For Morbid Obesity;	against Medical Policy Criteria. Submit for			
	With Small Intestine Reconstruction	Recommended Clinical Review			
	To Limit Absorption	(Predetermination) to avoid post-service			
		review.			

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43848	Revision Open Of Gastric	MP Criteria: Procedure/service reviewed	-	-	-
	Restrictive Procedure For Morbid	against Medical Policy Criteria. Submit for			
	Obesity Other Than Adjustable	Recommended Clinical Review			
	Gastric Restrictive Device (Separate	(Predetermination) to avoid post-service			
12225	Procedure)	review.			
43886		MP Criteria: Procedure/service reviewed	-	-	-
	Revision Of Subcutaneous Port	against Medical Policy Criteria. Submit for			
	Component Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
42007		review.			
43887		MP Criteria: Procedure/service reviewed	_	-	-
	Removal Of Subcutaneous Port	against Medical Policy Criteria. Submit for			
	Component Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
42000	Contria Dontrictiva Drago dura - Orago	review.			
43888	-	MP Criteria: Procedure/service reviewed	-	-	-
	Removal And Replacement Of	against Medical Policy Criteria. Submit for			
	Subcutaneous Port Component Only				
		(Predetermination) to avoid post-service			
44705	Preparation Of Fecal Microbiota For	review. MP Criteria: Procedure/service reviewed			
44705			-	-	-
	-	against Medical Policy Criteria. Submit for Recommended Clinical Review			
	Donor Specimen				
		(Predetermination) to avoid post-service			
47370	Laparoscopy Surgical Ablation Of 1	review. MP Criteria: Procedure/service reviewed			
4/3/0	Or More Liver Tumor(S);	against Medical Policy Criteria. Submit for	-	-	-
	Radiofrequency	Recommended Clinical Review			
	Radionequency	(Predetermination) to avoid post-service			
		review.			
47371	Laparoscopy Surgical Ablation Of 1	MP Criteria: Procedure/service reviewed			
47371	Or More Liver Tumor(S);	against Medical Policy Criteria. Submit for	-	-	-
	Cryosurgical	Recommended Clinical Review			
	ci yosuigicui	(Predetermination) to avoid post-service			
		review.			
47380	Ablation Open Of 1 Or More Liver	MP Criteria: Procedure/service reviewed			
	Tumor(S); Radiofrequency	against Medical Policy Criteria. Submit for	-	_	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
47382	Ablation 1 Or More Liver Tumor(S)	MP Criteria: Procedure/service reviewed			
	Percutaneous Radiofrequency	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
47383	Ablation 1 Or More Liver Tumor(S)	MP Criteria: Procedure/service reviewed	-	_	-
	Percutaneous Cryoablation	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
50250	Ablation Open 1 Or More Renal	MP Criteria: Procedure/service reviewed	_		_
	Mass Lesion(S) Cryosurgical	against Medical Policy Criteria. Submit for			
	Including Intraoperative Ultrasound	Recommended Clinical Review			
	Guidance And Monitoring If	(Predetermination) to avoid post-service			
	Performed	review.			
50360	Renal Allotransplantation	MP Criteria: Procedure/service reviewed	_	_	_
	Implantation Of Graft; Without	against Medical Policy Criteria. Submit for			
	Recipient Nephrectomy	Recommended Clinical Review			
		(Predetermination) to avoid post-service	1		
		(Predetermination) to avoid post-service			

50541	Laparoscopy Surgical; Ablation Of	MP Criteria: Procedure/service reviewed	1		
50541	Renal Cysts	against Medical Policy Criteria. Submit for	-	-	-
	Reliai Cysts	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
50542	Laparoscopy Surgical; Ablation Of	MP Criteria: Procedure/service reviewed			
50542	Renal Mass Lesion(S) Including	against Medical Policy Criteria. Submit for	-	-	-
	Intraoperative Ultrasound Guidance	•			
	And Monitoring When Performed	(Predetermination) to avoid post-service			
	And Monitoring When renormed	review.			
50592	Ablation 1 Or More Renal Tumor(S)	MP Criteria: Procedure/service reviewed			
50552	Percutaneous Unilateral	against Medical Policy Criteria. Submit for	-	-	-
	Radiofrequency	Recommended Clinical Review			
	hadionequency	(Predetermination) to avoid post-service			
		review.			
50593	Ablation Renal Tumor(S) Unilateral	MP Criteria: Procedure/service reviewed			
	Percutaneous Cryotherapy	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
51715	Endoscopic Injection Of Implant	MP Criteria: Procedure/service reviewed	1		
	Material Into The Submucosal	against Medical Policy Criteria. Submit for	 ⁻	-	 ⁻
	Tissues Of The Urethra And/Or	Recommended Clinical Review			
	Bladder Neck	(Predetermination) to avoid post-service			
		review.			
52284	Cystourethroscopy With	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Mechanical Urethral Dilation And	against Medical Policy Criteria. Submit for			02/15/2024
	Urethral Therapeutic Drug Delivery	Recommended Clinical Review			Retire effective
	By Drug-Coated Balloon Catheter	(Predetermination) to avoid post-service			05/14/2024
	For Urethral Stricture Or Stenosis	review.			
52327	Cystourethroscopy (Including	MP Criteria: Procedure/service reviewed	_	_	_
	Ureteral Catheterization); With	against Medical Policy Criteria. Submit for			
	Subureteric Injection Of Implant	Recommended Clinical Review			
	Material	(Predetermination) to avoid post-service			
		review.			
52441	Cystourethroscopy With Insertion	MP Criteria: Procedure/service reviewed	_	_	_
	Of Permanent Adjustable	against Medical Policy Criteria. Submit for			
	Transprostatic Implant; Single	Recommended Clinical Review			
	Implant	(Predetermination) to avoid post-service			
		review.			
52442	Cystourethroscopy With Insertion	MP Criteria: Procedure/service reviewed	_	_	_
	Of Permanent Adjustable	against Medical Policy Criteria. Submit for			
	Transprostatic Implant; Each	Recommended Clinical Review			
	Additional Permanent Adjustable	(Predetermination) to avoid post-service			
	Transprostatic Implant (List	review.			
53451	Periurethral Transperineal	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Adjustable Balloon Continence	against Medical Policy Criteria. Submit for		1	5/1/2024
	Device; Bilateral Insertion Including				
	Cystourethroscopy And Imaging	(Predetermination) to avoid post-service			
	Guidance	review.	0 /45 /200	F /4 + /5 5	
53855	Insertion Of A Temporary Prostatic	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Urethral Stent Including Urethral	against Medical Policy Criteria. Submit for		1	02/15/2024
	Measurement	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service		1	05/14/2024
		review.	 		
54125	Amputation Of Penis; Complete	MP Criteria: Procedure/service reviewed	-	-	 -
		against Medical Policy Criteria. Submit for		1	
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			

				r	r
54200	Injection Procedure For Peyronie	MP Criteria: Procedure/service reviewed	-	-	-
	Disease;	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
54205	Injection Procedure For Peyronie	MP Criteria: Procedure/service reviewed	_	_	
	Disease; With Surgical Exposure Of	against Medical Policy Criteria. Submit for		_	
	Plaque	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
54400	Insertion Of Penile Prosthesis; Non-	MP Criteria: Procedure/service reviewed		1	
54400	Inflatable (Semi-Rigid)	against Medical Policy Criteria. Submit for	-	-	-
		, ,			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
54401	Insertion Of Penile Prosthesis;	MP Criteria: Procedure/service reviewed	-	-	-
	Inflatable (Self-Contained)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
54405	Insertion Of Multi-Component	MP Criteria: Procedure/service reviewed	_	_	_
	Inflatable Penile Prosthesis	against Medical Policy Criteria. Submit for			
	Including Placement Of Pump	Recommended Clinical Review			
	Cylinders And Reservoir	(Predetermination) to avoid post-service			
	-,	review.			
54406	Removal Of All Components Of A	MP Criteria: Procedure/service reviewed			
	Multi-Component Inflatable Penile	against Medical Policy Criteria. Submit for	-	-	-
	Prosthesis Without Replacement Of	1 - ·			
	Prosthesis				
	Prostnesis	(Predetermination) to avoid post-service			
54400		review.			
54408	Repair Of Component(S) Of A Multi-	MP Criteria: Procedure/service reviewed	-	-	-
	Component Inflatable Penile	against Medical Policy Criteria. Submit for			
	Prosthesis	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
54410	Removal And Replacement Of All	MP Criteria: Procedure/service reviewed	-	_	-
	Component(S) Of A Multi-	against Medical Policy Criteria. Submit for			
	Component Inflatable Penile	Recommended Clinical Review			
	Prosthesis At The Same Operative	(Predetermination) to avoid post-service			
	Session	review.			
54411	Removal And Replacement Of All	MP Criteria: Procedure/service reviewed	_		_
	Components Of A Multi-Component	against Medical Policy Criteria. Submit for			
	Inflatable Penile Prosthesis Through	Recommended Clinical Review			
	An Infected Field At The Same	(Predetermination) to avoid post-service			
	Operative Session Including	review.			
54415	Removal Of Non-Inflatable (Semi-	MP Criteria: Procedure/service reviewed	1	1	1
	Rigid) Or Inflatable (Self-Contained)	against Medical Policy Criteria. Submit for	-	-	-
	Penile Prosthesis Without	Recommended Clinical Review			
	Replacement Of Prosthesis	(Predetermination) to avoid post-service			
		· · · ·			
54416	Removal And Replacement Of Non-	review. MP Criteria: Procedure/service reviewed		}	
J4410		· ·	-	-	-
	Inflatable (Semi-Rigid) Or Inflatable	against Medical Policy Criteria. Submit for			
	(Self-Contained) Penile Prosthesis At				
	The Same Operative Session	(Predetermination) to avoid post-service			
		review.			
			1	1	1
54417	Removal And Replacement Of Non-	MP Criteria: Procedure/service reviewed	-	-	—
54417	Removal And Replacement Of Non- Inflatable (Semi-Rigid) Or Inflatable	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-
54417	-	· ·	-	-	-
54417	Inflatable (Semi-Rigid) Or Inflatable	against Medical Policy Criteria. Submit for	-	-	-

F4CC0	Incention Of Text's Las Described	MD Cuttorias Durandury (
54660	Insertion Of Testicular Prosthesis	MP Criteria: Procedure/service reviewed	-	-	-
	(Separate Procedure)	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
55706	Biopsies Prostate Needle	MP Criteria: Procedure/service reviewed	-	-	-
	Transperineal Stereotactic	against Medical Policy Criteria. Submit for			
	Template Guided Saturation	Recommended Clinical Review			
	Sampling Including Imaging	(Predetermination) to avoid post-service			
	Guidance	review.			
55880	Ablation Of Malignant Prostate	MP Criteria: Procedure/service reviewed	-	-	-
	Tissue Transrectal With High	against Medical Policy Criteria. Submit for			
	Intensity-Focused Ultrasound (Hifu)	Recommended Clinical Review			
	Including Ultrasound Guidance	(Predetermination) to avoid post-service			
		review.			
55899	Unlisted Procedure Male Genital	MP Criteria: Procedure/service reviewed	-	-	-
	System	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	MP Criteria: Procedure/service reviewed	_	_	-
	Nonobstetrical (Separate	against Medical Policy Criteria. Submit for			
	Procedure)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
57291	Construction Of Artificial Vagina;	MP Criteria: Procedure/service reviewed	_	_	-
	Without Graft	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
57292	Construction Of Artificial Vagina;	MP Criteria: Procedure/service reviewed	_	_	-
	With Graft	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
57296	Revision (Including Removal) Of	MP Criteria: Procedure/service reviewed	_		
	Prosthetic Vaginal Graft; Open	against Medical Policy Criteria. Submit for			
	Abdominal Approach	Recommended Clinical Review			
		(Predetermination) to avoid post-service	1		
		review.			
57335	Vaginoplasty For Intersex State	MP Criteria: Procedure/service reviewed	_	_	_
		I	1	1	
		against Medical Policy Criteria. Submit for			
		against Medical Policy Criteria. Submit for Recommended Clinical Review			

57426	Revision (Including Removal) Of	MP Criteria: Procedure/service reviewed			
	Prosthetic Vaginal Graft	against Medical Policy Criteria. Submit for	-	-	-
	Laparoscopic Approach	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
58580	Transcervical Ablation Of Uterine	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Fibroid(S) Including Intraoperative	against Medical Policy Criteria. Submit for			02/15/2024
	Ultrasound Guidance And	Recommended Clinical Review			
	Monitoring Radiofrequency	(Predetermination) to avoid post-service			
		review.			
58674	Laparoscopy Surgical Ablation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Uterine Fibroid(S) Including	against Medical Policy Criteria. Submit for			
	Intraoperative Ultrasound Guidance	Recommended Clinical Review			
	And Monitoring Radiofrequency	(Predetermination) to avoid post-service			
		review.			
59072	Fetal Umbilical Cord Occlusion	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
	Including Ultrasound Guidance	against Medical Policy Criteria. Submit for			10/01/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
59074	Fetal Fluid Drainage (Eg	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
	Vesicocentesis Thoracocentesis	against Medical Policy Criteria. Submit for			10/01/2023
	Paracentesis) Including Ultrasound	Recommended Clinical Review			
	Guidance	(Predetermination) to avoid post-service			
		review.			
59076	Fetal Shunt Placement Including	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
	Ultrasound Guidance	against Medical Policy Criteria. Submit for			10/01/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
60699	Unlisted Procedure Endocrine	MP Criteria: Procedure/service reviewed			
	System	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
61635	Transcatheter Placement Of	MP Criteria: Procedure/service reviewed	_	_	_
	Intravascular Stent(S) Intracranial	against Medical Policy Criteria. Submit for		_	
	(Eg Atherosclerotic Stenosis)	Recommended Clinical Review			
	Including Balloon Angioplasty If	(Predetermination) to avoid post-service			
	Performed	review.			
61645	Percutaneous Arterial Transluminal	MP Criteria: Procedure/service reviewed	_	_	_
	Mechanical Thrombectomy And/Or	against Medical Policy Criteria. Submit for			
	Infusion For Thrombolysis	Recommended Clinical Review			
	Intracranial Any Method Including	(Predetermination) to avoid post-service			
	Diagnostic Angiography	review.			
51736	Laser Interstitial Thermal Therapy	MP Criteria: Procedure/service reviewed	_	_	_
	(Litt) Of Lesion Intracranial	against Medical Policy Criteria. Submit for			
	Including Burr Hole(S) With	Recommended Clinical Review			
	Magnetic Resonance Imaging	(Predetermination) to avoid post-service			
	Guidance When Performed; Single	review.			
51737	Laser Interstitial Thermal Therapy	MP Criteria: Procedure/service reviewed	_	_	_
	(Litt) Of Lesion Intracranial	against Medical Policy Criteria. Submit for			
	Including Burr Hole(S) With	Recommended Clinical Review			
	Magnetic Resonance Imaging	(Predetermination) to avoid post-service			
	Guidance When Performed;	review.			
51783	Stereotactic Computer-Assisted	MP Criteria: Procedure/service reviewed	5/15/2024	6/30/2024	Add effective
	(Navigational) Procedure; Spinal	against Medical Policy Criteria. Submit for			05/15/2024
	(List Separately In Addition To Code				Retire effective
	,,		1		
	For Primary Procedure)	(Predetermination) to avoid post-service			6/30/2024

64005					
61885		MP Criteria: Procedure/service reviewed	-	-	-
	Neurostimulator Pulse Generator Or	6			
	Receiver Direct Or Inductive	Recommended Clinical Review			
	Coupling; With Connection To A	(Predetermination) to avoid post-service			
	Single Electrode Array	review.			
61886	'	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Receiver Direct Or Inductive	Recommended Clinical Review			
	Coupling; With Connection To 2 Or	(Predetermination) to avoid post-service			
	More Electrode Arrays	review.			
61889	Insertion Of Skull-Mounted Cranial	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Neurostimulator Pulse Generator Or	against Medical Policy Criteria. Submit for			02/15/2024
	Receiver Including Craniectomy Or	Recommended Clinical Review			
	Craniotomy When Performed With	(Predetermination) to avoid post-service			
	Direct Or Inductive Coupling With	review.			
61891	Revision Or Replacement Of Skull-	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Mounted Cranial Neurostimulator	against Medical Policy Criteria. Submit for			02/15/2024
	Pulse Generator Or Receiver With	Recommended Clinical Review			
	Connection To Depth And/Or	(Predetermination) to avoid post-service			
	Cortical Strip Electrode Array(S)	review.			
61892	Removal Of Skull-Mounted Cranial	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Neurostimulator Pulse Generator Or	against Medical Policy Criteria. Submit for			02/15/2024
	Receiver With Cranioplasty When	Recommended Clinical Review			
	Performed	(Predetermination) to avoid post-service			
		review.			
64553	Percutaneous Implantation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Neurostimulator Electrode Array;	against Medical Policy Criteria. Submit for			
	Cranial Nerve	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
64555	Percutaneous Implantation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Neurostimulator Electrode Array;	against Medical Policy Criteria. Submit for			
	Peripheral Nerve (Excludes Sacral	Recommended Clinical Review			
	Nerve)	(Predetermination) to avoid post-service			
		review.			
64566	Posterior Tibial Neurostimulation	MP Criteria: Procedure/service reviewed			
	Percutaneous Needle Electrode	against Medical Policy Criteria. Submit for			
	Single Treatment Includes	Recommended Clinical Review			
	Programming	(Predetermination) to avoid post-service			
		review.			
64568	Open Implantation Of Cranial Nerve	MP Criteria: Procedure/service reviewed	_		_
	(Eg Vagus Nerve) Neurostimulator	against Medical Policy Criteria. Submit for			_
	Electrode Array And Pulse	Recommended Clinical Review			
	Generator	(Predetermination) to avoid post-service			
		review.			
64575	Open Implantation Of	MP Criteria: Procedure/service reviewed	_		_
	Neurostimulator Electrode Array;	against Medical Policy Criteria. Submit for			_
	Peripheral Nerve (Excludes Sacral	Recommended Clinical Review			
	Nerve)	(Predetermination) to avoid post-service			
	, ,	review.			
64582	Open Implantation Of Hypoglossal	MP Criteria: Procedure/service reviewed		_	_
	Nerve Neurostimulator Array Pulse	against Medical Policy Criteria, and may	-		
	Generator And Distal Respiratory	require Prior Authorization per contract			
	Sensor Electrode Or Electrode Array				
		0			
64590	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed			
	Peripheral Sacral Or Gastric	against Medical Policy Criteria. Submit for	-	-	-
	Neurostimulator Pulse Generator Or				
	Receiver Requiring Pocket Creation				
	And Connection Between Electrode	review.			
	and connection between Lieutioue	i criciti			

64596	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Percutaneous Electrode Array	against Medical Policy Criteria. Submit for			02/15/2024
	Peripheral Nerve With Integrated	Recommended Clinical Review			
	Neurostimulator Including Imaging	(Predetermination) to avoid post-service			
	Guidance When Performed; Initial	review.			
4597	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Percutaneous Electrode Array	against Medical Policy Criteria. Submit for			02/15/2024
	Peripheral Nerve With Integrated	Recommended Clinical Review			- , -, -
	Neurostimulator Including Imaging	(Predetermination) to avoid post-service			
	Guidance When Performed; Each	review.			
4624	Destruction By Neurolytic Agent	MP Criteria: Procedure/service reviewed	12/1/2023	12/31/2999	Add effective
4024	Genicular Nerve Branches Including	against Medical Policy Criteria. Submit for	12/ 1/ 2023	12, 51, 2555	12/01/2023
	Imaging Guidance When Performed				12/01/2023
	imaging Guidance When renormed	(Predetermination) to avoid post-service			
		review.			
4640	Destruction By Neurolytic Agent;	MP Criteria: Procedure/service reviewed			
4040		-	-	-	-
	Other Peripheral Nerve Or Branch	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	0/20/2022	40 10 - 1	
4650	Chemodenervation Of Eccrine	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
	Glands; Both Axillae	against Medical Policy Criteria. Submit for			08/28/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
4653	Chemodenervation Of Eccrine	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
	Glands; Other Area(S) (Eg Scalp	against Medical Policy Criteria. Submit for			08/28/2023
	Face Neck) Per Day	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
4802	Sympathectomy Cervical	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			08/28/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
4804	Sympathectomy Cervicothoracic	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for	0, 20, 2020	12, 01, 2000	08/28/2023
		Recommended Clinical Review			00,20,2025
		(Predetermination) to avoid post-service			
		review.			
4809	Sympathectomy Thoracolumbar	MP Criteria: Procedure/service reviewed			
4809	Sympathectomy moracolumbar		-	-	-
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	- / /		
4818	Sympathectomy Lumbar	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			08/28/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
4820	Sympathectomy; Digital Arteries	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
	Each Digit	against Medical Policy Criteria. Submit for			08/28/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
4823	Sympathectomy; Superficial Palmar	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
64823		against Medical Policy Criteria. Submit for	-,,	, 52, 2000	08/28/2023
	Arch				
	Arch				
	Arch	Recommended Clinical Review (Predetermination) to avoid post-service			

65760	Keratomileusis	MP Criteria: Procedure/service reviewed			
00/00	Keratomileusis	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
65770	Keratoprosthesis	review. MP Criteria: Procedure/service reviewed			
65770	Keratoprostnesis	· ·	-	-	-
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
65705		review.			
65785	Implantation Of Intrastromal	MP Criteria: Procedure/service reviewed	-	-	-
	Corneal Ring Segments	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
66174	Transluminal Dilation Of America	review.			
66174	Transluminal Dilation Of Aqueous	MP Criteria: Procedure/service reviewed	-	-	-
	Outflow Canal (Eg Canaloplasty);	against Medical Policy Criteria. Submit for			
	Without Retention Of Device Or	Recommended Clinical Review			
	Stent	(Predetermination) to avoid post-service			
CC175		review.			
66175	Transluminal Dilation Of Aqueous	MP Criteria: Procedure/service reviewed	-	-	-
	Outflow Canal (Eg Canaloplasty);	against Medical Policy Criteria. Submit for	1		
	With Retention Of Device Or Stent	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			_
66179	Aqueous Shunt To Extraocular	MP Criteria: Procedure/service reviewed	-	-	-
	Equatorial Plate Reservoir External	against Medical Policy Criteria. Submit for			
	Approach; Without Graft	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
66180	Aqueous Shunt To Extraocular	MP Criteria: Procedure/service reviewed	-	-	-
	Equatorial Plate Reservoir External	against Medical Policy Criteria. Submit for			
	Approach; With Graft	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
66183	Insertion Of Anterior Segment	MP Criteria: Procedure/service reviewed	-	-	-
	Aqueous Drainage Device Without	against Medical Policy Criteria. Submit for			
	Extraocular Reservoir External	Recommended Clinical Review			
	Approach	(Predetermination) to avoid post-service			
		review.			
66989	Extracapsular Cataract Removal	MP Criteria: Procedure/service reviewed	-	-	-
	With Insertion Of Intraocular Lens	against Medical Policy Criteria. Submit for			
	Prosthesis (1-Stage Procedure)	Recommended Clinical Review			
	Manual Or Mechanical Technique	(Predetermination) to avoid post-service			
66061	(Eg Irrigation And Aspiration Or	review.			
66991	Extracapsular Cataract Removal	MP Criteria: Procedure/service reviewed	-	-	-
	With Insertion Of Intraocular Lens	against Medical Policy Criteria. Submit for			
	Prosthesis (1 Stage Procedure)	Recommended Clinical Review	1		
	Manual Or Mechanical Technique	(Predetermination) to avoid post-service	1		
	(Eg Irrigation And Aspiration Or	review.			
67516	Suprachoroidal Space Injection Of	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Pharmacologic Agent (Separate	against Medical Policy Criteria. Submit for	1		02/15/2024
	Procedure)	Recommended Clinical Review			
		(Predetermination) to avoid post-service	1		
		review.			
67901	Repair Of Blepharoptosis; Frontalis	MP Criteria: Procedure/service reviewed	-	-	-
	Muscle Technique With Suture Or	against Medical Policy Criteria. Submit for	1		
	Other Material (Eg Banked Fascia)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			

					1
67902	Repair Of Blepharoptosis; Frontalis	MP Criteria: Procedure/service reviewed	_	_	_
	Muscle Technique With Autologous	against Medical Policy Criteria. Submit for			
	Fascial Sling (Includes Obtaining	Recommended Clinical Review			
	Fascia)	(Predetermination) to avoid post-service			
		review.			
67903	Repair Of Blepharoptosis; (Tarso)	MP Criteria: Procedure/service reviewed	-	_	_
	Levator Resection Or Advancement	against Medical Policy Criteria. Submit for			
	Internal Approach	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
67904	Repair Of Blepharoptosis; (Tarso)	MP Criteria: Procedure/service reviewed	-	_	_
	Levator Resection Or Advancement	against Medical Policy Criteria. Submit for			
	External Approach	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
67906	Repair Of Blepharoptosis; Superior	MP Criteria: Procedure/service reviewed	-	-	_
	Rectus Technique With Fascial Sling	against Medical Policy Criteria. Submit for			
	(Includes Obtaining Fascia)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
67908	Repair Of Blepharoptosis;	MP Criteria: Procedure/service reviewed	-	-	-
	Conjunctivo-Tarso-Muller'S Muscle-	against Medical Policy Criteria. Submit for			
	Levator Resection (Eg Fasanella-	Recommended Clinical Review			
	Servat Type)	(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			
60676	Turne a serie Neuros sta asu	review.	0/20/2022	12/21/2000	
69676	Tympanic Neurectomy	MP Criteria: Procedure/service reviewed	8/28/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			08/28/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
69705	Nasopharyngoscopy Surgical With	review. MP Criteria: Procedure/service reviewed		-	
09705	Dilation Of Eustachian Tube (le	against Medical Policy Criteria. Submit for	-	-	-
	Dilation of Lustachian Tube (le	against Medical Policy Chieria. Submit for			
	Balloon Dilation): Unilatoral	Pacammandad Clinical Paviaw			
	Balloon Dilation); Unilateral	Recommended Clinical Review			
	Balloon Dilation); Unilateral	(Predetermination) to avoid post-service			
69706		(Predetermination) to avoid post-service review.			
69706	Nasopharyngoscopy Surgical With	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-	-	_
69706	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-
69706	Nasopharyngoscopy Surgical With	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
69706	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service	-	-	-
69706	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-	-	-
	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-
	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	-
	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-
	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service	-	-	-
69716	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
69716	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-	-	- - -
69716	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of Existing Device) Osseointegrated	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	- - -
69716	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	-	-	- -
69716	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	- - - 1/1/2023	-	- -
69716 69719	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. (Predetermination) to avoid post-service review.	- - - 1/1/2023	- -	- - -
69716 69719	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within Removal Entire Osseointegrated	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed review. MP Criteria: Procedure/service reviewed	- - - 1/1/2023	- -	- - -
69716 69719	Nasopharyngoscopy Surgical With Dilation Of Eustachian Tube (Ie Balloon Dilation); Bilateral Implantation Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within The Mastoid And/Or Resulting In Replacement (Including Removal Of Existing Device) Osseointegrated Implant Skull; With Magnetic Transcutaneous Attachment To External Speech Processor Within Removal Entire Osseointegrated Implant Skull; With Magnetic	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	- - - 1/1/2023	- -	- -

60700			4 /4 /2022		
69729	Implantation Osseointegrated	MP Criteria: Procedure/service reviewed	1/1/2023	-	-
	Implant Skull; With Magnetic	against Medical Policy Criteria. Submit for			
	Transcutaneous Attachment To	Recommended Clinical Review			
	External Speech Processor Outside	(Predetermination) to avoid post-service			
	Of The Mastoid And Resulting In	review.			
69730	Replacement (Including Removal Of	MP Criteria: Procedure/service reviewed	1/1/2023	_	_
	Existing Device) Osseointegrated	against Medical Policy Criteria. Submit for			
	Implant Skull; With Magnetic	Recommended Clinical Review			
	Transcutaneous Attachment To	(Predetermination) to avoid post-service			
	External Speech Processor Outside	review.			
87505	Infectious Agent Detection By	MP Criteria: Procedure/service reviewed	_	_	_
	Nucleic Acid (Dna Or Rna);	against Medical Policy Criteria. Submit for			
	Gastrointestinal Pathogen (Eg	Recommended Clinical Review			
	Clostridium Difficile E. Coli	(Predetermination) to avoid post-service			
	Salmonella Shigella Norovirus	review.			
87506	Infectious Agent Detection By	MP Criteria: Procedure/service reviewed			
	Nucleic Acid (Dna Or Rna);	against Medical Policy Criteria. Submit for	_	_	-
	Gastrointestinal Pathogen (Eg	Recommended Clinical Review			
	Clostridium Difficile E. Coli	(Predetermination) to avoid post-service			
	Salmonella Shigella Norovirus	review.			
87507	Infectious Agent Detection By	MP Criteria: Procedure/service reviewed	1		
5,50,	Nucleic Acid (Dna Or Rna);	against Medical Policy Criteria. Submit for	-	-	-
	Gastrointestinal Pathogen (Eg	Recommended Clinical Review			
	Clostridium Difficile E. Coli	(Predetermination) to avoid post-service			
		· / ·			
89337	Salmonella Shigella Norovirus	review.	_	9/30/2023	Retire effective:
89337	Cryopreservation Mature Oocyte(S)	MP Criteria: Procedure/service reviewed	-	9/30/2023	
		against Medical Policy Criteria. Submit for			9/30/23
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
90378	Respiratory Syncytial Virus	MP Criteria: Procedure/service reviewed	-	-	-
	Monoclonal Antibody Recombinant	against Medical Policy Criteria, and may			
	For Intramuscular Use 50 Mg Each	require Prior Authorization per contract			
		agreement.			
90867	Therapeutic Repetitive Transcranial	MP Criteria: Procedure/service reviewed	-	-	-
	Magnetic Stimulation (Tms)	against Medical Policy Criteria. Submit for			
	Treatment; Initial Including Cortical	Recommended Clinical Review			
	Mapping Motor Threshold	(Predetermination) to avoid post-service			
	Determination Delivery And	review.			
90868	Therapeutic Repetitive Transcranial	MP Criteria: Procedure/service reviewed		_	_
	Magnetic Stimulation (Tms)	against Medical Policy Criteria. Submit for			
	Treatment; Subsequent Delivery	Recommended Clinical Review			
	And Management Per Session	(Predetermination) to avoid post-service			
		review.			
90869	Therapeutic Repetitive Transcranial	MP Criteria: Procedure/service reviewed	_	_	
	Magnetic Stimulation (Tms)	against Medical Policy Criteria. Submit for			
	Treatment; Subsequent Motor	Recommended Clinical Review			
	Threshold Re-Determination With	(Predetermination) to avoid post-service			
	Delivery And Management	review.			
90875	Individual Psychophysiological	MP Criteria: Procedure/service reviewed	1		
•	Therapy Incorporating Biofeedback	against Medical Policy Criteria. Submit for	 ⁻	-	-
	Training By Any Modality (Face-To-	Recommended Clinical Review			
	Face With The Patient) With	(Predetermination) to avoid post-service			
	,				
00876	Psychotherapy (Eg Insight Oriented	review.	+		
90876	Individual Psychophysiological	MP Criteria: Procedure/service reviewed	-	-	-
	Therapy Incorporating Biofeedback	against Medical Policy Criteria. Submit for			
	Training By Any Modality (Face-To-	Recommended Clinical Review			
	Face With The Patient) With	(Predetermination) to avoid post-service			
	Psychotherapy (Eg Insight Oriented	review.		1	

90880	Hypnotherapy	MP Criteria: Procedure/service reviewed		5/31/2024	Retire effective:
	,, ,, ,,	against Medical Policy Criteria. Submit for	-		5/31/2024
		Recommended Clinical Review			-,-,-
		(Predetermination) to avoid post-service			
		review.			
0901	Biofeedback Training By Any	MP Criteria: Procedure/service reviewed			
0901			-	-	-
	Modality	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
0912	Biofeedback Training Perineal	MP Criteria: Procedure/service reviewed	_	_	_
	Muscles Anorectal Or Urethral	against Medical Policy Criteria. Submit for			
	Sphincter Including Emg And/Or	Recommended Clinical Review			
	Manometry When Performed;	(Predetermination) to avoid post-service			
	Initial 15 Minutes Of One-On-One	review.			
0913	Biofeedback Training Perineal	MP Criteria: Procedure/service reviewed			
	Muscles Anorectal Or Urethral	against Medical Policy Criteria. Submit for	-	-	-
	Sphincter Including Emg And/Or	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
024	Additional 15 Minutes Of One-On-	review.	+		
1034	Esophagus Gastroesophageal	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Electrode(S) Placement Recording	Recommended Clinical Review			
	Analysis And Interpretation	(Predetermination) to avoid post-service			
		review.			
L035	Esophagus Gastroesophageal	MP Criteria: Procedure/service reviewed	_	_	_
	Reflux Test; With Mucosal Attached	against Medical Policy Criteria. Submit for			
	Telemetry Ph Electrode Placement	Recommended Clinical Review			
	Recording Analysis And	(Predetermination) to avoid post-service			
	Interpretation	review.			
1037	Esophageal Function Test	MP Criteria: Procedure/service reviewed			
1057			-	-	-
	Gastroesophageal Reflux Test With	against Medical Policy Criteria. Submit for			
	Nasal Catheter Intraluminal	Recommended Clinical Review			
	Impedance Electrode(S) Placement	(Predetermination) to avoid post-service			
	Recording Analysis And	review.			
1038	Esophageal Function Test	MP Criteria: Procedure/service reviewed	-	-	-
	Gastroesophageal Reflux Test With	against Medical Policy Criteria. Submit for			
	Nasal Catheter Intraluminal	Recommended Clinical Review			
	Impedance Electrode(S) Placement	(Predetermination) to avoid post-service			
	Recording Analysis And	review.			
1110	Gastrointestinal Tract Imaging	MP Criteria: Procedure/service reviewed	_	_	_
	Intraluminal (Eg Capsule	against Medical Policy Criteria. Submit for			
	Endoscopy) Esophagus Through	Recommended Clinical Review			
	Ileum With Interpretation And	(Predetermination) to avoid post-service			
	Report	review.			
1117	Colon Motility (Manometric) Study	MP Criteria: Procedure/service reviewed	11/15/2023	12/31/2999	Add effective
/	Minimum 6 Hours Continuous		11/13/2023	12/ 31/ 2333	
		against Medical Policy Criteria. Submit for			11/15/2023
	Recording (Including Provocation	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	Distension Pharmacologic Agents If	review.			
622	Diagnostic Analysis Programming	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	And Verification Of An Auditory	against Medical Policy Criteria. Submit for			03/15/2024
	Osseointegrated Sound Processor	Recommended Clinical Review			
	Any Type; First 60 Minutes	(Predetermination) to avoid post-service			
		review.			
2623	Diagnostic Analysis Programming	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	And Verification Of An Auditory	against Medical Policy Criteria. Submit for	5, 15, 2024		03/15/2024
		-			03/13/2024
	Osseointegrated Sound Processor	Recommended Clinical Review			
	Any Type; Each Additional 15	(Predetermination) to avoid post-service			
	Minutes (List Separately In Addition	review.			

92972	Percutaneous Transluminal	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
52572	Coronary Lithotripsy (List Separately	-	5/15/2024	12/51/2555	03/15/2024
	In Addition To Code For Primary	Recommended Clinical Review			00/10/2021
	Procedure)	(Predetermination) to avoid post-service			
	(i coccure)	review.			
93150	Therapy Activation Of Implanted	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
55150	Phrenic Nerve Stimulator System	against Medical Policy Criteria. Submit for	2/13/2024	5/ 14/ 2024	02/15/2024
	Including All Interrogation And	Recommended Clinical Review			Retire effective
	Programming	(Predetermination) to avoid post-service			05/14/2024
	Fiogramming	review.			03/14/2024
93151	Interrogation And Programming	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
93131			2/15/2024	5/14/2024	
	(Minimum One Parameter) Of Implanted Phrenic Nerve Stimulator	against Medical Policy Criteria. Submit for Recommended Clinical Review			02/15/2024 Retire effective
		(Predetermination) to avoid post-service			05/14/2024
	System				03/14/2024
93152	Internetice And Dressensing Of	review.	2/15/2024	F /1 4 /2024	A dd offe ative
93152	Interrogation And Programming Of	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Implanted Phrenic Nerve Stimulator				02/15/2024
	System During Polysomnography	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
02152	Internetion M/thank Darase	review.	2/15/2024	F /1 A /202A	
93153		MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Of Implanted Phrenic Nerve	against Medical Policy Criteria. Submit for			02/15/2024
	Stimulator System	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
		review.			_
93228	External Mobile Cardiovascular	MP Criteria: Procedure/service reviewed	-	-	-
	Telemetry With	against Medical Policy Criteria. Submit for			
	Electrocardiographic Recording	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	Data Analysis And Greater Than 24	review.			
93229	External Mobile Cardiovascular	MP Criteria: Procedure/service reviewed	-	-	-
	Telemetry With	against Medical Policy Criteria. Submit for			
	Electrocardiographic Recording	Recommended Clinical Review			
	Concurrent Computerized Real Time	(Predetermination) to avoid post-service			
	Data Analysis And Greater Than 24	review.			
93264	Remote Monitoring Of A Wireless	MP Criteria: Procedure/service reviewed	_	_	_
	Pulmonary Artery Pressure Sensor	against Medical Policy Criteria. Submit for			
	For Up To 30 Days Including At	Recommended Clinical Review			
	Least Weekly Downloads Of	(Predetermination) to avoid post-service			
	Pulmonary Artery Pressure	review.			
93580	Percutaneous Transcatheter Closure	-	_	_	_
	Of Congenital Interatrial	against Medical Policy Criteria. Submit for			
	Communication (le Fontan	Recommended Clinical Review			
	Fenestration Atrial Septal Defect)	(Predetermination) to avoid post-service			
	With Implant	review.			
93660	Evaluation Of Cardiovascular	MP Criteria: Procedure/service reviewed	_	_	_
	Function With Tilt Table Evaluation	against Medical Policy Criteria. Submit for			
	With Continuous Ecg Monitoring	Recommended Clinical Review			
	And Intermittent Blood Pressure	(Predetermination) to avoid post-service			
	Monitoring With Or Without	review.			
93895	Quantitative Carotid Intima Media	MP Criteria: Procedure/service reviewed	_	_	_
	Thickness And Carotid Atheroma	against Medical Policy Criteria. Submit for			
	Evaluation Bilateral	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
95700	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Continuous Recording With Video	against Medical Policy Criteria. Submit for			11/1/2023
	When Performed Setup Patient	Recommended Clinical Review			
	Education And Takedown When	(Predetermination) to avoid post-service			
	Performed Administered In Person	review.			1

95705	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
55765	Without Video Review Of Data	against Medical Policy Criteria. Submit for	11/1/2023	12/51/2555	11/1/2023
	Technical Description By Eeg	Recommended Clinical Review			11/1/2023
	Technologist 2-12 Hours;	(Predetermination) to avoid post-service			
	Unmonitored	review.			
5706	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
5700	Without Video Review Of Data	against Medical Policy Criteria. Submit for	11/1/2025	12/51/2555	11/1/2023
		Recommended Clinical Review			11/1/2025
	Technical Description By Eeg				
	Technologist 2-12 Hours; With	(Predetermination) to avoid post-service			
- 7 0 7	Intermittent Monitoring And	review.	44/4/2022	42/24/2000	A data official to a
5707	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Without Video Review Of Data	against Medical Policy Criteria. Submit for			11/1/2023
	Technical Description By Eeg	Recommended Clinical Review			
	Technologist 2-12 Hours; With	(Predetermination) to avoid post-service			
	Continuous Real-Time Monitoring	review.			
5708	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Without Video Review Of Data	against Medical Policy Criteria. Submit for			11/1/2023
	Technical Description By Eeg	Recommended Clinical Review			
	Technologist Each Increment Of 12-	(Predetermination) to avoid post-service			
	26 Hours; Unmonitored	review.			
5709	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Without Video Review Of Data	against Medical Policy Criteria. Submit for			11/1/2023
	Technical Description By Eeg	Recommended Clinical Review			
	Technologist Each Increment Of 12-	(Predetermination) to avoid post-service			
	26 Hours; With Intermittent	review.			
5710	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Without Video Review Of Data	against Medical Policy Criteria. Submit for			11/1/2023
	Technical Description By Eeg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	26 Hours; With Continuous Real-	review.			
5711	Electroencephalogram With Video	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
5711	(Veeg) Review Of Data Technical	against Medical Policy Criteria. Submit for	11/1/2023	12/01/2000	11/1/2023
	Description By Eeg Technologist 2-	Recommended Clinical Review			11, 1, 2023
	12 Hours; Unmonitored	(Predetermination) to avoid post-service			
		review.			
5712	Electroencephalogram With Video	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	(Veeg) Review Of Data Technical	against Medical Policy Criteria. Submit for			11/1/2023
	Description By Eeg Technologist 2-	Recommended Clinical Review			
	12 Hours; With Intermittent	(Predetermination) to avoid post-service			
	Monitoring And Maintenance	review.			
5713	Electroencephalogram With Video	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	(Veeg) Review Of Data Technical	against Medical Policy Criteria. Submit for			11/1/2023
	Description By Eeg Technologist 2-	Recommended Clinical Review			
	12 Hours; With Continuous Real-	(Predetermination) to avoid post-service			
	Time Monitoring And Maintenance	review.			1
5714	Electroencephalogram With Video	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	(Veeg) Review Of Data Technical	against Medical Policy Criteria. Submit for	_, _,0	,,	11/1/2023
	Description By Eeg Technologist	Recommended Clinical Review			, _, _00
	Each Increment Of 12-26 Hours;	(Predetermination) to avoid post-service			
	Unmonitored	review.			
5715	Electroencephalogram With Video	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
J 1 J			11/1/2023	12/31/2999	
	(Veeg) Review Of Data Technical	against Medical Policy Criteria. Submit for			11/1/2023
	Description By Eeg Technologist	Recommended Clinical Review			
	Each Increment Of 12-26 Hours;	(Predetermination) to avoid post-service			1
	With Intermittent Monitoring And	review.		i a fa t	
5716	Electroencephalogram With Video	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	(Veeg) Review Of Data Technical	against Medical Policy Criteria. Submit for			11/1/2023
	Description By Eeg Technologist	Recommended Clinical Review			
	Each Increment Of 12-26 Hours;	(Predetermination) to avoid post-service			
	With Continuous Real-Time	review.		1	

95717	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
55717	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for	11, 1, 2023	12, 31, 2333	11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
95718	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
55710	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for	11, 1, 2023	12/01/2000	11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			11/1/2023
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
95719	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
55715	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for	11/1/2023	12/31/2999	11/1/2023
	= :	· ·			11/1/2025
	Other Qualified Health Care Professional Review Of Recorded	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.	44/4/2022	12/21/2202	A 1 1 55 11
5720	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5721	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5722	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5723	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5724	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			, ,
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5725	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
0720		against Medical Policy Criteria. Submit for		12,01,2000	11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			11/1/2023
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5726	Electroencephalogram (Eeg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
5720		· ·	11/1/2025	12/31/2999	
	Continuous Recording Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Review Of Recorded	(Predetermination) to avoid post-service			
	Events Analysis Of Spike And	review.			
5803	Actigraphy Testing Recording	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	(Minimum Of 72 Hours To 14	Recommended Clinical Review			
	Consecutive Days Of Recording)	(Predetermination) to avoid post-service			
		review.			
5954	Pharmacological Or Physical	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Activation Requiring Physician Or	against Medical Policy Criteria. Submit for			11/1/2023
	Other Qualified Health Care	Recommended Clinical Review			
	Professional Attendance During Eeg	(Predetermination) to avoid post-service			
	Recording Of Activation Phase (Eg	review.		1	1

95957	Digital Analysis Of	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Electroencephalogram (Eeg) (Eg For	against Medical Policy Criteria. Submit for			11/1/2023
	Epileptic Spike Analysis)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
95961	Functional Cortical And Subcortical	MP Criteria: Procedure/service reviewed			
	Mapping By Stimulation And/Or	against Medical Policy Criteria. Submit for			
	Recording Of Electrodes On Brain	Recommended Clinical Review			
	Surface Or Of Depth Electrodes To	(Predetermination) to avoid post-service			
	Provoke Seizures Or Identify Vital	review.			
95962	Functional Cortical And Subcortical	MP Criteria: Procedure/service reviewed	_	_	_
	Mapping By Stimulation And/Or	against Medical Policy Criteria. Submit for			
	Recording Of Electrodes On Brain	Recommended Clinical Review			
	Surface Or Of Depth Electrodes To	(Predetermination) to avoid post-service			
	Provoke Seizures Or Identify Vital	review.			
95965	Magnetoencephalography (Meg)	MP Criteria: Procedure/service reviewed			
	Recording And Analysis; For	against Medical Policy Criteria. Submit for			
	Spontaneous Brain Magnetic	Recommended Clinical Review			
	Activity (Eg Epileptic Cerebral	(Predetermination) to avoid post-service			
	Cortex Localization)	review.			
95966	Magnetoencephalography (Meg)	MP Criteria: Procedure/service reviewed	L	_	
		against Medical Policy Criteria. Submit for	⁻	-	
	Magnetic Fields Single Modality (Eg	1 - ·			
		(Predetermination) to avoid post-service			
	Cortex Localization)	review.			
95967	Magnetoencephalography (Meg)	MP Criteria: Procedure/service reviewed			
		against Medical Policy Criteria. Submit for	-	-	-
	Magnetic Fields Each Additional	Recommended Clinical Review			
	Modality (Eg Sensory Motor	(Predetermination) to avoid post-service			
	Language Or Visual Cortex	review.			
95981	Electronic Analysis Of Implanted	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
	Neurostimulator Pulse Generator	against Medical Policy Criteria. Submit for	-, ,	, - ,	10/01/2023
	System (Eg Rate Pulse Amplitude	Recommended Clinical Review			
	And Duration Configuration Of	(Predetermination) to avoid post-service			
	Wave Form Battery Status	review.			
95982	Electronic Analysis Of Implanted	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
	Neurostimulator Pulse Generator	against Medical Policy Criteria. Submit for	-, ,	, - ,	10/01/2023
	System (Eg Rate Pulse Amplitude	Recommended Clinical Review			
	And Duration Configuration Of	(Predetermination) to avoid post-service			
	Wave Form Battery Status	review.			
96000	Comprehensive Computer-Based	MP Criteria: Procedure/service reviewed	1		1
	Motion Analysis By Video-Taping	against Medical Policy Criteria. Submit for	 ⁻	-	-
	And 3D Kinematics;	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
96001	Comprehensive Computer-Based	MP Criteria: Procedure/service reviewed			
	Motion Analysis By Video-Taping	against Medical Policy Criteria. Submit for	 ⁻	 ⁻	Ē
	And 3D Kinematics; With Dynamic	Recommended Clinical Review			
	Plantar Pressure Measurements	(Predetermination) to avoid post-service			
	During Walking	review.			
96003	Dynamic Fine Wire	MP Criteria: Procedure/service reviewed	1		
	Electromyography During Walking	against Medical Policy Criteria. Submit for	⁻	–	–
	Or Other Functional Activities 1	Recommended Clinical Review			
	Muscle	(Predetermination) to avoid post-service			
		review.			
96547	Intraoperative Hyperthermic	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Intraperitoneal Chemotherapy	against Medical Policy Criteria. Submit for	5/ 15/ 2024	12, 31, 2333	03/15/2024
	(Hipec) Procedure Including	Recommended Clinical Review			03/13/2024
	Separate Incision(S) And Closure	(Predetermination) to avoid post-service			
	When Performed; First 60 Minutes				
	when renormed, first ou windules	review.			

96548	Intraoperative Hyperthermic	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Intraperitoneal Chemotherapy	against Medical Policy Criteria. Submit for	5/15/2024	12, 51, 2555	03/15/2024
	(Hipec) Procedure Including	Recommended Clinical Review			00, 10, 202 .
	Separate Incision(S) And Closure	(Predetermination) to avoid post-service			
	When Performed; Each Additional	review.			
96913	Photochemotherapy (Goeckerman	MP Criteria: Procedure/service reviewed			
00010	And/Or Puva) For Severe	against Medical Policy Criteria. Submit for	-	-	-
	Photoresponsive Dermatoses	Recommended Clinical Review			
	Requiring At Least 4-8 Hours Of	(Predetermination) to avoid post-service			
	Care Under Direct Supervision Of	review.			
97037	Application Of A Modality To 1 Or	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
97057	More Areas; Low-Level Laser	against Medical Policy Criteria. Submit for	2/15/2024	12/31/2999	02/15/2024
		Recommended Clinical Review			02/15/2024
	Therapy (le Nonthermal And Non-				
	Ablative) For Post-Operative Pain	(Predetermination) to avoid post-service			
7522	Reduction	review.			
97533	Sensory Integrative Techniques To	MP Criteria: Procedure/service reviewed	-	-	-
	Enhance Sensory Processing And	against Medical Policy Criteria. Submit for			
	Promote Adaptive Responses To	Recommended Clinical Review			
	Environmental Demands Direct	(Predetermination) to avoid post-service			
0070	(One-On-One) Patient Contact Each		0/1/2022	2/20/2021	A -1-1 - 55
98978	Remote Therapeutic Monitoring	MP Criteria: Procedure/service reviewed	9/1/2023	2/29/2024	Add effective
	(Eg, Therapy Adherence, Therapy	against Medical Policy Criteria. Submit for			09/01/2023
	Response); Device(S) Supply With	Recommended Clinical Review			Retire effective
	Scheduled (Eg, Daily) Recording(S)	(Predetermination) to avoid post-service			02/29/2024
	And/Or Programmed Alert(S)	review.			
0640		MP Criteria: Procedure/service reviewed	_	_	-
	Spine Or For Closed Procedures On	against Medical Policy Criteria. Submit for			
	The Cervical Thoracic Or Lumbar	Recommended Clinical Review			
	Spine	(Predetermination) to avoid post-service			
		review.			
071T	Focused Ultrasound Ablation Of	MP Criteria: Procedure/service reviewed	12/1/2023	12/31/2999	Add effective
	Uterine Leiomyomata Including Mr	against Medical Policy Criteria. Submit for			12/1/2023
	Guidance; Total Leiomyomata	Recommended Clinical Review			
	Volume Less Than 200 Cc Of Tissue	(Predetermination) to avoid post-service			
		review.			
0072T	Focused Ultrasound Ablation Of	MP Criteria: Procedure/service reviewed	12/1/2023	12/31/2999	Add effective
	Uterine Leiomyomata Including Mr	against Medical Policy Criteria. Submit for			12/1/2023
	Guidance; Total Leiomyomata	Recommended Clinical Review			
	Volume Greater Or Equal To 200 Cc	(Predetermination) to avoid post-service			
	Of Tissue	review.			
)075T	Transcatheter Placement Of	MP Criteria: Procedure/service reviewed			
	Extracranial Vertebral Artery	against Medical Policy Criteria. Submit for	_	_	
	Stent(S) Including Radiologic	Recommended Clinical Review			
	Supervision And Interpretation	(Predetermination) to avoid post-service			
	Open Or Percutaneous; Initial Vessel	, , ,			
076T	Transcatheter Placement Of	MP Criteria: Procedure/service reviewed	1		
	Extracranial Vertebral Artery	against Medical Policy Criteria. Submit for	 ⁻	-	-
	Stent(S) Including Radiologic	Recommended Clinical Review			
	Supervision And Interpretation	(Predetermination) to avoid post-service			
	Open Or Percutaneous; Each	review.			
0797	Weight Loss	MP Criteria: Procedure/service reviewed			
	Weight Loss	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	+		
)184T		MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	(Ie Tems) Including Muscularis	Recommended Clinical Review			
	Propria (Ie Full Thickness)	(Predetermination) to avoid post-service			
		review.			

			1	1	
0200T	Percutaneous Sacral Augmentation	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Including The Use Of A Balloon Or	Recommended Clinical Review			
	Mechanical Device When Used 1	(Predetermination) to avoid post-service			
	Or More Needles Includes Imaging	review.			
0201T	Percutaneous Sacral Augmentation	MP Criteria: Procedure/service reviewed	_	_	-
	(Sacroplasty) Bilateral Injections	against Medical Policy Criteria. Submit for			
	Including The Use Of A Balloon Or	Recommended Clinical Review			
	Mechanical Device When Used 2	(Predetermination) to avoid post-service			
	Or More Needles Includes Imaging	review.			
0253T	Insertion Of Anterior Segment	MP Criteria: Procedure/service reviewed	_	_	-
	Aqueous Drainage Device Without	against Medical Policy Criteria. Submit for			
	Extraocular Reservoir Internal	Recommended Clinical Review			
	Approach Into The Suprachoroidal	(Predetermination) to avoid post-service			
	Space	review.			
0266T	Implantation Or Replacement Of	MP Criteria: Procedure/service reviewed	_	_	_
	Carotid Sinus Baroreflex Activation	against Medical Policy Criteria. Submit for			
	Device; Total System (Includes	Recommended Clinical Review			
	Generator Placement Unilateral Or	(Predetermination) to avoid post-service			
	Bilateral Lead Placement Intra-	review.			
0267T	Implantation Or Replacement Of	MP Criteria: Procedure/service reviewed	_		_
	Carotid Sinus Baroreflex Activation	against Medical Policy Criteria. Submit for			
	Device; Lead Only Unilateral	Recommended Clinical Review			
	(Includes Intra-Operative	(Predetermination) to avoid post-service			
	Interrogation Programming And	review.			
0268T	Implantation Or Replacement Of	MP Criteria: Procedure/service reviewed	_	_	_
	Carotid Sinus Baroreflex Activation	against Medical Policy Criteria. Submit for			
	Device; Pulse Generator Only	Recommended Clinical Review			
	(Includes Intra-Operative	(Predetermination) to avoid post-service			
	Interrogation Programming And	review.			
0269T	Revision Or Removal Of Carotid	MP Criteria: Procedure/service reviewed	_	_	_
	Sinus Baroreflex Activation Device;	against Medical Policy Criteria. Submit for			
	Total System (Includes Generator	Recommended Clinical Review			
	Placement Unilateral Or Bilateral	(Predetermination) to avoid post-service			
	Lead Placement Intra-Operative	review.			
0270T	Revision Or Removal Of Carotid	MP Criteria: Procedure/service reviewed			
	Sinus Baroreflex Activation Device;	against Medical Policy Criteria. Submit for	_	_	-
	Lead Only Unilateral (Includes Intra-				
	Operative Interrogation	(Predetermination) to avoid post-service			
	Programming And Repositioning	review.			
0271T	Revision Or Removal Of Carotid	MP Criteria: Procedure/service reviewed			
	Sinus Baroreflex Activation Device;	against Medical Policy Criteria. Submit for	-	_	-
	Pulse Generator Only (Includes Intra-				
	Operative Interrogation	(Predetermination) to avoid post-service			
	Programming And Repositioning	review.			
0272T	Interrogation Device Evaluation (In	MP Criteria: Procedure/service reviewed			
	Person) Carotid Sinus Baroreflex	against Medical Policy Criteria. Submit for	 ⁻	-	-
	Activation System Including	Recommended Clinical Review			
	Telemetric Iterative Communication				
	With The Implantable Device To	review.			
0273T	Interrogation Device Evaluation (In	MP Criteria: Procedure/service reviewed	1	1	
	Person) Carotid Sinus Baroreflex	against Medical Policy Criteria. Submit for	-	-	-
	Activation System Including	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	With The Implantable Device To	review.			
0308T	Insertion Of Ocular Telescope	MP Criteria: Procedure/service reviewed		1	
03001			-	-	-
	Prosthesis Including Removal Of	against Medical Policy Criteria. Submit for			
	Crystalline Lens Or Intraocular Lens	Recommended Clinical Review			
	Prosthesis	(Predetermination) to avoid post-service			
		review.	l		

0322U	Neurology (Autism Spectrum	MP Criteria: Procedure/service reviewed	10/15/2023	2/1/2024	Add effective
	Disorder [Asd]) Quantitative	against Medical Policy Criteria. Submit for			10/15/2023 Retire
	Measurements Of 14 Acyl Carnitines				effective 2/1/2024
	And Microbiome-Derived	(Predetermination) to avoid post-service			
	Metabolites Liquid	review.			
)331T	Myocardial Sympathetic Innervation				
	Imaging Planar Qualitative And	against Medical Policy Criteria. Submit for	-	-	-
	Quantitative Assessment;	Recommended Clinical Review			
	Quantitative / issessment;	(Predetermination) to avoid post-service			
		review.			
)332T	Myocardial Sympathetic Innervation				
5521	Imaging Planar Qualitative And		-	-	-
		against Medical Policy Criteria. Submit for			
	Quantitative Assessment; With	Recommended Clinical Review			
	Tomographic Spect	(Predetermination) to avoid post-service			
		review.			
352T	Optical Coherence Tomography Of	MP Criteria: Procedure/service reviewed	-	-	-
	Breast Or Axillary Lymph Node	against Medical Policy Criteria. Submit for			
	Excised Tissue Each Specimen;	Recommended Clinical Review			
	Interpretation And Report Real-	(Predetermination) to avoid post-service			
	Time Or Referred	review.			
)354T	Optical Coherence Tomography Of	MP Criteria: Procedure/service reviewed	_	_	_
	Breast Surgical Cavity;	against Medical Policy Criteria. Submit for			
	Interpretation And Report Real-	Recommended Clinical Review			
	Time Or Referred	(Predetermination) to avoid post-service			
		review.			
369U	Infectious Agent Detection By	MP Criteria: Procedure/service reviewed	2/1/2024	5/14/2024	Add effective
	Nucleic Acid (Dna And Rna)	against Medical Policy Criteria. Submit for			02/01/2024
	Gastrointestinal Pathogens 31	Recommended Clinical Review			Retire effective
	Bacterial Viral And Parasitic	(Predetermination) to avoid post-service			05/14/2024
	Organisms And Identification Of 21	review.			00,11,2021
)398T	Magnetic Resonance Image Guided	MP Criteria: Procedure/service reviewed			
5501	High Intensity Focused Ultrasound	against Medical Policy Criteria. Submit for	-	-	-
	(Mrgfus) Stereotactic Ablation	Recommended Clinical Review			
	Lesion Intracranial For Movement	(Predetermination) to avoid post-service			
100T	Disorder Including Stereotactic	review.			
)408T	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	-	-	-
	Permanent Cardiac Contractility	against Medical Policy Criteria. Submit for			
	Modulation System Including	Recommended Clinical Review			
	Contractility Evaluation When	(Predetermination) to avoid post-service			
	Performed And Programming Of	review.			
0409T	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Permanent Cardiac Contractility	against Medical Policy Criteria. Submit for			03/15/2024
	Modulation System Including	Recommended Clinical Review			
	Contractility Evaluation When	(Predetermination) to avoid post-service			1
	Performed And Programming Of	review.			
)410T	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Permanent Cardiac Contractility	against Medical Policy Criteria. Submit for			03/15/2024
	Modulation System Including	Recommended Clinical Review			
	Contractility Evaluation When	(Predetermination) to avoid post-service			1
	Performed And Programming Of	review.			
411T	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Permanent Cardiac Contractility	against Medical Policy Criteria. Submit for	-, -0, -02	,,,	03/15/2024
	Modulation System Including	Recommended Clinical Review			03/13/2024
					1
	Contractility Evaluation When	(Predetermination) to avoid post-service			1
	Performed And Programming Of	review.			
412T	Removal Of Permanent Cardiac	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Contractility Modulation System;	against Medical Policy Criteria. Submit for			03/15/2024
	Pulse Generator Only	Recommended Clinical Review			
	1	(Predetermination) to avoid post-service			1
		review.	1		1

0413T	Removal Of Permanent Cardiac	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
04131	Contractility Modulation System;	against Medical Policy Criteria. Submit for	5/15/2024	12/31/2555	03/15/2024
	Transvenous Electrode (Atrial Or	Recommended Clinical Review			03/13/2021
	Ventricular)	(Predetermination) to avoid post-service			
		review.			
0414T	Removal And Replacement Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
01111	Permanent Cardiac Contractility	against Medical Policy Criteria. Submit for	5, 15, 202 1	12, 51, 2555	03/15/2024
	Modulation System Pulse Generator				03/13/2024
	Only	(Predetermination) to avoid post-service			
	omy	review.			
0415T	Repositioning Of Previously	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
0.201	Implanted Cardiac Contractility	against Medical Policy Criteria. Submit for	0, 10, 202 :	12, 01, 2000	03/15/2024
	Modulation Transvenous Electrode	Recommended Clinical Review			00, 10, 202 1
	(Atrial Or Ventricular Lead)	(Predetermination) to avoid post-service			
	(,	review.			
0416T	Relocation Of Skin Pocket For	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Implanted Cardiac Contractility	against Medical Policy Criteria. Submit for	-,,	,,,	03/15/2024
	Modulation Pulse Generator	Recommended Clinical Review			00, 10, 202 1
		(Predetermination) to avoid post-service			
		review.			
0417T	Programming Device Evaluation (In	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Person) With Iterative Adjustment	against Medical Policy Criteria. Submit for	-,,	,,,	03/15/2024
	Of The Implantable Device To Test	Recommended Clinical Review			,,
	The Function Of The Device And	(Predetermination) to avoid post-service			
	Select Optimal Permanent	review.			
0418T	Interrogation Device Evaluation (In	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Person) With Analysis Review And	against Medical Policy Criteria. Submit for			03/15/2024
	Report Includes Connection	Recommended Clinical Review			, -, -
	Recording And Disconnection Per	(Predetermination) to avoid post-service			
	Patient Encounter Implantable	review.			
0422T	Tactile Breast Imaging By Computer-	MP Criteria: Procedure/service reviewed			
	Aided Tactile Sensors Unilateral Or	against Medical Policy Criteria. Submit for	_	_	_
	Bilateral	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
0440T	Ablation Percutaneous	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Cryoablation Includes Imaging	against Medical Policy Criteria. Submit for			05/01/2024
	Guidance; Upper Extremity	Recommended Clinical Review			
	Distal/Peripheral Nerve	(Predetermination) to avoid post-service			
		review.			
0441T	Ablation Percutaneous	MP Criteria: Procedure/service reviewed	_	_	-
	Cryoablation Includes Imaging	against Medical Policy Criteria. Submit for			
	Guidance; Lower Extremity	Recommended Clinical Review			
	Distal/Peripheral Nerve	(Predetermination) to avoid post-service			
		review.			
0442T	Ablation Percutaneous	MP Criteria: Procedure/service reviewed	-	-	-
	Cryoablation Includes Imaging	against Medical Policy Criteria. Submit for			
	Guidance; Nerve Plexus Or Other	Recommended Clinical Review			
	Truncal Nerve (Eg Brachial Plexus	(Predetermination) to avoid post-service			
	Pudendal Nerve)	review.			
0449T	Insertion Of Aqueous Drainage	MP Criteria: Procedure/service reviewed	-	-	-
	Device Without Extraocular	against Medical Policy Criteria. Submit for			
	Reservoir Internal Approach Into	Recommended Clinical Review			
	The Subconjunctival Space; Initial	(Predetermination) to avoid post-service			
	Device	review.			
0450T	Insertion Of Aqueous Drainage	MP Criteria: Procedure/service reviewed	-	-	-
	Device Without Extraocular	against Medical Policy Criteria. Submit for			
	Reservoir Internal Approach Into	Recommended Clinical Review			
	The Subconjunctival Space; Each	(Predetermination) to avoid post-service			
	Additional Device (List Separately In	review.			

04747	Incertion Of Astronomy	MD Cuttorias Durand and the state			
0474T	Insertion Of Anterior Segment	MP Criteria: Procedure/service reviewed	-	-	-
	Aqueous Drainage Device With	against Medical Policy Criteria. Submit for			
	Creation Of Intraocular Reservoir	Recommended Clinical Review			
	Internal Approach Into The	(Predetermination) to avoid post-service			
	Supraciliary Space	review.		_	
0479T	Fractional Ablative Laser	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Scars For Functional Improvement;	Recommended Clinical Review			
	First 100 Cm2 Or Part Thereof Or	(Predetermination) to avoid post-service			
	1% Of Body Surface Area Of Infants	review.			
0480T	Fractional Ablative Laser	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Scars For Functional Improvement;	Recommended Clinical Review			
	Each Additional 100 Cm2 Or Each	(Predetermination) to avoid post-service			
	Additional 1% Of Body Surface Area	review.			
0483T	Transcatheter Mitral Valve	MP Criteria: Procedure/service reviewed	-	-	-
	Implantation/Replacement (Tmvi)	against Medical Policy Criteria. Submit for			
	With Prosthetic Valve;	Recommended Clinical Review			
	Percutaneous Approach Including	(Predetermination) to avoid post-service			
	Transseptal Puncture When	review.			
0484T	Transcatheter Mitral Valve	MP Criteria: Procedure/service reviewed	-	-	-
	Implantation/Replacement (Tmvi)	against Medical Policy Criteria. Submit for			
	With Prosthetic Valve; Transthoracic				
	Exposure (Eg Thoracotomy	(Predetermination) to avoid post-service			
	Transapical)	review.			
0494T	Surgical Preparation And	MP Criteria: Procedure/service reviewed	2/1/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			02/01/2024
	Cadaver Donor Lung(S) To Ex Vivo	Recommended Clinical Review			
	Organ Perfusion System Including	(Predetermination) to avoid post-service			
	Decannulation Separation From	review.			
0495T	Initiation And Monitoring Marginal	MP Criteria: Procedure/service reviewed	2/1/2024	12/31/2999	Add effective
	(Extended) Cadaver Donor Lung(S)	against Medical Policy Criteria. Submit for			02/01/2024
	Organ Perfusion System By	Recommended Clinical Review			
	Physician Or Qualified Health Care	(Predetermination) to avoid post-service			
		review.			
0496T	Initiation And Monitoring Marginal	MP Criteria: Procedure/service reviewed	2/1/2024	12/31/2999	Add effective
	(Extended) Cadaver Donor Lung(S)	against Medical Policy Criteria. Submit for			02/01/2024
	Organ Perfusion System By	Recommended Clinical Review			
	Physician Or Qualified Health Care	(Predetermination) to avoid post-service			
	Professional Including Physiological	review.			
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	MP Criteria: Procedure/service reviewed	_	-	-
	Stimulator For Left Ventricular	against Medical Policy Criteria. Submit for			
	Pacing Including Device	Recommended Clinical Review			
	Interrogation And Programming	(Predetermination) to avoid post-service			
	And Imaging Supervision And	review.			
0517T	Insertion Of Wireless Cardiac	MP Criteria: Procedure/service reviewed	<u> </u>	_	_
	Stimulator For Left Ventricular	against Medical Policy Criteria. Submit for			
	Pacing Including Device	Recommended Clinical Review			
	Interrogation And Programming	(Predetermination) to avoid post-service			
	And Imaging Supervision And	review.			<u> </u>
		MP Criteria: Procedure/service reviewed			_
0524T	Endovenous Catheter Directed	in chema. Trocedure, service reviewed	—	-	
0524T	Endovenous Catheter Directed Chemical Ablation With Balloon	against Medical Policy Criteria. Submit for	-	-	
0524T	Chemical Ablation With Balloon	-	-	_	
0524T	Chemical Ablation With Balloon	against Medical Policy Criteria. Submit for	-	_	

0529T	Interrogation Device Evaluation (In	MP Criteria: Procedure/service reviewed			
	Person) Of Intracardiac Ischemia	against Medical Policy Criteria. Submit for	-	-	-
	Monitoring System With Analysis	Recommended Clinical Review			
	Review And Report	(Predetermination) to avoid post-service			
		review.			
0537T	Chimeric Antigen Receptor T-Cell	MP Criteria: Procedure/service reviewed	6/15/2023		Add effective
	(Car-T) Therapy; Harvesting Of	against Medical Policy Criteria. Submit for	-, -,	-	06/15/2023
	Blood-Derived T Lymphocytes For	Recommended Clinical Review			, -,
	Development Of Genetically	(Predetermination) to avoid post-service			
	Modified Autologous Car-T Cells	review.			
0538T	Chimeric Antigen Receptor T-Cell	MP Criteria: Procedure/service reviewed	6/15/2023		Add effective
	(Car-T) Therapy; Preparation Of	against Medical Policy Criteria. Submit for		-	06/15/2023
	Blood-Derived T Lymphocytes For	Recommended Clinical Review			
	Transportation (Eg	(Predetermination) to avoid post-service			
	Cryopreservation Storage)	review.			
0539T	Chimeric Antigen Receptor T-Cell	MP Criteria: Procedure/service reviewed	6/15/2023		Add effective
	(Car-T) Therapy; Receipt And	against Medical Policy Criteria. Submit for		_	06/15/2023
	Preparation Of Car-T Cells For	Recommended Clinical Review			
	Administration	(Predetermination) to avoid post-service			
		review.			
0540T	Chimeric Antigen Receptor T-Cell	MP Criteria: Procedure/service reviewed	6/15/2023	_	Add effective
	(Car-T) Therapy; Car-T Cell	against Medical Policy Criteria. Submit for		_	06/15/2023
	Administration Autologous	Recommended Clinical Review			
	C C	(Predetermination) to avoid post-service			
		review.			
0544T	Transcatheter Mitral Valve Annulus	MP Criteria: Procedure/service reviewed			
	Reconstruction With Implantation	against Medical Policy Criteria. Submit for		_	
	Of Adjustable Annulus	Recommended Clinical Review			
	Reconstruction Device	(Predetermination) to avoid post-service			
	Percutaneous Approach Including	review.			
0545T	Transcatheter Tricuspid Valve	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
	Annulus Reconstruction With	against Medical Policy Criteria. Submit for			09/01/2023
	Implantation Of Adjustable Annulus				
	Reconstruction Device	(Predetermination) to avoid post-service			
	Percutaneous Approach	review.			
0546T	Radiofrequency Spectroscopy Real	MP Criteria: Procedure/service reviewed	1/1/2024	12/31/2999	Add effective
	Time Intraoperative Margin	against Medical Policy Criteria. Submit for			01/01/2024
	Assessment At The Time Of Partial	Recommended Clinical Review			
	Mastectomy With Report	(Predetermination) to avoid post-service			
		review.			
0569T	Transcatheter Tricuspid Valve	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
	Repair Percutaneous Approach;	against Medical Policy Criteria. Submit for			09/01/2023
	Initial Prosthesis	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
0570T	Transcatheter Tricuspid Valve	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
	Repair Percutaneous Approach;	against Medical Policy Criteria. Submit for			09/01/2023
	Each Additional Prosthesis During	Recommended Clinical Review			
	Same Session (List Separately In	(Predetermination) to avoid post-service			
	Addition To Code For Primary	review.			
0587T	Percutaneous Implantation Or	MP Criteria: Procedure/service reviewed	_	-	-
	Replacement Of Integrated Single	against Medical Policy Criteria. Submit for			
	Device Neurostimulation System For	Recommended Clinical Review			
	Bladder Dysfunction Including	(Predetermination) to avoid post-service			
<u>.</u>	Electrode Array And Receiver Or	review.			
0588T	Revision Or Removal Of	MP Criteria: Procedure/service reviewed	_	_	_
	Percutaneously Placed Integrated	against Medical Policy Criteria. Submit for			
	Single Device Neurostimulation	Recommended Clinical Review			
	System For Bladder Dysfunction	(Predetermination) to avoid post-service			
	Including Electrode Array And	review.			

05007	Electronic Analysis Mülle Classe	MD Criteria: Decedure (see to see to			
0589T	Electronic Analysis With Simple	MP Criteria: Procedure/service reviewed	-	-	-
	Programming Of Implanted	against Medical Policy Criteria. Submit for			
	Integrated Neurostimulation System				
	For Bladder Dysfunction (Eg	(Predetermination) to avoid post-service			
	Electrode Array And Receiver)	review.	_		
0590T	Electronic Analysis With Complex	MP Criteria: Procedure/service reviewed	-	-	-
	Programming Of Implanted	against Medical Policy Criteria. Submit for			
	Integrated Neurostimulation System				
	For Bladder Dysfunction (Eg	(Predetermination) to avoid post-service			
	Electrode Array And Receiver)	review.			
0596T	Temporary Female Intraurethral	MP Criteria: Procedure/service reviewed	11/15/2023	12/31/2999	Add effective
	Valve-Pump (Ie Voiding Prosthesis);	against Medical Policy Criteria. Submit for			11/15/2023
	Initial Insertion Including Urethral	Recommended Clinical Review			
	Measurement	(Predetermination) to avoid post-service			
		review.			
0597T	Temporary Female Intraurethral	MP Criteria: Procedure/service reviewed	11/15/2023	12/31/2999	Add effective
	Valve-Pump (le Voiding Prosthesis);	against Medical Policy Criteria. Submit for			11/15/2023
	Replacement	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
0600T	Ablation Irreversible	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
	Electroporation; 1 Or More Tumors	against Medical Policy Criteria. Submit for			09/01/2023
	Per Organ Including Imaging	Recommended Clinical Review			, , -
	Guidance When Performed	(Predetermination) to avoid post-service			
	Percutaneous	review.			
0601T	Ablation Irreversible	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
	Electroporation; 1 Or More Tumors	against Medical Policy Criteria. Submit for	5, 1, 2020		09/01/2023
	Per Organ Including Fluoroscopic	Recommended Clinical Review			03/01/2023
	And Ultrasound Guidance When	(Predetermination) to avoid post-service			
	Performed Open	review.			
0619T	Cystourethroscopy With	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
00191	Transurethral Anterior Prostate	against Medical Policy Criteria. Submit for	5/15/2024	0/50/2024	03/15/2024
					Retire effective
	Commissurotomy And Drug Delivery				
	Including Transrectal Ultrasound	(Predetermination) to avoid post-service			6/30/2024
00227	And Fluoroscopy When Performed	review.	7/1/2022		
0632T	Percutaneous Transcatheter	MP Criteria: Procedure/service reviewed	7/1/2023	-	-
	Ultrasound Ablation Of Nerves	against Medical Policy Criteria. Submit for			
	Innervating The Pulmonary Arteries				
	Including Right Heart	(Predetermination) to avoid post-service			
	Catheterization Pulmonary Artery	review.			
0643T	Transcatheter Left Ventricular	MP Criteria: Procedure/service reviewed	-	-	-
	Restoration Device Implantation	against Medical Policy Criteria. Submit for			
	Including Right And Left Heart	Recommended Clinical Review			
	Catheterization And Left	(Predetermination) to avoid post-service			
	Ventriculography When Performed	review.			
0645T	Transcatheter Implantation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Coronary Sinus Reduction Device	against Medical Policy Criteria. Submit for			
	Including Vascular Access And	Recommended Clinical Review			
	Closure Right Heart Catheterization	(Predetermination) to avoid post-service			
	Venous Angiography Coronary	review.			
0646T	Transcatheter Tricuspid Valve	MP Criteria: Procedure/service reviewed		_	
	Implantation (Ttvi)/Replacement	against Medical Policy Criteria. Submit for			
	With Prosthetic Valve Percutaneous				
	Approach Including Right Heart	(Predetermination) to avoid post-service			
	Catheterization Temporary	review.			
0650T	Programming Device Evaluation	MP Criteria: Procedure/service reviewed			
00001	(Remote) Of Subcutaneous Cardiac	against Medical Policy Criteria. Submit for	-	-	-
	Rhythm Monitor System With	Recommended Clinical Review			
	Iterative Adjustment Of The	(Predetermination) to avoid post-service			
1	Implantable Device To Test The	review.			

0692T	Therapeutic Ultrafiltration	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for	-, , -	, - ,	5/1/2024
		Recommended Clinical Review			-, -,
		(Predetermination) to avoid post-service			
		review.			
0740T	Remote Autonomous Algorithm-	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
07401			5/ 1/ 2025	12/31/2999	09/01/2023
		against Medical Policy Criteria. Submit for			09/01/2025
	Insulin Dose Calculation And	Recommended Clinical Review			
	Titration; Initial Set-Up And Patient	(Predetermination) to avoid post-service			
	Education	review.	- / . /		
0741T	Remote Autonomous Algorithm-	MP Criteria: Procedure/service reviewed	9/1/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			09/01/2023
	Insulin Dose Calculation And	Recommended Clinical Review			
	Titration; Provision Of Software	(Predetermination) to avoid post-service			
	Data Collection Transmission And	review.			
0745T	Cardiac Focal Ablation Utilizing	MP Criteria: Procedure/service reviewed	6/15/2023	_	_
	Radiation Therapy For Arrhythmia;	against Medical Policy Criteria. Submit for			
	Noninvasive Arrhythmia Localization	Recommended Clinical Review			
	And Mapping Of Arrhythmia Site	(Predetermination) to avoid post-service			
	(Nidus) Derived From Anatomical	review.			
)746T	Cardiac Focal Ablation Utilizing	MP Criteria: Procedure/service reviewed	6/15/2023		1
	Radiation Therapy For Arrhythmia;	against Medical Policy Criteria. Submit for	0, 10, 2025	-	-
	Conversion Of Arrhythmia	Recommended Clinical Review			
	-				
	Localization And Mapping Of	(Predetermination) to avoid post-service			
	Arrhythmia Site (Nidus) Into A	review.	c /15 /2022		
)747T	Cardiac Focal Ablation Utilizing	MP Criteria: Procedure/service reviewed	6/15/2023	-	-
	Radiation Therapy For Arrhythmia;	against Medical Policy Criteria. Submit for			
	Delivery Of Radiation Therapy	Recommended Clinical Review			
	Arrhythmia	(Predetermination) to avoid post-service			
		review.			
)764T	Assistive Algorithmic	MP Criteria: Procedure/service reviewed	6/15/2023	_	_
	Electrocardiogram Risk-Based	against Medical Policy Criteria. Submit for			
	Assessment For Cardiac Dysfunction	Recommended Clinical Review			
	(Eg Low-Ejection Fraction	(Predetermination) to avoid post-service			
	Pulmonary Hypertension	review.			
)765T	Assistive Algorithmic	MP Criteria: Procedure/service reviewed	6/15/2023	_	_
	Electrocardiogram Risk-Based	against Medical Policy Criteria. Submit for		_	
	Assessment For Cardiac Dysfunction				
	(Eg Low-Ejection Fraction	(Predetermination) to avoid post-service			
	Pulmonary Hypertension	review.			
)780T	Instillation Of Fecal Microbiota	MP Criteria: Procedure/service reviewed	1/1/2023		
		against Medical Policy Criteria. Submit for	1/ 1/ 2023	-	-
	Suspension Via Rectal Enema Into	-			
	Lower Gastrointestinal Tract	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	0 /4 5 /2 2 2 4	40 10 - 1	A 11 65 11
)784T	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Percutaneous Electrode Array	against Medical Policy Criteria. Submit for			03/15/2024
	Spinal With Integrated	Recommended Clinical Review			
	Neurostimulator Including Imaging	(Predetermination) to avoid post-service			
	Guidance When Performed	review.			
)785T	Revision Or Removal Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Neurostimulator Electrode Array	against Medical Policy Criteria. Submit for			03/15/2024
	Spinal With Integrated	Recommended Clinical Review			
	Neurostimulator	(Predetermination) to avoid post-service			
		review.			
)786T	Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
,, 001	Percutaneous Electrode Array		5/ 15/ 2024	12/ 31/ 2333	03/15/2024
		against Medical Policy Criteria. Submit for			03/13/2024
	Sacral With Integrated	Recommended Clinical Review			
	Neurostimulator Including Imaging	(Predetermination) to avoid post-service			
	Guidance When Performed	review.	1		1

Revision Or Removal Of	MP Criteria: Procedure/service reviewed	3/15/2024		Add effective
Neurostimulator Electrode Array	against Medical Policy Criteria. Submit for	-, -, -	12/31/2999	03/15/2024
	Recommended Clinical Review			,,
_				
Electronic Analysis With Simple		3/15/2024	12/31/2999	Add effective
	•	0, 10, 202 .	12, 01, 2000	03/15/2024
	-			00,10,2021
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	, , ,			
e 111 <i>7</i>		3/15/2024	12/31/2999	Add effective
		5/ 15/ 202 1	12, 51, 2555	03/15/2024
	•			03/13/2024
		2/15/2024	5/14/2024	Add effective
		2/13/2024	5/14/2024	02/15/2024
				Retire effective
				05/14/2024
, ,				05/14/2024
		7/1/2022		+
		//1/2023	-	-
		7/1/2022		
		//1/2023	-	-
	-			
	MP Criteria: Procedure/service reviewed	7/1/2023	-	_
	against Medical Policy Criteria. Submit for			
	Recommended Clinical Review			
Guidance (Eg Fluoroscopy Venous	(Predetermination) to avoid post-service			
Ultrasound Right Atrial	review.			
Transcatheter Insertion Of	MP Criteria: Procedure/service reviewed	7/1/2023	_	_
Permanent Dual-Chamber Leadless	against Medical Policy Criteria. Submit for			
Pacemaker Including Imaging	Recommended Clinical Review			
Guidance (Eg Fluoroscopy Venous	(Predetermination) to avoid post-service			
Ultrasound Right Atrial	review.			
Transcatheter Removal Of	MP Criteria: Procedure/service reviewed	7/1/2023	_	_
Permanent Dual-Chamber Leadless	against Medical Policy Criteria. Submit for			
Pacemaker Including Imaging	Recommended Clinical Review			
Guidance (Eg Fluoroscopy Venous	(Predetermination) to avoid post-service			
Ultrasound Right Atrial	review.			
Transcatheter Removal Of	MP Criteria: Procedure/service reviewed	7/1/2023	_	_
Permanent Dual-Chamber Leadless	against Medical Policy Criteria. Submit for			
Pacemaker Including Imaging	Recommended Clinical Review			
Guidance (Eg Fluoroscopy Venous	(Predetermination) to avoid post-service			
	review.			
Transcatheter Removal Of	MP Criteria: Procedure/service reviewed	7/1/2023	_	
Permanent Dual-Chamber Leadless	•		-	–
	-			
		7/1/2023		
		,, 1, 2023	-	-
Chamber Leadless Pacemaker	Recommended Clinical Review			
	NECONINENUEU CIINICAI NEVIEW	1		1
Including Imaging Guidance (Eg	(Predetermination) to avoid post-service			
-	Sacral With Integrated NeurostimulatorElectronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System (Eg Electrode Array And Receiver) Including Contact Group(S)Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System (Eg Electrode Array And Receiver) Including Contact Group(S)Revision (Eg Augmentation Division Of Tether) Replacement Or Removal Of Thoracolumbar Or Lumbar Vertebral Body Tethering Including Thoracoscopy WhenPercutaneous Transcatheter Thermal Ablation Of Nerves Innervating The Pulmonary Arteries Including Right Heart Catheterization Pulmonary ArteryTranscatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscatheter Removal Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right AtrialTranscathete	Sacral With Integrated Neurostimulator Recommended Clinical Review (Predetermination) to avoid post-service review. Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System Recommended Clinical Review (Eg Electrode Array And Receiver) Including Contact Group(S) MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for review. Electronic Analysis With Complex Programming Of Implanted Integrated Neurostimulation System Recommended Clinical Review (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. Revision (Eg Augmentation Division Vertebral Body Tethering Including Thoracoscopy When Percutaneous Transcatheter Thermal Ablation Of Nerves Innervating The Pulmonary Arteries Recommended Clinical Review (Predetermination) to avoid post-service review. 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. 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. Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasoun	Sarral With Integrated Neurostimulator Recommended Clinical Review (Predetermination) to avoid post-service review. Electronic Analysis With Simple Programming Of Implanted integrated Neurostimulation System Recommended Clinical Review (Eg Electrode Array And Receiver) (Predetermination) to avoid post-service Including Contact Group(S) review. 3/15/2024 Electronic Analysis With Complex Programming Of Implanted integrated Neurostimulation System Recommended Clinical Review (Eg Electrode Array And Receiver) (Predetermination) to avoid post-service review. 3/15/2024 Electronic Analysis With Complex Programming Of Implanted including Contact Group(S) Revision (Eg Augmentation Division MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Removal Of Thoracolumbar Or Recommended Clinical Review (Predetermination) to avoid post-service review. 2/15/2024 Percutaneous Transcatheter Including Right Heart (Predetermination) to avoid post-service review. 7/1/2023 7/1/2023 Transcatheter Insertion Of MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. 7/1/2023 Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial Preview. MP Criteria: Procedure/service reviewed Preview. 7/1/2023 Transcatheter Insertion Of Permanent Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial Preview. MP Criteria: Procedure/service review	Sacal With Integrated Neurostimulator Recommended Clinical Review (Predetermination) to avoid post-service review. 3/15/2024 12/31/2999 Electronic Analysis With Simple Pregramming of Implanted Recommended Clinical Review (Eg Electronic Analysis With Complex Programming of Implanted against Medical Policy Criteria. Submit for Integrated Neurostimulation System Recommended Clinical Review (Eg Electronic Analysis With Complex Programming of Implanted against Medical Policy Criteria. Submit for Integrated Neurostimulation System Recommended Clinical Review (Eg Electronic Array And Receive) (Predetermination) to avoid post-service review. 3/15/2024 12/31/2999 Electronic Analysis With Complex Programming of Implanted against Medical Policy Criteria. Submit for Neurosci Of Thera Complex (Induding Contact Group(S) review. 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 Percutaneous Transcattheter Induding Right Heart (Incevating The Pulmonary Artery review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. 7/1/2023 _ Transcatheter Insertion Of Parament Dual-Chamber Leadless Parameter Incuding Imaging Guidance (Eg Fluoroscopy Venous (Predetermination) to avoid post-service review. 7/1/2023 _ Transcatheter Insertion Of Parameter Dual-Chamber Leadless Pacemaker Including Imaging Guidance (Eg Fluoroscopy Venous Ultrasound Right Atrial MP Criteria: Pro

0802T	Transcatheter Removal And	MP Criteria: Procedure/service reviewed	7/1/2023		
00021	Replacement Of Permanent Dual-	against Medical Policy Criteria. Submit for	//1/2025	-	-
	Chamber Leadless Pacemaker	Recommended Clinical Review			
	Including Imaging Guidance (Eg	(Predetermination) to avoid post-service			
		review.			
0803T	Fluoroscopy Venous Ultrasound Transcatheter Removal And	MP Criteria: Procedure/service reviewed	7/1/2023		
08031		· ·	//1/2023	-	-
	Replacement Of Permanent Dual-	against Medical Policy Criteria. Submit for			
	Chamber Leadless Pacemaker	Recommended Clinical Review			
	Including Imaging Guidance (Eg	(Predetermination) to avoid post-service			
00047	Fluoroscopy Venous Ultrasound	review.	7/1/2022		
0804T	Programming Device Evaluation (In	MP Criteria: Procedure/service reviewed	7/1/2023	-	-
	Person) With Iterative Adjustment	against Medical Policy Criteria. Submit for			
	Of Implantable Device To Test The	Recommended Clinical Review			
	Function Of Device And To Select	(Predetermination) to avoid post-service			
	Optimal Permanent Programmed	review.			
0805T	Transcatheter Superior And Inferior	MP Criteria: Procedure/service reviewed	7/1/2023	-	-
	Vena Cava Prosthetic Valve	against Medical Policy Criteria. Submit for			
	Implantation (Ie Caval Valve	Recommended Clinical Review			
	Implantation [Cavi]); Percutaneous	(Predetermination) to avoid post-service			
	Femoral Vein Approach	review.			
0806T	Transcatheter Superior And Inferior	MP Criteria: Procedure/service reviewed	7/1/2023	_	_
	Vena Cava Prosthetic Valve	against Medical Policy Criteria. Submit for			
	Implantation (Ie Caval Valve	Recommended Clinical Review			
	Implantation [Cavi]); Open Femoral	(Predetermination) to avoid post-service			
	Vein Approach	review.			
0810T	Subretinal Injection Of A	MP Criteria: Procedure/service reviewed	7/1/2023	_	_
	Pharmacologic Agent Including	against Medical Policy Criteria. Submit for			
	Vitrectomy And 1 Or More	Recommended Clinical Review			
	Retinotomies	(Predetermination) to avoid post-service			
		review.			
0813T	Esophagogastroduodenoscopy	MP Criteria: Procedure/service reviewed	4/1/2024	6/30/2024	Add effective
	Flexible Transoral With Volume	against Medical Policy Criteria. Submit for			04/01/2024
	Adjustment Of Intragastric Bariatric	Recommended Clinical Review			Retire effective
	Balloon	(Predetermination) to avoid post-service			6/30/2024
		review.			
0816T	Open Insertion Or Replacement Of	MP Criteria: Procedure/service reviewed	5/15/2024	6/30/2024	Add effective
		against Medical Policy Criteria. Submit for			05/15/2024
	For Bladder Dysfunction Including	Recommended Clinical Review			Retire effective
	Electrode(S) (Eg Array Or Leadless)	(Predetermination) to avoid post-service			6/30/2024
	And Pulse Generator Or Receiver	review.			
0818T	Revision Or Removal Of Integrated	MP Criteria: Procedure/service reviewed	5/15/2024	6/30/2024	Add effective
	Neurostimulation System For	against Medical Policy Criteria. Submit for	-,,	-,,	05/15/2024
	Bladder Dysfunction Including	Recommended Clinical Review			00,20,202
	Analysis Programming And	(Predetermination) to avoid post-service			
	Imaging When Performed	review.			
0823T	Transcatheter Insertion Of	MP Criteria: Procedure/service reviewed	5/15/2024	12/31/2999	Add effective
55251	Permanent Single-Chamber	against Medical Policy Criteria. Submit for	5, 15, 2027	12/ 31/ 2333	5/15/2024
	Leadless Pacemaker Right Atrial	Recommended Clinical Review			5, 15, 2027
	Including Imaging Guidance (Eg	(Predetermination) to avoid post-service			
	Fluoroscopy Venous Ultrasound	· · · ·			
0824T	Transcatheter Removal Of	review. MP Criteria: Procedure/service reviewed	5/15/2024	12/31/2999	Add effective
00241	Permanent Single-Chamber	against Medical Policy Criteria. Submit for	5/15/2024	12/31/2353	5/15/2024
	Leadless Pacemaker Right Atrial				5/15/2024
	•	Recommended Clinical Review			
	Including Imaging Guidance (Eg	(Predetermination) to avoid post-service			
00057	Fluoroscopy Venous Ultrasound	review.	E /4 E /202 t	12/26/2000	A .1.1
0825T	Transcatheter Removal And	MP Criteria: Procedure/service reviewed	5/15/2024	12/31/2999	Add effective
	Replacement Of Permanent Single-	against Medical Policy Criteria. Submit for			5/15/2024
	Chamber Leadless Pacemaker Right				
	Atrial Including Imaging Guidance	(Predetermination) to avoid post-service	1		1
	(Eg Fluoroscopy Venous	review.			

0826T	Programming Device Evaluation (In	MP Criteria: Procedure/service reviewed	5/15/2024	12/31/2999	Add effective
	Person) With Iterative Adjustment	against Medical Policy Criteria. Submit for	0, 20, 202 .	12,01,2000	5/15/2024
	Of The Implantable Device To Test	Recommended Clinical Review			0, 10, 202 .
	The Function Of The Device And	(Predetermination) to avoid post-service			
	Select Optimal Permanent	review.			
858T	Externally Applied Transcranial	MP Criteria: Procedure/service reviewed	6/1/2024	12/31/2999	
0501	Magnetic Stimulation With	against Medical Policy Criteria. Submit for	0, 1, 2024	12/51/2555	
	Concomitant Measurement Of	Recommended Clinical Review			
	Evoked Cortical Potentials With	(Predetermination) to avoid post-service			
		, , ,			
861T	Automated Report	review.	2/15/2024	12/21/2000	A dd affa atius
8011	Removal Of Pulse Generator For	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Wireless Cardiac Stimulator For Left	6 1			03/15/2024
	Ventricular Pacing; Both	Recommended Clinical Review			
	Components (Battery And	(Predetermination) to avoid post-service			
	Transmitter)	review.			
862T	Relocation Of Pulse Generator For	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Wireless Cardiac Stimulator For Left	against Medical Policy Criteria. Submit for			03/15/2024
	Ventricular Pacing Including Device	Recommended Clinical Review			
	Interrogation And Programming;	(Predetermination) to avoid post-service			
	Battery Component Only	review.			
863T	Relocation Of Pulse Generator For	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Wireless Cardiac Stimulator For Left	against Medical Policy Criteria. Submit for			03/15/2024
	Ventricular Pacing Including Device	Recommended Clinical Review			
	Interrogation And Programming;	(Predetermination) to avoid post-service			
	Transmitter Component Only	review.			
864T	Low-Intensity Extracorporeal Shock	MP Criteria: Procedure/service reviewed	4/1/2024	6/30/2024	Add effective
	Wave Therapy Involving Corpus	against Medical Policy Criteria. Submit for			04/01/2024
	Cavernosum Low Energy	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0,00,202
3267	Exclusion Of Left Atrial Appendage	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
0207	Open Any Method (Eg Excision	against Medical Policy Criteria. Submit for	., _,	12,01,2000	04/01/2024
	Isolation Via Stapling Oversewing	Recommended Clinical Review			01/01/2021
	Ligation Plication Clip)	(Predetermination) to avoid post-service			
		review.			
3452	Periurethral Transperineal	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Adjustable Balloon Continence	against Medical Policy Criteria. Submit for			5/1/2024
	Device; Unilateral Insertion	Recommended Clinical Review			
	Including Cystourethroscopy And	(Predetermination) to avoid post-service			
	Imaging Guidance	review.			
3453	Periurethral Transperineal	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Adjustable Balloon Continence	against Medical Policy Criteria. Submit for	-, -,	, 2 _, 2000	5/1/2024
	Device; Removal Each Balloon	Recommended Clinical Review			5, 1, 202
		(Predetermination) to avoid post-service			1
		review.			1
3454	Periurethral Transperineal	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
J+J+	-	against Medical Policy Criteria. Submit for	5/ 1/ 2024	12/21/2223	
	Adjustable Balloon Continence	- ·			5/1/2024
	Device; Percutaneous Adjustment	Recommended Clinical Review			
	Of Balloon(S) Fluid Volume	(Predetermination) to avoid post-service			1
	· · · · · · · · · · · ·	review.	- / / /		
7545	Work Hardening/Conditioning;	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Initial 2 Hours	against Medical Policy Criteria. Submit for			5/1/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
7546	Work Hardening/Conditioning; Each	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Additional Hour (List Separately In	against Medical Policy Criteria. Submit for			5/1/2024
	Addition To Code For Primary	Recommended Clinical Review			
			1		1
	Procedure)	(Predetermination) to avoid post-service			

A0021	Ambulance Service Outside State	MP Criteria: Procedure/service reviewed			
A0021	Per Mile Transport (Medicaid Only)	against Medical Policy Criteria. Submit for	-	-	-
	Fer Mile Transport (Medicald Only)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
10126		review.			
A0426	Ambulance Service Advanced Life	MP Criteria: Procedure/service reviewed	-	-	-
	Support Non-Emergency Transport	against Medical Policy Criteria. Submit for			
	Level 1 (Als 1)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A0428	Ambulance Service Basic Life	MP Criteria: Procedure/service reviewed	_	_	_
	Support Non-Emergency Transport	against Medical Policy Criteria. Submit for			
	(Bls)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A0431	Ambulance Service Conventional	MP Criteria: Procedure/service reviewed			
	Air Services Transport One Way	against Medical Policy Criteria. Submit for	-	-	-
	(Rotary Wing)	Recommended Clinical Review			
	((Predetermination) to avoid post-service			
		review.			
A0436	Rotary Wing Air Mileage Per	MP Criteria: Procedure/service reviewed			
	Statute Mile	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
40998	Ambulance Response And	MP Criteria: Procedure/service reviewed	-	-	-
	Treatment No Transport	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A4100	Skin Substitute Fda Cleared As A	MP Criteria: Procedure/service reviewed	_	_	_
	Device Not Otherwise Specified	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A4341	Indwelling Intraurethral Drainage	MP Criteria: Procedure/service reviewed	11/15/2023	12/31/2999	Add effective
	Device With Valve Patient Inserted	against Medical Policy Criteria. Submit for			11/15/2023
	Replacement Only Each	Recommended Clinical Review			,,
		(Predetermination) to avoid post-service			
		review.			
44342	Accessories For Patient Inserted	MP Criteria: Procedure/service reviewed	11/15/2023	12/31/2999	Add effective
74342	Indwelling Intraurethral Drainage	against Medical Policy Criteria. Submit for	11/15/2025	12/51/2555	11/15/2023
		Recommended Clinical Review			11/15/2025
	Device With Valve Replacement				
	Only Each	(Predetermination) to avoid post-service			
		review.			
4540	Distal Transcutaneous Electrical	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Nerve Stimulator Stimulates	against Medical Policy Criteria. Submit for			02/15/2024
	Peripheral Nerves Of The Upper	Recommended Clinical Review			Retire effective
	Arm	(Predetermination) to avoid post-service			05/14/2024
		review.	1		
4541	Monthly Supplies For Use Of Device	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Coded At E0733	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A4542	Supplies And Accessories For	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	External Upper Limb Tremor	against Medical Policy Criteria. Submit for	-, -3, 2027	5, 17, 2024	02/15/2024
	Stimulator Of The Peripheral Nerves				Retire effective
	Of The Wrist	(Predetermination) to avoid post-service review.			05/14/2024

A4555	Electrode/Transducer For Use With	MP Criteria: Procedure/service reviewed			
/(1555	Electrical Stimulation Device Used	against Medical Policy Criteria. Submit for	-	-	-
	For Cancer Treatment Replacement				
	Only	(Predetermination) to avoid post-service			
	Ciny	review.			
A4560	Neuromuscular Electrical Stimulator	MP Criteria: Procedure/service reviewed	10/15/2023	1/14/2024	Add effective
A4000	(Nmes) Disposable Replacement	against Medical Policy Criteria. Submit for	10/13/2023	1/ 14/ 2024	10/01/2023
	· · · ·				10/01/2025
	Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A4600	Sleeve For Intermittent Limb	MP Criteria: Procedure/service reviewed	-	-	-
	Compression Device Replacement	against Medical Policy Criteria. Submit for			
	Only Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A4638	Replacement Battery For Patient-	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Owned Ear Pulse Generator Each	against Medical Policy Criteria. Submit for			05/01/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
A9291	Prescription Digital Cognitive	MP Criteria: Procedure/service reviewed	2/1/2024	12/31/2999	Add effective
	And/Or Behavioral Therapy Fda	against Medical Policy Criteria. Submit for			02/01/2024
	Cleared Per Course Of Treatment	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
B4105	In-Line Cartridge Containing	MP Criteria: Procedure/service reviewed			
04105	Digestive Enzyme(S) For Enteral	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Feeding Each				
		(Predetermination) to avoid post-service			
C10C2	Lature ventale vel Diado Franctova	review.	2/15/2024	12/21/2000	
C1062	Intravertebral Body Fracture	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Augmentation With Implant (E.G.	against Medical Policy Criteria. Submit for			03/15/2024
	Metal Polymer)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C1761	Catheter Transluminal Intravascular		_	-	_
	Lithotripsy Coronary	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			
C1778	Lead Neurostimulator	review. MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
CT//0		-	5/15/2024	12/31/2999	03/15/2024
		against Medical Policy Criteria. Submit for			05/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C1783	Ocular Implant Aqueous Drainage	MP Criteria: Procedure/service reviewed	-	-	_
		against Medical Policy Criteria. Submit for			
	Assist Device	against mearcait oney enteria. Subinit for			
	Assist Device	Recommended Clinical Review			
	Assist Device				

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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	MP Criteria: Procedure/service reviewed	7/15/2023	12/31/2999	Add effective
	(Implantable) With Rechargeable	against Medical Policy Criteria. Submit for			07/15/2023
	Battery And Charging System	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C1822	Generator Neurostimulator	MP Criteria: Procedure/service reviewed	_	_	
	(Implantable) High Frequency With	against Medical Policy Criteria. Submit for			
	Rechargeable Battery And Charging	Recommended Clinical Review			
	System	(Predetermination) to avoid post-service			
	- /	review.			
C1824	Generator Cardiac Contractility	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
	Modulation (Implantable)	against Medical Policy Criteria. Submit for	, , , , , , , , , , , , , , , , , , , ,	, ,	03/15/2024
	······································	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C1825	Generator Neurostimulator	MP Criteria: Procedure/service reviewed			
01025	(Implantable) Non-Rechargeable	against Medical Policy Criteria. Submit for	-	-	-
	With Carotid Sinus Baroreceptor	Recommended Clinical Review			
	Stimulation Lead(S)	(Predetermination) to avoid post-service			
	Stillulation Lead(S)	review.			
C1826	Generator Neurostimulator	MP Criteria: Procedure/service reviewed	7/1/2023		
C1820			//1/2023	-	-
	(Implantable) Includes Closed	against Medical Policy Criteria. Submit for			
	Feedback Loop Leads And All	Recommended Clinical Review			
	Implantable Components With	(Predetermination) to avoid post-service			
C1832		review.	2/1/2024	F /1 A /202A	A dal affe ative
C1832		MP Criteria: Procedure/service reviewed	2/1/2024	5/14/2024	Add effective
		against Medical Policy Criteria. Submit for			02/15/2024
	System Components	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
		review.			
C1833	Monitor Cardiac Including	MP Criteria: Procedure/service reviewed	-	-	-
	Intracardiac Lead And All System	against Medical Policy Criteria. Submit for			
	Components (Implantable)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	_		
C2623	Catheter Transluminal Angioplasty	MP Criteria: Procedure/service reviewed	-	-	-
	Drug-Coated Non-Laser	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C2624	Implantable Wireless Pulmonary	MP Criteria: Procedure/service reviewed	_	_	_
	Artery Pressure Sensor With	against Medical Policy Criteria. Submit for			
	Delivery Catheter Including All	Recommended Clinical Review			
	System Components	(Predetermination) to avoid post-service			
		review.			
C5271	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023		
	Substitute Graft To Trunk Arms	against Medical Policy Criteria. Submit for		-	_
	Legs Total Wound Surface Area Up	Recommended Clinical Review			
	To 100 Sq Cm; First 25 Sq Cm Or	(Predetermination) to avoid post-service			
	Less Wound Surface Area	review.			
	Less would suitate Alea	i cricii.	1		

					1
C5272	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Trunk Arms	against Medical Policy Criteria. Submit for			
	Legs Total Wound Surface Area Up	Recommended Clinical Review			
	To 100 Sq Cm; Each Additional 25	(Predetermination) to avoid post-service			
05070	Sq Cm Wound Surface Area Or Part	review.	4/4/2022		
C5273	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Trunk Arms	against Medical Policy Criteria. Submit for			
	Legs Total Wound Surface Area	Recommended Clinical Review			
	Greater Than Or Equal To 100 Sq	(Predetermination) to avoid post-service			
	Cm; First 100 Sq Cm Wound Surface				
C5274	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Trunk Arms	against Medical Policy Criteria. Submit for			
	Legs Total Wound Surface Area	Recommended Clinical Review			
	Greater Than Or Equal To 100 Sq	(Predetermination) to avoid post-service			
	Cm; Each Additional 100 Sq Cm	review.			
C5275	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Face Scalp	against Medical Policy Criteria. Submit for			
	Eyelids Mouth Neck Ears Orbits	Recommended Clinical Review			
	Genitalia Hands Feet And/Or	(Predetermination) to avoid post-service			
	Multiple Digits Total Wound	review.			
C5276	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Face Scalp	against Medical Policy Criteria. Submit for			
	Eyelids Mouth Neck Ears Orbits	Recommended Clinical Review			
	Genitalia Hands Feet And/Or	(Predetermination) to avoid post-service			
	Multiple Digits Total Wound	review.			
C5277	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Face Scalp	against Medical Policy Criteria. Submit for			
	Eyelids Mouth Neck Ears Orbits	Recommended Clinical Review			
	Genitalia Hands Feet And/Or	(Predetermination) to avoid post-service			
	Multiple Digits Total Wound	review.			
C5278	Application Of Low Cost Skin	MP Criteria: Procedure/service reviewed	4/1/2023	-	-
	Substitute Graft To Face Scalp	against Medical Policy Criteria. Submit for			
	Eyelids Mouth Neck Ears Orbits	Recommended Clinical Review			
	Genitalia Hands Feet And/Or	(Predetermination) to avoid post-service			
	Multiple Digits Total Wound	review.			
C9160	Injection, Daxibotulinumtoxina-	MP Criteria: Procedure/service reviewed	5/15/2024	12/31/2999	Add effective
	Lanm, 1 Unit	against Medical Policy Criteria. Submit for			05/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C9161	Injection, Aflibercept Hd, 1 Mg	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			05/01/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C9168	Injection Mirikizumab-Mrkz 1 Mg	MP Criteria: Procedure/service reviewed	8/1/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			8/1/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
C9734	Focused Ultrasound	MP Criteria: Procedure/service reviewed	_	_	_
	Ablation/Therapeutic Intervention	against Medical Policy Criteria. Submit for			
	Other Than Uterine Leiomyomata	Recommended Clinical Review			
	With Magnetic Resonance (Mr)	(Predetermination) to avoid post-service			
	Guidance	review.			
C9739	Cystourethroscopy With Insertion	MP Criteria: Procedure/service reviewed	_	_	_
	Of Transprostatic Implant; 1 To 3	against Medical Policy Criteria. Submit for			
	Implants	Recommended Clinical Review			
	•				
		(Predetermination) to avoid post-service			

60740					
C9740	Cystourethroscopy With Insertion	MP Criteria: Procedure/service reviewed	-	-	-
	Of Transprostatic Implant; 4 Or	against Medical Policy Criteria. Submit for			
	More Implants	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
C07C4	Developmention Fordevelopment	review.			
C9764	Revascularization Endovascular	MP Criteria: Procedure/service reviewed	-	-	-
	Open Or Percutaneous Any	against Medical Policy Criteria. Submit for			
	Vessel(S); With Intravascular	Recommended Clinical Review			
	Lithotripsy Includes Angioplasty	(Predetermination) to avoid post-service			
	Within The Same Vessel(S) When	review.			
C9765	Revascularization Endovascular	MP Criteria: Procedure/service reviewed	-	-	-
	Open Or Percutaneous Any	against Medical Policy Criteria. Submit for			
	Vessel(S); With Intravascular	Recommended Clinical Review			
	Lithotripsy And Transluminal Stent	(Predetermination) to avoid post-service			
	Placement(S) Includes Angioplasty	review.			
C9766	Revascularization Endovascular	MP Criteria: Procedure/service reviewed	_	_	_
	Open Or Percutaneous Any	against Medical Policy Criteria. Submit for			
	Vessel(S); With Intravascular	Recommended Clinical Review			
	Lithotripsy And Atherectomy	(Predetermination) to avoid post-service			
	Includes Angioplasty Within The	review.			
C9767	Revascularization Endovascular	MP Criteria: Procedure/service reviewed	_	_	_
	Open Or Percutaneous Any	against Medical Policy Criteria. Submit for			
	Vessel(S); With Intravascular	Recommended Clinical Review			
	Lithotripsy And Transluminal Stent	(Predetermination) to avoid post-service			
	Placement(S) And Atherectomy	review.			
C9782	Blinded Procedure For New York	MP Criteria: Procedure/service reviewed	2/1/2024	12/31/2999	Add effective
	Heart Association (Nyha) Class Ii Or	against Medical Policy Criteria. Submit for			02/15/2024
	lii Heart Failure Or Canadian	Recommended Clinical Review			
	Cardiovascular Society (Ccs) Class Iii	(Predetermination) to avoid post-service			
	Or Iv Chronic Refractory Angina;	review.			
C9784	Gastric Restrictive Procedure	MP Criteria: Procedure/service reviewed	7/1/2023	11/30/2023	_
	Endoscopic Sleeve Gastroplasty	against Medical Policy Criteria. Submit for			
	With Esophagogastroduodenoscopy	Recommended Clinical Review			
	And Intraluminal Tube Insertion If	(Predetermination) to avoid post-service			
	Performed Including All System	review.			
C9786	Echocardiography Image Post	MP Criteria: Procedure/service reviewed	8/1/2023	12/31/2999	Add effective
	Processing For Computer Aided	against Medical Policy Criteria. Submit for			08/01/2023
	Detection Of Heart Failure With	Recommended Clinical Review			
	Preserved Ejection Fraction	(Predetermination) to avoid post-service			
	Including Interpretation And Report				
C9793		MP Criteria: Procedure/service reviewed	8/1/2024	12/31/2999	Add effective
00700	Pre-Planning Of A Cardiac	against Medical Policy Criteria. Submit for	0, 1, 202 .		8/1/2024
	Procedure Using Data From Cardiac				0, _, _0
	Computed Tomographic	(Predetermination) to avoid post-service			
	Angiography With Report	review.			
C9796	Repair Of Enterocutaneous Fistula	MP Criteria: Procedure/service reviewed	4/1/2024	6/30/2024	Add effective
	Small Intestine Or Colon (Excluding	against Medical Policy Criteria. Submit for	1/ 1/ 2027	0, 50, 2024	04/01/2024
	Anorectal Fistula) With Plug (E.G.	Recommended Clinical Review			retire effective
	Porcine Small Intestine Submucosa	(Predetermination) to avoid post-service			06/30/2024
					00/30/2024
E0187	[Sis]) Water Pressure Mattress	review. MP Criteria: Procedure/service reviewed			
2010/		against Medical Policy Criteria. Submit for	-	-	-
		, ,			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
50202		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.			

50200	Hospital Dad Fired Height Million	MD Critoria: Drogodure (acting acting at			
E0290	Side Rails With Mattress	MP Criteria: Procedure/service reviewed	-	-	-
	Side Rails with Mattress	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
50202	Upperite Ded Verieble Upiebt Uite	review.			
E0292	, ,	MP Criteria: Procedure/service reviewed	-	-	-
	Without Side Rails With Mattress	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0293		MP Criteria: Procedure/service reviewed	-	-	-
	Without Side Rails Without	against Medical Policy Criteria. Submit for			
	Mattress	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0485	Oral Device/Appliance Used To	MP Criteria: Procedure/service reviewed	-	_	_
	Reduce Upper Airway Collapsibility	against Medical Policy Criteria, and may			
	Adjustable Or Non-Adjustable	require Prior Authorization per contract			
	Prefabricated Includes Fitting And	agreement.			
	Adjustment				
E0492	Power Source And Control	MP Criteria: Procedure/service reviewed	3/1/2024	12/31/2999	Add effective
	Electronics Unit For Oral	against Medical Policy Criteria. Submit for			03/01/2024
	Device/Appliance For	Recommended Clinical Review			
	Neuromuscular Electrical	(Predetermination) to avoid post-service			
	Stimulation Of The Tongue Muscle	review.			
E0493	Oral Device/Appliance For	MP Criteria: Procedure/service reviewed	3/1/2024	12/31/2999	Add effective
	Neuromuscular Electrical	against Medical Policy Criteria. Submit for			03/01/2024
	Stimulation Of The Tongue Muscle	Recommended Clinical Review			
	Used In Conjunction With The	(Predetermination) to avoid post-service			
	Power Source And Control	review.			
E0530	Electronic Positional Obstructive	MP Criteria: Procedure/service reviewed	3/1/2024	12/31/2999	Add effective
	Sleep Apnea Treatment With	against Medical Policy Criteria. Submit for			03/01/2024
	Sensor Includes All Components	Recommended Clinical Review			
	And Accessories Any Type	(Predetermination) to avoid post-service			
		review.			
E0616	Implantable Cardiac Event Recorder	MP Criteria: Procedure/service reviewed	_	_	_
	With Memory Activator And	against Medical Policy Criteria. Submit for			
	Programmer	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0617	External Defibrillator With	MP Criteria: Procedure/service reviewed	_		
	Integrated Electrocardiogram	against Medical Policy Criteria. Submit for			
	Analysis	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0650	Pneumatic Compressor Non-	MP Criteria: Procedure/service reviewed	_		
	Segmental Home Model	against Medical Policy Criteria. Submit for		_	
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0651	Pneumatic Compressor Segmental	MP Criteria: Procedure/service reviewed	_		
	Home Model Without Calibrated	against Medical Policy Criteria. Submit for	Ē	-	–
	Gradient Pressure	Recommended Clinical Review			
	-	(Predetermination) to avoid post-service			
		review.			
E0652	Pneumatic Compressor Segmental	MP Criteria: Procedure/service reviewed	1		1
	Home Model With Calibrated	against Medical Policy Criteria. Submit for	-	-	-
	Gradient Pressure	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		cacter miniation i to avoid post-service	1		
		review.			

				1	
E0655	Non-Segmental Pneumatic	MP Criteria: Procedure/service reviewed	-	-	-
	Appliance For Use With Pneumatic	against Medical Policy Criteria. Submit for			
	Compressor Half Arm	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0656	Segmental Pneumatic Appliance For	MP Criteria: Procedure/service reviewed	-	-	-
	Use With Pneumatic Compressor	against Medical Policy Criteria. Submit for			
	Trunk	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0657	Segmental Pneumatic Appliance For	MP Criteria: Procedure/service reviewed	_	_	_
	Use With Pneumatic Compressor	against Medical Policy Criteria. Submit for			
	Chest	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0660	Non-Segmental Pneumatic	MP Criteria: Procedure/service reviewed		_	_
	Appliance For Use With Pneumatic	against Medical Policy Criteria. Submit for			
	Compressor Full Leg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0665	Non-Segmental Pneumatic	MP Criteria: Procedure/service reviewed			
	Appliance For Use With Pneumatic	against Medical Policy Criteria. Submit for	-	-	-
	Compressor Full Arm	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0666	Non-Segmental Pneumatic	MP Criteria: Procedure/service reviewed		1	
20000	Appliance For Use With Pneumatic	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Compressor Half Leg				
		(Predetermination) to avoid post-service			
50667	Compostal Description Applicator For	review.			
E0667	Segmental Pneumatic Appliance For	MP Criteria: Procedure/service reviewed	-	-	-
	Use With Pneumatic Compressor	against Medical Policy Criteria. Submit for			
	Full Leg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0668	Segmental Pneumatic Appliance For		-	-	-
	Use With Pneumatic Compressor	against Medical Policy Criteria. Submit for			
	Full Arm	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0669	Segmental Pneumatic Appliance For		-	-	-
	Use With Pneumatic Compressor	against Medical Policy Criteria. Submit for			
	Half Leg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0670	Segmental Pneumatic Appliance For	MP Criteria: Procedure/service reviewed	_	_	_
	Use With Pneumatic Compressor	against Medical Policy Criteria. Submit for			
	Integrated 2 Full Legs And Trunk	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0671	Segmental Gradient Pressure	MP Criteria: Procedure/service reviewed	_	_	_
	Pneumatic Appliance Full Leg	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0672	Segmental Gradient Pressure	MP Criteria: Procedure/service reviewed			
-0072	Pneumatic Appliance Full Arm	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
1		review.			

E0673	Segmental Gradient Pressure	MP Criteria: Procedure/service reviewed	1		
EU0/3	Pneumatic Appliance Half Leg	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0676	Intermittent Limb Compression	MP Criteria: Procedure/service reviewed			
20070	Device (Includes All Accessories)	against Medical Policy Criteria. Submit for	-	-	-
	Not Otherwise Specified	Recommended Clinical Review			
	Not Otherwise Specified	(Predetermination) to avoid post-service			
		review.			
E0677	Non-Pneumatic Sequential	MP Criteria: Procedure/service reviewed	7/1/2023		
20077	Compression Garment Trunk	against Medical Policy Criteria. Submit for	1/1/2023	-	-
	compression currient mank	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0678	Non-Pneumatic Sequential	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
20070	Compression Garment Full Leg	against Medical Policy Criteria. Submit for	2, 13, 202 1	12, 51, 2555	02/15/2024
		Recommended Clinical Review			02/10/2021
		(Predetermination) to avoid post-service			
		review.			
E0679	Non-Pneumatic Sequential	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Compression Garment Half Leg	against Medical Policy Criteria. Submit for	_,,,,,	, 0, 2000	02/15/2024
		Recommended Clinical Review			02/20/2021
		(Predetermination) to avoid post-service			
		review.			
E0680	Non-Pneumatic Compression	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Controller With Sequential	against Medical Policy Criteria. Submit for			02/15/2024
	Calibrated Gradient Pressure	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0681	Non-Pneumatic Compression	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Controller Without Calibrated	against Medical Policy Criteria. Submit for			02/15/2024
	Gradient Pressure	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0682	Non-Pneumatic Sequential	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Compression Garment Full Arm	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0691	Ultraviolet Light Therapy System	MP Criteria: Procedure/service reviewed	_	_	-
	Includes Bulbs/Lamps Timer And	against Medical Policy Criteria. Submit for			
	Eye Protection; Treatment Area 2	Recommended Clinical Review			
	Square Feet Or Less	(Predetermination) to avoid post-service			
		review.			
E0692	Ultraviolet Light Therapy System	MP Criteria: Procedure/service reviewed	_	_	-
	Panel Includes Bulbs/Lamps Timer	against Medical Policy Criteria. Submit for			
	And Eye Protection 4 Foot Panel	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0693	Ultraviolet Light Therapy System	MP Criteria: Procedure/service reviewed	-	-	-
	Panel Includes Bulbs/Lamps Timer	against Medical Policy Criteria. Submit for			
	And Eye Protection 6 Foot Panel	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0694	Ultraviolet Multidirectional Light	MP Criteria: Procedure/service reviewed	-	-	-
	Therapy System In 6 Foot Cabinet	against Medical Policy Criteria. Submit for			
	Includes Bulbs/Lamps Timer And	Recommended Clinical Review			
	Eye Protection	(Predetermination) to avoid post-service			
		review.			

E0732	Cranial Electrotherapy Stimulation	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	(Ces) System Any Type	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
		review.			
E0733	Transcutaneous Electrical Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Stimulator For Electrical Stimulation	0 ,			02/15/2024
	Of The Trigeminal Nerve	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
50704		review.	2/15/2024	F /4 4 /2024	A 1.1 . CC:
E0734	External Upper Limb Tremor	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Stimulator Of The Peripheral Nerves	с ,			02/15/2024
	Of The Wrist	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
50725		review.	2/15/2024	12/21/2000	Add effective
E0735	Non-Invasive Vagus Nerve	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	
	Stimulator	against Medical Policy Criteria. Submit for Recommended Clinical Review			02/15/2024
		(Predetermination) to avoid post-service			
E0736	Transcutaneous Tibial Nerve	review. MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
20730	Stimulator	against Medical Policy Criteria. Submit for	5/ 1/ 2024	12/31/2333	5/1/2024
	Stimulator	Recommended Clinical Review			5/ 1/2024
		(Predetermination) to avoid post-service			
		review.			
E0744	Neuromuscular Stimulator For	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
20711	Scoliosis	against Medical Policy Criteria. Submit for	5, 15, 202 1	12, 51, 2555	03/15/2024
	500110515	Recommended Clinical Review			03/13/2021
		(Predetermination) to avoid post-service			
		review.			
E0746	Electromyography (Emg)	MP Criteria: Procedure/service reviewed	11/1/2023	12/31/2999	Add effective
	Biofeedback Device	against Medical Policy Criteria. Submit for	, ,	,-,	11/1/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0747	Osteogenesis Stimulator Electrical	MP Criteria: Procedure/service reviewed		_	_
	Non-Invasive Other Than Spinal	against Medical Policy Criteria. Submit for	_	_	
	Applications	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0760	Osteogenesis Stimulator Low	MP Criteria: Procedure/service reviewed	_	_	_
	Intensity Ultrasound Non-Invasive	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0761	Non-Thermal Pulsed High	MP Criteria: Procedure/service reviewed	_	_	_
	Frequency Radiowaves High Peak	against Medical Policy Criteria. Submit for			
	Power Electromagnetic Energy	Recommended Clinical Review			
	Treatment Device	(Predetermination) to avoid post-service			
		review.			
E0766	Electrical Stimulation Device Used	MP Criteria: Procedure/service reviewed	_	-	-
	For Cancer Treatment Includes All	against Medical Policy Criteria. Submit for			
	Accessories Any Type	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0920	Fracture Frame Attached To Bed	MP Criteria: Procedure/service reviewed	_	-	_
	Includes Weights	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			

50022	Freedom Freedom Freedom Pre-			1	1
E0930	Fracture Frame Free Standing	MP Criteria: Procedure/service reviewed	-	-	-
	Includes Weights	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0935	Continuous Passive Motion Exercise	MP Criteria: Procedure/service reviewed	_	_	-
	Device For Use On Knee Only	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0946	Fracture Frame Dual With Cross	MP Criteria: Procedure/service reviewed	_	_	-
	Bars Attached To Bed (E. G. Balken	against Medical Policy Criteria. Submit for			
	4 Poster)	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	MP Criteria: Procedure/service reviewed			
	Any Type Includes Attachment And	against Medical Policy Criteria. Submit for			_
	Mounting Hardware Each Foot	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0955	Wheelchair Accessory Headrest	MP Criteria: Procedure/service reviewed			
	Cushioned Any Type Including	against Medical Policy Criteria. Submit for	-	-	-
	Fixed Mounting Hardware Each	Recommended Clinical Review			
	Tixed Woulding Hardware Eden	(Predetermination) to avoid post-service			
		review.			
E0969	Narrowing Device Wheelchair	MP Criteria: Procedure/service reviewed			
20505	Narrowing Device Wheelchair	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
E0983	Manual Wheelchair Accessory	review. MP Criteria: Procedure/service reviewed			
E0985	-	,	-	-	-
	Power Add-On To Convert Manual	against Medical Policy Criteria. Submit for			
	Wheelchair To Motorized	Recommended Clinical Review			
	Wheelchair Joystick Control	(Predetermination) to avoid post-service			
50004		review.			
E0984	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Power Add-On To Convert Manual	against Medical Policy Criteria. Submit for			
	Wheelchair To Motorized	Recommended Clinical Review			
	Wheelchair Tiller Control	(Predetermination) to avoid post-service			
		review.			
E0985	Wheelchair Accessory Seat Lift	MP Criteria: Procedure/service reviewed	_	_	-
	Mechanism	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0986	Manual Wheelchair Accessory Push-	MP Criteria: Procedure/service reviewed	_	_	_
	Rim Activated Power Assist System	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0988	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	1	1	Ì
	Lever-Activated Wheel Drive Pair	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			

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E0990		MP Criteria: Procedure/service reviewed	-	-	-
	Rest Complete Assembly Each	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E0992		MP Criteria: Procedure/service reviewed	-	-	-
	Seat Insert	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1002	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	-	-	-
	Seating System Tilt Only	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1003	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	-	-	-
	Seating System Recline Only	against Medical Policy Criteria. Submit for			
	Without Shear Reduction	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1004	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	-	-	-
	Seating System Recline Only With	against Medical Policy Criteria. Submit for			
	Mechanical Shear Reduction	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1005	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	_	_	_
	Seatng System Recline Only With	against Medical Policy Criteria. Submit for			
	Power Shear Reduction	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1006	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	_	_	_
	Seating System Combination Tilt	against Medical Policy Criteria. Submit for			
	And Recline Without Shear	Recommended Clinical Review			
	Reduction	(Predetermination) to avoid post-service			
		review.			
E1007	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	_	_	_
	Seating System Combination Tilt	against Medical Policy Criteria. Submit for			
	And Recline With Mechanical Shear	Recommended Clinical Review			
	Reduction	(Predetermination) to avoid post-service			
		review.			
E1008	Wheelchair Accessory Power	MP Criteria: Procedure/service reviewed	_	_	_
	Seating System Combination Tilt	against Medical Policy Criteria. Submit for			
	And Recline With Power Shear	Recommended Clinical Review			
	Reduction	(Predetermination) to avoid post-service			
		review.			
E1009	Wheelchair Accessory Addition To	MP Criteria: Procedure/service reviewed	_	_	_
	Power Seating System Mechanically	against Medical Policy Criteria. Submit for			
	Linked Leg Elevation System	Recommended Clinical Review			
	Including Pushrod And Leg Rest	(Predetermination) to avoid post-service			
	Each	review.			
		MP Criteria: Procedure/service reviewed	_	_	_
E1010	Wheelchair Accessory Addition To			1	1
E1010	Wheelchair Accessory Addition To Power Seating System Power Leg	against Medical Policy Criteria. Submit for			
E1010	-				
E1010	Power Seating System Power Leg				
E1010	Power Seating System Power Leg Elevation System Including Leg Rest	Recommended Clinical Review			
E1010 E1012	Power Seating System Power Leg Elevation System Including Leg Rest	Recommended Clinical Review (Predetermination) to avoid post-service		_	_
	Power Seating System Power Leg Elevation System Including Leg Rest Pair	Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-	-	-
	Power Seating System Power Leg Elevation System Including Leg Rest Pair Wheelchair Accessory Addition To Power Seating System Center	Recommended Clinical Review (Predetermination) to avoid post-service review.	-	-	-
	Power Seating System Power Leg Elevation System Including Leg Rest Pair Wheelchair Accessory Addition To	Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-

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E1028	Wheelchair Accessory Manual	MP Criteria: Procedure/service reviewed	-	-	-
	Swingaway Retractable Or	against Medical Policy Criteria. Submit for			
	Removable Mounting Hardware For				
	Joystick Other Control Interface Or	(Predetermination) to avoid post-service			
	Positioning Accessory	review.			
E1036	Multi-Positional Patient Transfer	MP Criteria: Procedure/service reviewed	_	_	_
	System Extra-Wide With	against Medical Policy Criteria. Submit for			
	Integrated Seat Operated By	Recommended Clinical Review			
	Caregiver Patient Weight Capacity	(Predetermination) to avoid post-service			
	Greater Than 300 Lbs	review.			
E1084		MP Criteria: Procedure/service reviewed			
1004	Desk Or Full Length Arms Swing	against Medical Policy Criteria. Submit for	-	-	-
	• •	-			
	Away Detachable Elevating Leg	Recommended Clinical Review			
	Rests	(Predetermination) to avoid post-service			
		review.			
E1085	Hemi-Wheelchair Fixed Full Length	MP Criteria: Procedure/service reviewed	_	_	-
	Arms Swing Away Detachable Foot	against Medical Policy Criteria. Submit for			
	Rests	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1100	Semi-Reclining Wheelchair Fixed	MP Criteria: Procedure/service reviewed	_	_	_
	Full Length Arms Swing Away	against Medical Policy Criteria. Submit for		_	
	Detachable Elevating Leg Rests	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1110	Semi-Reclining Wheelchair	MP Criteria: Procedure/service reviewed			
E1110			-	-	-
	Detachable Arms (Desk Or Full	against Medical Policy Criteria. Submit for			
	Length) Elevating Leg Rest	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1170	Amputee Wheelchair Fixed Full	MP Criteria: Procedure/service reviewed	-	-	-
	Length Arms Swing Away	against Medical Policy Criteria. Submit for			
	Detachable Elevating Legrests	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1171	Amputee Wheelchair Fixed Full	MP Criteria: Procedure/service reviewed		_	
	Length Arms Without Footrests Or	against Medical Policy Criteria. Submit for		_	
	Legrest	Recommended Clinical Review			
	0	(Predetermination) to avoid post-service			
		review.			
E1172	Amputee Wheelchair Detachable	MP Criteria: Procedure/service reviewed			
L11/2		-	-	-	-
		against Medical Policy Criteria. Submit for			
	Footrests Or Legrest	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1180	Amputee Wheelchair Detachable	MP Criteria: Procedure/service reviewed	_	_	-
	Arms (Desk Or Full Length) Swing	against Medical Policy Criteria. Submit for			
	Away Detachable Footrests	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1190	Amputee Wheelchair Detachable	MP Criteria: Procedure/service reviewed		_	_
	Arms (Desk Or Full Length) Swing	against Medical Policy Criteria. Submit for			
	Away Detachable Elevating Legrests				
		(Predetermination) to avoid post-service			
		review.			
E110E	Heavy Duty Wheelchair Fixed Full	MP Criteria: Procedure/service reviewed		 	
E1195		-	-	-	-
	Length Arms Swing Away	against Medical Policy Criteria. Submit for			
	Detachable Elevating Legrests	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	1	1	1

F1222	Wheelebair With Datashahla Asso	MD Critoria: Dragodure (and inc.		1	
E1223	Wheelchair With Detachable Arms	MP Criteria: Procedure/service reviewed	-	-	-
	Footrests	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
51225	M/hoolohoin Accessory Manual Consi	review.			
E1225		MP Criteria: Procedure/service reviewed	-	-	-
	Reclining Back (Recline Greater	against Medical Policy Criteria. Submit for			
	Than 15 Degrees But Less Than 80	Recommended Clinical Review			
	Degrees) Each	(Predetermination) to avoid post-service			
54000		review.			
E1226		MP Criteria: Procedure/service reviewed	-	-	-
	Reclining Back (Recline Greater	against Medical Policy Criteria. Submit for			
	Than 80 Degrees) Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
54007		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	MP Criteria: Procedure/service reviewed	-	-	-
	Four Wheel Nonhighway) Specify	against Medical Policy Criteria. Submit for			
	Brand Name And Model Number	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1231	Wheelchair Pediatric Size Tilt-In-	MP Criteria: Procedure/service reviewed	-	_	-
	Space Rigid Adjustable With	against Medical Policy Criteria. Submit for			
	Seating System	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1239	Power Wheelchair Pediatric Size	MP Criteria: Procedure/service reviewed	_	_	_
	Not Otherwise Specified	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1250	Lightweight Wheelchair Fixed Full	MP Criteria: Procedure/service reviewed	_	_	_
	Length Arms Swing Away	against Medical Policy Criteria. Submit for			
	Detachable Footrest	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E1301	Whirlpool Tub Walk-In Portable	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2120	Pulse Generator System For	MP Criteria: Procedure/service reviewed	5/1/2024	12/31/2999	Add effective
	Tympanic Treatment Of Inner Ear	against Medical Policy Criteria. Submit for			05/01/2024
	Endolymphatic Fluid	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2201	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
	Nonstandard Seat Frame Width	against Medical Policy Criteria. Submit for		_	-
	Greater Than Or Equal To 20 Inches	Recommended Clinical Review			
	And Less Than 24 Inches	(Predetermination) to avoid post-service			
		review.			
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E2202	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Nonstandard Seat Frame Width 24-	against Medical Policy Criteria. Submit for			
	27 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2203	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Nonstandard Seat Frame Depth 20	against Medical Policy Criteria. Submit for			
	To Less Than 22 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2204	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	-	-
	Nonstandard Seat Frame Depth 22	against Medical Policy Criteria. Submit for			
	To 25 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2209	Arm Trough With Or Without Hand	MP Criteria: Procedure/service reviewed	_	_	_
	Support Each	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2211	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Pneumatic Propulsion Tire Any Size		-	-	-
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2212	Manual Wheelchair Accessory Tube	MP Criteria: Procedure/service reviewed			
	For Pneumatic Propulsion Tire Any	against Medical Policy Criteria. Submit for	-	-	-
	Size Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2213	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
E2213		-	-	-	-
	Insert For Pneumatic Propulsion	against Medical Policy Criteria. Submit for			
	Tire (Removable) Any Type Any	Recommended Clinical Review			
	Size Each	(Predetermination) to avoid post-service			
52244		review.			
E2214	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Pneumatic Caster Tire Any Size	against Medical Policy Criteria. Submit for			
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2215	,	MP Criteria: Procedure/service reviewed	-	-	-
	For Pneumatic Caster Tire Any Size	against Medical Policy Criteria. Submit for			
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2216	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Foam Filled Propulsion Tire Any	against Medical Policy Criteria. Submit for			
	Size Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2217	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	Ĺ	_	i_
	Foam Filled Caster Tire Any Size	against Medical Policy Criteria. Submit for			
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2218	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
-2210	,	against Medical Policy Criteria. Submit for	-	-	-
	Foam Propulsion Tire Any Size Each				
		Recommended Clinical Review			1
		(Drodotormination) to sucid rest and in			
		(Predetermination) to avoid post-service review.			

52210	Manual Wheelet -in Assessme	MD Critoria: Dropodure (comico actional	1	1	1
E2219	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Foam Caster Tire Any Size Each	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review (Predetermination) to avoid post-service			
		review.			
E2228	Manual Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
EZZZŐ			-	-	-
	Wheel Braking System And Lock	against Medical Policy Criteria. Submit for			
	Complete Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
E2291	Back Planar For Pediatric Size	review. MP Criteria: Procedure/service reviewed			
62291	Wheelchair Including Fixed	-	-	-	-
	Attaching Hardware	against Medical Policy Criteria. Submit for Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2292	Seat Planar For Pediatric Size	MP Criteria: Procedure/service reviewed			
2292	Wheelchair Including Fixed	against Medical Policy Criteria. Submit for	-	-	-
	Attaching Hardware	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2293	Back Contoured For Pediatric Size	MP Criteria: Procedure/service reviewed			1
22255	Wheelchair Including Fixed	against Medical Policy Criteria. Submit for	-	-	-
	Attaching Hardware	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2294	Seat Contoured For Pediatric Size	MP Criteria: Procedure/service reviewed			
	Wheelchair Including Fixed	against Medical Policy Criteria. Submit for	-	_	-
	Attaching Hardware	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2298	Complex Rehabilitative Power	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
	Wheelchair Accessory Power Seat	against Medical Policy Criteria. Submit for			04/01/2024
	Elevation System Any Type	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2300	Wheelchair Accessory, Power Seat	MP Criteria: Procedure/service reviewed	12/1/2023	3/31/2024	Add effective
	Elevation System, Any Type	against Medical Policy Criteria. Submit for			12/01/2023
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			03/31/2024
		review.			
E2310	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Electronic Connection Between	against Medical Policy Criteria. Submit for			
	Wheelchair Controller And One	Recommended Clinical Review			
	Power Seating System Motor	(Predetermination) to avoid post-service			
	Including All Related Electronics	review.			
E2311	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	-
	Electronic Connection Between	against Medical Policy Criteria. Submit for			
	Wheelchair Controller And Two Or	Recommended Clinical Review			
	More Power Seating System Motors	(Predetermination) to avoid post-service			
	Including All Related Electronics	review.			
E2312	Power Wheelchair Accessory Hand	MP Criteria: Procedure/service reviewed	-	-	-
	Or Chin Control Interface Mini-	against Medical Policy Criteria. Submit for			
	Proportional	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2313	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	-	-
22010		against Medical Policy Criteria. Submit for			
22010		against Medical Policy Criteria. Submit for Recommended Clinical Review			
	Harness For Upgrade To Expandable	-			

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E2321	Power Wheelchair Accessory Hand	MP Criteria: Procedure/service reviewed	-	-	-
	Control Interface Remote Joystick	against Medical Policy Criteria. Submit for			
	Nonproportional Including All	Recommended Clinical Review			
	Related Electronics Mechanical	(Predetermination) to avoid post-service			
	Stop Switch And Fixed Mounting	review.			
E2322	Power Wheelchair Accessory Hand	MP Criteria: Procedure/service reviewed	-	_	-
	Control Interface Multiple	against Medical Policy Criteria. Submit for			
	Mechanical Switches	Recommended Clinical Review			
	Nonproportional Including All	(Predetermination) to avoid post-service			
	Related Electronics Mechanical	review.			
E2323	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Specialty Joystick Handle For Hand	against Medical Policy Criteria. Submit for			
	Control Interface Prefabricated	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2324	Power Wheelchair Accessory Chin	MP Criteria: Procedure/service reviewed	_	_	_
	Cup For Chin Control Interface	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2325	Power Wheelchair Accessory Sip	MP Criteria: Procedure/service reviewed			
	And Puff Interface Nonproportional	-	-	 _	-
	Including All Related Electronics	Recommended Clinical Review			
	Mechanical Stop Switch And	(Predetermination) to avoid post-service			
	Manual Swingaway Mounting	review.			
E2326	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
2220	Breath Tube Kit For Sip And Puff	against Medical Policy Criteria. Submit for	-	-	-
	Interface	Recommended Clinical Review			
	Interface				
		(Predetermination) to avoid post-service			
52227	Device M/heeleheir Assessment Used	review.			
E2327	Power Wheelchair Accessory Head	MP Criteria: Procedure/service reviewed	-	-	-
	Control Interface Mechanical	against Medical Policy Criteria. Submit for			
	Proportional Including All Related	Recommended Clinical Review			
	Electronics Mechanical Direction	(Predetermination) to avoid post-service			
	Change Switch And Fixed Mounting				
E2328	Power Wheelchair Accessory Head	MP Criteria: Procedure/service reviewed	-	-	-
	Control Or Extremity Control	against Medical Policy Criteria. Submit for			
	Interface Electronic Proportional	Recommended Clinical Review			
	-	(Predetermination) to avoid post-service			
	Fixed Mounting Hardware	review.			
E2329	Power Wheelchair Accessory Head	MP Criteria: Procedure/service reviewed	-	_	-
	Control Interface Contact Switch	against Medical Policy Criteria. Submit for			
	Mechanism Nonproportional	Recommended Clinical Review			
	Including All Related Electronics	(Predetermination) to avoid post-service			
	Mechanical Stop Switch Mechanical	review.			
E2330	Power Wheelchair Accessory Head	MP Criteria: Procedure/service reviewed	_	_	_
	Control Interface Proximity Switch	against Medical Policy Criteria. Submit for			
	Mechanism Nonproportional	Recommended Clinical Review			
	Including All Related Electronics	(Predetermination) to avoid post-service			
	Mechanical Stop Switch Mechanical	review.			
E2331	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
	Attendant Control Proportional	against Medical Policy Criteria. Submit for	-	 _	-
	Including All Related Electronics And				
	Fixed Mounting Hardware	(Predetermination) to avoid post-service			
		review.			
E2240	Rower Wheelchair Accessory			<u> </u>	
E2340	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Nonstandard Seat Frame Width 20-	against Medical Policy Criteria. Submit for			
	23 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service	1	1	1
		review.			

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E2341	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Nonstandard Seat Frame Width 24-	о ,			
	27 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2342	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	-
	Nonstandard Seat Frame Depth 20	against Medical Policy Criteria. Submit for			
	Or 21 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2343	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Nonstandard Seat Frame Depth 22-	against Medical Policy Criteria. Submit for			
	25 Inches	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2351	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Electronic Interface To Operate	against Medical Policy Criteria. Submit for			
	Speech Generating Device Using	Recommended Clinical Review			
	Power Wheelchair Control Interface	(Predetermination) to avoid post-service			
		review.			
E2358	Power Wheelchair Accessory Group	MP Criteria: Procedure/service reviewed		_	_
	34 Non-Sealed Lead Acid Battery	against Medical Policy Criteria. Submit for		_	
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2359	Power Wheelchair Accessory Group	MP Criteria: Procedure/service reviewed			
	34 Sealed Lead Acid Battery Each	against Medical Policy Criteria. Submit for	-	-	-
	(E.G. Gel Cell Absorbed Glassmat)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2360	Power Wheelchair Accessory 22 Nf	MP Criteria: Procedure/service reviewed			
22300	Non-Sealed Lead Acid Battery Each	against Medical Policy Criteria. Submit for	-	-	-
	Non-Sealed Lead Acid Battery Laci	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
F2261	Dower Wheelsheir Assessme 22Nf	review. MP Criteria: Procedure/service reviewed			
E2361	Power Wheelchair Accessory 22Nf	· ·	-	-	-
	Sealed Lead Acid Battery Each (E.	against Medical Policy Criteria. Submit for			
	G. Gel Cell Absorbed Glassmat)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
500.00		review.			
E2362	, ,	MP Criteria: Procedure/service reviewed	-	-	-
	24 Non-Sealed Lead Acid Battery	against Medical Policy Criteria. Submit for			
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2363	Power Wheelchair Accessory Group	MP Criteria: Procedure/service reviewed	_	_	_
	24 Sealed Lead Acid Battery Each	against Medical Policy Criteria. Submit for			
	(E. G. Gel Cell Absorbed Glassmat)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2364	Power Wheelchair Accessory U-1	MP Criteria: Procedure/service reviewed		_	_
	Non-Sealed Lead Acid Battery Each	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2365	Power Wheelchair Accessory U-1	MP Criteria: Procedure/service reviewed		İ	
	Sealed Lead Acid Battery Each (E. G.	-	-	-	-
	Gel Cell Absorbed Glassmat)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
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E2366	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	–	_
	Battery Charger Single Mode For	against Medical Policy Criteria. Submit for			
	Use With Only One Battery Type	Recommended Clinical Review			
	Sealed Or Non-Sealed Each	(Predetermination) to avoid post-service			
		review.			
E2367	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	_	_	_
	Battery Charger Dual Mode For	against Medical Policy Criteria. Submit for			
	Use With Either Battery Type	Recommended Clinical Review			
	Sealed Or Non-Sealed Each	(Predetermination) to avoid post-service			
		review.			
E2371	Power Wheelchair Accessory Group	MP Criteria: Procedure/service reviewed		_	_
	27 Sealed Lead Acid Battery (E.G.	against Medical Policy Criteria. Submit for			
	Gel Cell Absorbed Glassmat) Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2372	Power Wheelchair Accessory Group	MP Criteria: Procedure/service reviewed			
	27 Non-Sealed Lead Acid Battery	against Medical Policy Criteria. Submit for	_	_	_
	Each	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2373	Power Wheelchair Accessory Hand	MP Criteria: Procedure/service reviewed	1		
	Or Chin Control Interface Compact	against Medical Policy Criteria. Submit for	-	-	-
	Remote Joystick Proportional	Recommended Clinical Review			
	Including Fixed Mounting Hardware				
	including fixed wouldning hardware	review.			
E2377	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed			
22377	Expandable Controller Including All	against Medical Policy Criteria. Submit for	-	-	-
	Related Electronics And Mounting	Recommended Clinical Review			
	Hardware Upgrade Provided At	(Predetermination) to avoid post-service			
52207	Initial Issue	review.			
E2397	Power Wheelchair Accessory	MP Criteria: Procedure/service reviewed	-	-	-
	Lithium-Based Battery Each	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2500	Speech Generating Device Digitized	MP Criteria: Procedure/service reviewed	-	-	-
	Speech Using Pre-Recorded	against Medical Policy Criteria. Submit for			
	Messages Less Than Or Equal To 8	Recommended Clinical Review			
	Minutes Recording Time	(Predetermination) to avoid post-service			
		review.			
E2502	Speech Generating Device Digitized	MP Criteria: Procedure/service reviewed	-	-	-
	Speech Using Pre-Recorded	against Medical Policy Criteria. Submit for			
	Messages Greater Than 8 Minutes	Recommended Clinical Review			
	But Less Than Or Equal To 20	(Predetermination) to avoid post-service			
	Minutes Recording Time	review.			
E2504	Speech Generating Device Digitized		_	_	_
	Speech Using Pre-Recorded	against Medical Policy Criteria. Submit for			
	Messages Greater Than 20 Minutes	Recommended Clinical Review			
	But Less Than Or Equal To 40	(Predetermination) to avoid post-service			
	Minutes Recording Time	review.			
E2506	Speech Generating Device Digitized	MP Criteria: Procedure/service reviewed	_	_	_
	Speech Using Pre-Recorded	against Medical Policy Criteria. Submit for			
	Messages Greater Than 40 Minutes	Recommended Clinical Review			
	Recording Time	(Predetermination) to avoid post-service			
		review.			
E2508	Speech Generating Device	MP Criteria: Procedure/service reviewed			
	Synthesized Speech Requiring	against Medical Policy Criteria. Submit for	–	-	-
	Message Formulation By Spelling	Recommended Clinical Review			
	And Access By Physical Contact	(Predetermination) to avoid post-service			
	With The Device	review.			

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E2510	Speech Generating Device	MP Criteria: Procedure/service reviewed	-	-	-
	Synthesized Speech Permitting	against Medical Policy Criteria. Submit for			
	Multiple Methods Of Message	Recommended Clinical Review			
	Formulation And Multiple Methods	(Predetermination) to avoid post-service			
	Of Device Access	review.			
E2511	Speech Generating Software	MP Criteria: Procedure/service reviewed	_	_	-
	Program For Personal Computer Or	against Medical Policy Criteria. Submit for			
	Personal Digital Assistant	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2512	Accessory For Speech Generating	MP Criteria: Procedure/service reviewed	_	_	-
	Device Mounting System	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2599	Accessory For Speech Generating	MP Criteria: Procedure/service reviewed	_	_	_
	Device Not Otherwise Classified	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2602	General Use Wheelchair Seat	MP Criteria: Procedure/service reviewed	_	_	_
	Cushion Width 22 Inches Or	against Medical Policy Criteria. Submit for			
	Greater Any Depth	Recommended Clinical Review			
	,	(Predetermination) to avoid post-service			
		review.			
E2603	Skin Protection Wheelchair Seat	MP Criteria: Procedure/service reviewed			
	Cushion Width Less Than 22 Inches	against Medical Policy Criteria. Submit for	-	-	-
	Any Depth	Recommended Clinical Review			
	,, Depair	(Predetermination) to avoid post-service			
		review.			
E2604	Skin Protection Wheelchair Seat	MP Criteria: Procedure/service reviewed			
22001	Cushion Width 22 Inches Or	against Medical Policy Criteria. Submit for	-	-	-
	Greater Any Depth	Recommended Clinical Review			
	Greater Any Depth	(Predetermination) to avoid post-service			
		review.			
E2605	Positioning Wheelchair Seat	MP Criteria: Procedure/service reviewed			
12005	Cushion Width Less Than 22 Inches	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Any Depth	(Predetermination) to avoid post-service			
		review.			
52606	Desitioning Wheeleheir Sect				
E2606	Positioning Wheelchair Seat	MP Criteria: Procedure/service reviewed	-	-	-
	Cushion Width 22 Inches Or	against Medical Policy Criteria. Submit for			
	Greater Any Depth	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
52607		review.			
E2607	Skin Protection And Positioning	MP Criteria: Procedure/service reviewed	-	-	-
	Wheelchair Seat Cushion Width	against Medical Policy Criteria. Submit for			
	Less Than 22 Inches Any Depth	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2608	Skin Protection And Positioning	MP Criteria: Procedure/service reviewed	-	-	-
	Wheelchair Seat Cushion Width 22	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
	Inches Or Greater Any Depth				
	Inches Or Greater Any Depth	(Predetermination) to avoid post-service			
	Inches Or Greater Any Depth				
E2609		(Predetermination) to avoid post-service	_	_	_
E2609		(Predetermination) to avoid post-service review.	-	-	-
E2609	Custom Fabricated Wheelchair Seat	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-	-	_
E2609	Custom Fabricated Wheelchair Seat	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	_	_	-

E2611	General Use Wheelchair Back	MP Criteria: Procedure/service reviewed	-	-	-
	Cushion Width Less Than 22 Inches	against Medical Policy Criteria. Submit for			
	Any Height Including Any Type	Recommended Clinical Review			
	Mounting Hardware	(Predetermination) to avoid post-service			
		review.			
E2612	General Use Wheelchair Back	MP Criteria: Procedure/service reviewed	-	_	-
	Cushion Width 22 Inches Or	against Medical Policy Criteria. Submit for			
	Greater Any Height Including Any	Recommended Clinical Review			
	Type Mounting Hardware	(Predetermination) to avoid post-service			
		review.			
E2613	Positioning Wheelchair Back	MP Criteria: Procedure/service reviewed	_	_	_
	Cushion Posterior Width Less Than	against Medical Policy Criteria. Submit for			
	22 Inches Any Height Including Any	Recommended Clinical Review			
	Type Mounting Hardware	(Predetermination) to avoid post-service			
		review.			
E2614	Positioning Wheelchair Back	MP Criteria: Procedure/service reviewed			
	Cushion Posterior Width 22 Inches	against Medical Policy Criteria. Submit for	-	_	-
	Or Greater Any Height Including	Recommended Clinical Review			
	Any Type Mounting Hardware	(Predetermination) to avoid post-service			
		review.			
E2615	Positioning Wheelchair Back	MP Criteria: Procedure/service reviewed	1		
	Cushion Posterior-Lateral Width	against Medical Policy Criteria. Submit for	-	_	-
	Less Than 22 Inches Any Height	Recommended Clinical Review			
	Including Any Type Mounting	(Predetermination) to avoid post-service			
	Hardware	review.			
E2616	Positioning Wheelchair Back	MP Criteria: Procedure/service reviewed			
22010	-		-	-	-
		against Medical Policy Criteria. Submit for			
	Inches Or Greater Any Height	Recommended Clinical Review			
	Including Any Type Mounting	(Predetermination) to avoid post-service			
	Hardware	review.			
E2617		MP Criteria: Procedure/service reviewed	-	-	-
	Cushion Any Size Including Any	against Medical Policy Criteria. Submit for			
	Type Mounting Hardware	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E2620	Positioning Wheelchair Back	MP Criteria: Procedure/service reviewed	-	_	-
	Cushion Planar Back With Lateral	against Medical Policy Criteria. Submit for			
	Supports Width Less Than 22	Recommended Clinical Review			
	Inches Any Height Including Any	(Predetermination) to avoid post-service			
	Type Mounting Hardware	review.			
E2621	Positioning Wheelchair Back	MP Criteria: Procedure/service reviewed	_	_	_
	Cushion Planar Back With Lateral	against Medical Policy Criteria. Submit for			
	Supports Width 22 Inches Or	Recommended Clinical Review			
	Greater Any Height Including Any	(Predetermination) to avoid post-service			
	Type Mounting Hardware	review.			
E2622	Skin Protection Wheelchair Seat	MP Criteria: Procedure/service reviewed	_	_	_
	Cushion Adjustable Width Less	against Medical Policy Criteria. Submit for			
	Than 22 Inches Any Depth	Recommended Clinical Review			
	, .	(Predetermination) to avoid post-service			
		review.			
E2623	Skin Protection Wheelchair Seat	MP Criteria: Procedure/service reviewed	1	1	
	Cushion Adjustable Width 22	against Medical Policy Criteria. Submit for	-	-	-
	Inches Or Greater Any Depth	Recommended Clinical Review			
	menes of Greater Any Depth				
		(Predetermination) to avoid post-service			
52624	Chin Drotootien And Deathing in	review.			
E2624	Skin Protection And Positioning	MP Criteria: Procedure/service reviewed	-	-	-
	Wheelchair Seat Cushion	against Medical Policy Criteria. Submit for			
	Adjustable Width Less Than 22	Recommended Clinical Review			
	Inches Any Depth	(Predetermination) to avoid post-service review.			

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E2625	Skin Protection And Positioning	MP Criteria: Procedure/service reviewed	-	-	-
	Wheelchair Seat Cushion	against Medical Policy Criteria. Submit for			
	Adjustable Width 22 Inches Or	Recommended Clinical Review			
	Greater Any Depth	(Predetermination) to avoid post-service			
		review.			
E2626	Wheelchair Accessory Shoulder	MP Criteria: Procedure/service reviewed	-	-	-
	Elbow Mobile Arm Support	against Medical Policy Criteria. Submit for			
	Attached To Wheelchair Balanced	Recommended Clinical Review			
	Adjustable	(Predetermination) to avoid post-service			
		review.			
E2627	Wheelchair Accessory Shoulder	MP Criteria: Procedure/service reviewed	_	-	-
	Elbow Mobile Arm Support	against Medical Policy Criteria. Submit for			
	Attached To Wheelchair Balanced	Recommended Clinical Review			
	Adjustable Rancho Type	(Predetermination) to avoid post-service			
		review.			
E2628	Wheelchair Accessory Shoulder	MP Criteria: Procedure/service reviewed	_	_	_
	Elbow Mobile Arm Support	against Medical Policy Criteria. Submit for			
	Attached To Wheelchair Balanced	Recommended Clinical Review			
	Reclining	(Predetermination) to avoid post-service			
		review.			
E2629	Wheelchair Accessory Shoulder	MP Criteria: Procedure/service reviewed	_	_	_
	Elbow Mobile Arm Support	against Medical Policy Criteria. Submit for			
	Attached To Wheelchair Balanced	Recommended Clinical Review			
	Friction Arm Support (Friction	(Predetermination) to avoid post-service			
	Dampening To Proximal And Distal	review.			
E2630	Wheelchair Accessory Shoulder	MP Criteria: Procedure/service reviewed			
	Elbow Mobile Arm Support	against Medical Policy Criteria. Submit for	-	-	-
	Monosuspension Arm And Hand	Recommended Clinical Review			
	Support Overhead Elbow Forearm	(Predetermination) to avoid post-service			
	Hand Sling Support Yoke Type	review.			
E2631	Wheelchair Accessory Addition To	MP Criteria: Procedure/service reviewed			
12031	Mobile Arm Support Elevating	against Medical Policy Criteria. Submit for	-	-	-
	Proximal Arm	Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
E2632	Wheelsheir Assessment Addition To	MP Criteria: Procedure/service reviewed		-	
E2032	Wheelchair Accessory Addition To		-	-	-
	Mobile Arm Support Offset Or	against Medical Policy Criteria. Submit for			
	Lateral Rocker Arm With Elastic	Recommended Clinical Review			
	Balance Control	(Predetermination) to avoid post-service			
		review.			
E2633	Wheelchair Accessory Addition To	MP Criteria: Procedure/service reviewed	-	-	-
	Mobile Arm Support Supinator	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
E3000	Speech Volume Modulation System	MP Criteria: Procedure/service reviewed	2/15/2024	5/14/2024	Add effective
	Any Type Including All Components	against Medical Policy Criteria. Submit for			02/15/2024
	And Accessories	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			05/14/2024
		review.			
G0176	Activity Therapy Such As Music	MP Criteria: Procedure/service reviewed	_	_	_
	Dance Art Or Play Therapies Not	against Medical Policy Criteria. Submit for			
	For Recreation Related To The Care	· ·			
	And Treatment Of Patient'S	(Predetermination) to avoid post-service			
	Disabling Mental Health Problems	review.			
G0303	Pre-Operative Pulmonary Surgery	MP Criteria: Procedure/service reviewed		1	
30303		against Medical Policy Criteria. Submit for	-	-	-
	To 15 Days Of Services	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			

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G0341	Percutaneous Islet Cell Transplant	MP Criteria: Procedure/service reviewed	-	-	-
	Includes Portal Vein Catheterization	against Medical Policy Criteria. Submit for			
	And Infusion	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
G0342	Laparoscopy For Islet Cell	MP Criteria: Procedure/service reviewed	_	_	_
	Transplant Includes Portal Vein	against Medical Policy Criteria. Submit for			
	Catheterization And Infusion	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
G0343	Laparotomy For Islet Cell Transplant	MP Criteria: Procedure/service reviewed		_	_
	Includes Portal Vein Catheterization	against Medical Policy Criteria. Submit for			
	And Infusion	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
G0416	Surgical Pathology Gross And	MP Criteria: Procedure/service reviewed			
	Microscopic Examinations For	against Medical Policy Criteria. Submit for	-	-	-
	Prostate Needle Biopsy Any	Recommended Clinical Review			
	Method	(Predetermination) to avoid post-service			
	Method	review.			
G0422	Intensive Cardiac Rehabilitation;	MP Criteria: Procedure/service reviewed			
00422	With Or Without Continuous Ecg	against Medical Policy Criteria. Submit for	-	-	-
	-	Recommended Clinical Review			
	Monitoring With Exercise Per				
	Session	(Predetermination) to avoid post-service			
60422	Internius Condine Debabilitation	review.			
G0423	Intensive Cardiac Rehabilitation;	MP Criteria: Procedure/service reviewed	-	-	-
	With Or Without Continuous Ecg	against Medical Policy Criteria. Submit for			
	Monitoring; Without Exercise Per	Recommended Clinical Review			
	Session	(Predetermination) to avoid post-service			
		review.			
G0429	Dermal Filler Injection(S) For The	MP Criteria: Procedure/service reviewed	-	-	-
	Treatment Of Facial Lipodystrophy	against Medical Policy Criteria. Submit for			
	Syndrome (Lds) (E.G. As A Result Of	Recommended Clinical Review			
	Highly Active Antiretroviral	(Predetermination) to avoid post-service			
	Therapy.)	review.			
G0455	Preparation With Instillation Of	MP Criteria: Procedure/service reviewed	_	_	_
	Fecal Microbiota By Any Method	against Medical Policy Criteria. Submit for			
	Including Assessment Of Donor	Recommended Clinical Review			
	Specimen	(Predetermination) to avoid post-service			
		review.			
G0518	Removal With Reinsertion Non-	MP Criteria: Procedure/service reviewed	_	_	_
	Biodegradable Drug Delivery	against Medical Policy Criteria. Submit for			
	Implants 4 Or More (Services For	Recommended Clinical Review			
	Subdermal Implants)	(Predetermination) to avoid post-service			
	. ,	review.			
G2082	Office Or Other Outpatient Visit For	MP Criteria: Procedure/service reviewed			
			-	-	-
	An Established Patient That	Recommended Clinical Review			
	Requires The Supervision Of A	(Predetermination) to avoid post-service			
	Physician Or Other Qualified Health	review.			
G2083					
52005	·		-	-	-
	The Evaluation And Management Of				
	An Established Patient That	Recommended Clinical Review			
	Describes The Constant of A	(Predetermination) to avoid post-service			
	Requires The Supervision Of A				
10.170	Physician Or Other Qualified Health	review.			
J0172		review. MP Criteria: Procedure/service reviewed	_	-	_
J0172	Physician Or Other Qualified Health	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	_	_
J0172	Physician Or Other Qualified Health	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	_	_	_
J0172	Physician Or Other Qualified Health	review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	_	_

J0174	Injection Lecanemab-Irmb 1 Mg	MP Criteria: Procedure/service reviewed	9/15/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service			09/15/2023
J0177	Injection Aflibercept Hd 1 Mg	review. 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	_	3/31/2024	Retire effective
		against Medical Policy Criteria, and may			03/31/2024
		require Prior Authorization per contract			
		agreement.			
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	MP Criteria: Procedure/service reviewed	_	_	_
	Unit	against Medical Policy Criteria, and may			
		require Prior Authorization per contract			
		agreement.			
J0586	Injection Abobotulinumtoxina 5	MP Criteria: Procedure/service reviewed	_	_	_
	Units	against Medical Policy Criteria, and may			
		require Prior Authorization per contract			
		agreement.			
J0587	Injection Rimabotulinumtoxinb	MP Criteria: Procedure/service reviewed	_	1/31/2024	Retire effective
	100 Units	against Medical Policy Criteria, and may			01/31/2024
		require Prior Authorization per contract			
		agreement.			
J0588	Injection Incobotulinumtoxin A 1	MP Criteria: Procedure/service reviewed	_	1/31/2024	Retire effective
	Unit	against Medical Policy Criteria, and may			01/31/2024
		require Prior Authorization per contract			
		agreement.			
J0589	Injection Daxibotulinumtoxina-	MP Criteria: Procedure/service reviewed	5/15/2024	12/31/2999	Add effective
	Lanm 1 Unit	against Medical Policy Criteria. Submit for			05/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
J0717	Injection Certolizumab Pegol 1 Mg	MP Criteria: Procedure/service reviewed	_	-	_
	(Code May Be Used For Medicare	against Medical Policy Criteria, and may			
	When Drug Administered Under	require Prior Authorization per contract			
	The Direct Supervision Of A	agreement.			
J0739	Physician Not For Use When Drug Is		10/15/2022	2/14/2024	Add effective
10/22	Injection, Cabotegravir, 1Mg, Fda	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	10/15/2023	2/14/2024	Add effective 10/15/2023
	As Hiv Pre-Exposure Prophylaxis	Recommended Clinical Review			Retire effective
	(Not For Use As Treatment For Hiv)	(Predetermination) to avoid post-service			02/14/2024
				1	,,

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 Cipaglucosidase 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	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Roxaparvovec-Rvox Per Ml	against Medical Policy Criteria. Submit for	2/13/2024	12/51/2555	02/15/2024
	Containing Nominal 2 X 10^13	Recommended Clinical Review			02/13/2024
	Vector Genomes	(Predetermination) to avoid post-service			
	Vector Genomes	review.			
J1413	Injection Delandistrogene	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
51115	Moxeparvovec-Rokl Per	against Medical Policy Criteria. Submit for	2, 13, 2021	12,51,2555	02/15/2024
	Therapeutic Dose	Recommended Clinical Review			02/13/2024
	merupeutie bose	(Predetermination) to avoid post-service			
		review.			
J1426	Injection Casimersen 10 Mg	MP Criteria: Procedure/service reviewed			
J1420	injection cusimersen 10 mg	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			
J1427	injection viitolaisen 10 Mg	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			
J1420	injection Etephisen 10 Mg	against Medical Policy Criteria, and may	-	-	-
		require Prior Authorization per contract			
		agreement.			
J1429	Injection Golodirsen 10 Mg	MP Criteria: Procedure/service reviewed			
J142J	injection dolodinsen 10 Mg	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J1440	Fecal Microbiota Live - Jslm 1 MI	MP Criteria: Procedure/service reviewed	6/1/2024	12/31/2999	
11440		against Medical Policy Criteria. Submit for	0/1/2024	12/51/2555	
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J1551	Injection Immune Globulin	MP Criteria: Procedure/service reviewed			
	(Cutaquig) 100 Mg	against Medical Policy Criteria, and may	-	-	-
	(require Prior Authorization per contract			
		agreement.			
		-B. comenti			
J1554	Injection Immune Globulin	MP Criteria: Procedure/service reviewed			
	(Asceniv) 500 Mg	against Medical Policy Criteria, and may	-	-	-
	, , ,	require Prior Authorization per contract			
		agreement.			
J1576	Injection Immune Globulin	MP Criteria: Procedure/service reviewed	8/1/2023	12/31/2999	Add effective
	(Panzyga) Intravenous Non-	against Medical Policy Criteria. Submit for			08/01/2023
	Lyophilized (E.G. Liquid) 500 Mg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
11620	Injection Gonadorelin	MP Criteria: Procedure/service reviewed	_	_	
J1620		against Medical Policy Criteria. Submit for		_	
J1620	Hydrochloride Per 100 Mcg	against Medical Policy Criteria. Submit for			1
J1620	Hydrochloride Per 100 Mcg	Recommended Clinical Review			
J1620	Hydrochloride Per 100 Mcg	Recommended Clinical Review			
J1620	Hydrochloride Per 100 Mcg	Recommended Clinical Review (Predetermination) to avoid post-service			
		Recommended Clinical Review (Predetermination) to avoid post-service review.			
	Hydrochloride Per 100 Mcg	Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-	-	-
		Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	-
J1620 J1632		Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed	-		-

J1675	Injection Histrelin Acetate 10	MP Criteria: Procedure/service reviewed			
110/5	Micrograms	against Medical Policy Criteria, and may	-	-	-
		require Prior Authorization per contract agreement.			
11746	Injection Ibalizumab-Uiyk 10 Mg	MP Criteria: Procedure/service reviewed	_	3/31/2024	Retire effective
		against Medical Policy Criteria, and may			03/31/2024
		require Prior Authorization per contract agreement.			
11747	Injection Spesolimab-Sbzo 1 Mg	MP Criteria: Procedure/service reviewed	5/1/2023	_	_
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review (Predetermination) to avoid post-service			
		review.			
1823	Injection Inebilizumab-Cdon 1 Mg	MP Criteria: Procedure/service reviewed	_	_	_
		against Medical Policy Criteria, and may			
		require Prior Authorization per contract agreement.			
1020	Intention Longestide 1 Ma	MD Criteria: Dressdurg (service reviewed	4/1/2024	12/21/2000	
J1930	Injection Lanreotide 1 Mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	4/1/2024	12/31/2999	Add effective 04/01/2024
		Recommended Clinical Review			04/01/2024
		(Predetermination) to avoid post-service			
		review.			
1951	Injection Leuprolide Acetate For	MP Criteria: Procedure/service reviewed	-	-	-
	Depot Suspension (Fensolvi) 0.25	against Medical Policy Criteria. Submit for Recommended Clinical Review			
	Mg	(Predetermination) to avoid post-service			
		review.			
1954	Injection Leuprolide Acetate For	MP Criteria: Procedure/service reviewed	4/1/2023	_	_
	Depot Suspension (Cipla) 7.5 Mg	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service review.			
2278	Injection Ziconotide 1 Microgram	MP Criteria: Procedure/service reviewed	_	_	_
		against Medical Policy Criteria, and may			
		require Prior Authorization per contract agreement.			
2278	Injection Ziconotide 1 Microgram	MP Criteria: Procedure/service reviewed	11/1/2006	5/31/2024	Retiring 5/31/2024
		against Medical Policy Criteria. Submit for	, _,	-,,	
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
2327	Injection Risankizumab-Rzaa	review. MP Criteria: Procedure/service reviewed	1/1/2023		
2327	Intravenous 1 Mg	against Medical Policy Criteria. Submit for	1/ 1/ 2025	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
2329	Injection Ublituximab-Xiiy 1Mg	MP Criteria: Procedure/service reviewed	8/15/2023	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for Recommended Clinical Review			08/15/2023
		(Predetermination) to avoid post-service			
		review.			
2353	Injection Octreotide Depot Form	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
	For Intramuscular Injection 1 Mg	against Medical Policy Criteria. Submit for			04/01/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			

J2354	Injection Octreotide Non-Depot Form For Subcutaneous Or	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	4/1/2024	12/31/2999	Add effective 04/01/2024
	Intravenous Injection 25 Mcg	Recommended Clinical Review (Predetermination) to avoid post-service review.			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-Iwxj 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	MP Criteria: Procedure/service reviewed			
5255	(Xipere) 1 Mg	against Medical Policy Criteria. Submit for	-	-	-
	(Alpere) I Mg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J3396	Injection Verteporfin 0.1 Mg	MP Criteria: Procedure/service reviewed			
	··· jeenen 1 er ee perint en en en e	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J3398	Injection Voretigene Neparvovec-	MP Criteria: Procedure/service reviewed	_	_	_
	Rzyl 1 Billion Vector Genomes	against Medical Policy Criteria, and may	-	-	-
		require Prior Authorization per contract			
		agreement.			
J3399	Injection Onasemnogene	MP Criteria: Procedure/service reviewed	_	_	_
	Abeparvovec-Xioi Per Treatment	against Medical Policy Criteria, and may			
	Up To 5X10^15 Vector Genomes	require Prior Authorization per contract			
		agreement.			
		-			
J3401	Beremagene Geperpavec-Svdt For	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Topical Administration Containing	against Medical Policy Criteria. Submit for			02/15/2024
	Nominal 5 X 10^9 Pfu/Ml Vector	Recommended Clinical Review			
	Genomes Per 0.1 Ml	(Predetermination) to avoid post-service			
		review.			
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	MP Criteria: Procedure/service reviewed	_	_	_
	Concentrate (Fibryga) 1 Mg	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J7178	Injection Human Fibrinogen	MP Criteria: Procedure/service reviewed	-	_	-
	Concentrate Not Otherwise	against Medical Policy Criteria, and may			
	Specified 1 Mg	require Prior Authorization per contract			
		agreement.			
17170	Interation 11 and 5th 1	MD Criteries Describes (see 1	1/1/2012	C 120 1202 1	
J7178	Injection Human Fibrinogen	MP Criteria: Procedure/service reviewed	1/1/2013	6/30/2024	
	Concentrate Not Otherwise	against Medical Policy Criteria. Submit for			
	Specified 1 Mg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
J7183	Injection Von Willebrand Factor	review. MP Criteria: Procedure/service reviewed	4/1/2024	12/21/2000	Add effective
1/ TO2	Injection Von Willebrand Factor Complex (Human) Wilate 1 I.U.	against Medical Policy Criteria. Submit for	4/ 1/ 2024	12/31/2999	
	Complex (Human) Wilate 11.0. Vwf:Rco	1 ° '			04/01/2024
	VWT:RCO	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
17200		review.			
J7309	Methyl Aminolevulinate (Mal) For	MP Criteria: Procedure/service reviewed	-	-	-
	Topical Administration 16.8% 1	against Medical Policy Criteria. Submit for			
	Gram	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	1		

17216	Injection Optinization 0.125 Mar	MD Critoria Drocodure (acting acting at	1		
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				
J740Z	(Sinuva) 10 Micrograms	against Medical Policy Criteria. Submit for	-	-	-
	(Sinuva) to Micrograms	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J9029	Intravesical Instillation	MP Criteria: Procedure/service reviewed	8/1/2023	12/31/2999	Add effective
35025	Nadofaragene Firadenovec-Vncg	against Medical Policy Criteria. Submit for	0/1/2023	12/51/2555	08/01/2023
	Per Therapeutic Dose	Recommended Clinical Review			00,01,2020
		(Predetermination) to avoid post-service			
		review.			
J9332	Injection Efgartigimod Alfa-Fcab	MP Criteria: Procedure/service reviewed			
	2Mg	against Medical Policy Criteria, and may	-	_	-
	Ũ	require Prior Authorization per contract			
		agreement.			
		Ŭ			
J9333	Injection Rozanolixizumab-Noli 1	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Mg	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J9334	Injection Efgartigimod Alfa 2 Mg	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	And Hyaluronidase-Qvfc	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
J9376	Injection Pozelimab-Bbfg 1 Mg	MP Criteria: Procedure/service reviewed	4/15/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			04/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
10201	laiatian Tanlinumah Mauru F.Man	review.	0/1/2022	12/21/2000	
J9381	Injection Teplizumab-Mzwv 5 Mcg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	8/1/2023	12/31/2999	Add effective 08/01/2023
		Recommended Clinical Review			08/01/2025
		(Predetermination) to avoid post-service			
		review.			
J9600	Injection Porfimer Sodium 75 Mg	MP Criteria: Procedure/service reviewed			
19000	injection i offiniter sourchin 75 Mg	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
КОО10	Standard - Weight Frame	MP Criteria: Procedure/service reviewed			
	Motorized/Power Wheelchair	against Medical Policy Criteria. Submit for	-	_	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0011	Standard - Weight Frame	MP Criteria: Procedure/service reviewed	_	_	_
	Motorized/Power Wheelchair With	against Medical Policy Criteria. Submit for			
	Programmable Control Parameters	Recommended Clinical Review			
	For Speed Adjustment Tremor	(Predetermination) to avoid post-service			
	Dampening Acceleration Control	review.			
K0012	Lightweight Portable	MP Criteria: Procedure/service reviewed	_	_	_
	Motorized/Power Wheelchair	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	1		1

10012					
K0013	Custom Motorized/Power	MP Criteria: Procedure/service reviewed	-	-	-
	Wheelchair Base	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0014	Other Motorized/Power Wheelchair	,	-	-	_
	Base	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0053	Elevating Footrests Articulating	MP Criteria: Procedure/service reviewed	-	-	-
	(Telescoping) Each	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
К0056	Seat Height Less Than 17 Or Equal	MP Criteria: Procedure/service reviewed	-	-	_
	To Or Greater Than 21 For A High	against Medical Policy Criteria. Submit for			
	Strength Lightweight Or	Recommended Clinical Review			
	Ultralightweight Wheelchair	(Predetermination) to avoid post-service			
		review.			
K0108	Wheelchair Component Or	MP Criteria: Procedure/service reviewed	_	-	_
	Accessory Not Otherwise Specified	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0455	Infusion Pump Used For	MP Criteria: Procedure/service reviewed		_	_
	Uninterrupted Parenteral	against Medical Policy Criteria. Submit for			
	Administration Of Medication (E. G.				
	Epoprostenol Or Treprostinol)	(Predetermination) to avoid post-service			
		review.			
K0669	Seat/Back Custom; No Dme Pdac	MP Criteria: Procedure/service reviewed			
	Ver	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
К0743	Suction Pump Home Model	MP Criteria: Procedure/service reviewed			
	Portable For Use On Wounds	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0744	Absorptive Wound Dressing For Use	MP Criteria: Procedure/service reviewed			
	With Suction Pump Home Model	against Medical Policy Criteria. Submit for	-	-	-
	Portable Pad Size 16 Square Inches	Recommended Clinical Review			
	Or Less	(Predetermination) to avoid post-service			
	OI LESS	review.			
K0745	Absorptive Wound Dressing For Use				
NU / HJ	With Suction Pump Home Model	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Portable Pad Size More Than 16 Square Inches But Less Than Or				
		(Predetermination) to avoid post-service			
K0746	Equal To 48 Square Inches	review.			
К0746	Absorptive Wound Dressing For Use		-	-	-
	With Suction Pump Home Model	against Medical Policy Criteria. Submit for			
	Portable Pad Size Greater Than 48	Recommended Clinical Review			
	Square Inches	(Predetermination) to avoid post-service			
		review.			
K0800	Power Operated Vehicle Group 1	MP Criteria: Procedure/service reviewed	-	-	–
	Standard Patient Weight Capacity	against Medical Policy Criteria. Submit for			
	Up To And Including 300 Pounds	Recommended Clinical Review			
		(Dradatormination) to avoid pact convica	1		
		(Predetermination) to avoid post-service			

140004				1	
K0801	Power Operated Vehicle Group 1	MP Criteria: Procedure/service reviewed	-	-	-
	Heavy Duty Patient Weight	against Medical Policy Criteria. Submit for			
	Capacity 301 To 450 Pounds	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0802	Power Operated Vehicle Group 1	MP Criteria: Procedure/service reviewed	_	_	_
	Very Heavy Duty Patient Weight	against Medical Policy Criteria. Submit for			
	Capacity 451 To 600 Pounds	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0806	Power Operated Vehicle Group 2	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Patient Weight Capacity	against Medical Policy Criteria. Submit for			
	Up To And Including 300 Pounds	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0807	Power Operated Vehicle Group 2	MP Criteria: Procedure/service reviewed			
	Heavy Duty Patient Weight	against Medical Policy Criteria. Submit for	_	_	_
	Capacity 301 To 450 Pounds	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0808	Power Operated Vehicle Group 2	MP Criteria: Procedure/service reviewed	1	1	
	Very Heavy Duty Patient Weight	against Medical Policy Criteria. Submit for	-	-	-
	Capacity 451 To 600 Pounds	Recommended Clinical Review			
	Capacity 451 10 000 Poullus	(Predetermination) to avoid post-service			
		r í			
K0812	Power Operated Vehicle Net	review.			
KU812	Power Operated Vehicle Not	MP Criteria: Procedure/service reviewed	-	-	-
	Otherwise Classified	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
КО813	Power Wheelchair Group 1	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Portable Sling/Solid Seat	against Medical Policy Criteria. Submit for			
	And Back Patient Weight Capacity	Recommended Clinical Review			
	Up To And Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0814	Power Wheelchair Group 1	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Portable Captains Chair	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0815	Power Wheelchair Group 1	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Sling/Solid Seat And Back	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0816	Power Wheelchair Group 1	MP Criteria: Procedure/service reviewed			_
	Standard Captains Chair Patient	against Medical Policy Criteria. Submit for			
	Weight Capactiy Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
К0820	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	1	1	
	Standard Portable Sling/Solid	against Medical Policy Criteria. Submit for	-	-	-
	Seat/Back Patient Weight Capacity	Recommended Clinical Review			
	Up To And Including 300 Pounds	(Predetermination) to avoid post-service			
	op to Ana mending 500 Pourlas				
1/0924	Dower Wilderlahair Correct 2	review.			
K0821	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Portable Captains Chair	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity Up To And	Recommended Clinical Review			
L		(Predetermination) to avoid post-service	1	1	1
	Including 300 Pounds	review.			

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К0822	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0823	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Captains Chair Patient	against Medical Policy Criteria. Submit for			
	Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0824	Power Wheelchair Group 2 Heavy	MP Criteria: Procedure/service reviewed			_
	Duty Sling/Solid Seat/Back Patient	against Medical Policy Criteria. Submit for	_	_	_
	Weight Capacity 301 To 450 Pounds				
		(Predetermination) to avoid post-service			
		review.			
K0825	Power Wheelchair Group 2 Heavy	MP Criteria: Procedure/service reviewed			
10025		against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Capacity 301 To 450 Pounds				
		(Predetermination) to avoid post-service			
100000		review.			
K0826	Power Wheelchair Group 2 Very	MP Criteria: Procedure/service reviewed	-	-	-
	Heavy Duty Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity 451 To 600				
	Pounds	(Predetermination) to avoid post-service			
		review.			
K0827	Power Wheelchair Group 2 Very	MP Criteria: Procedure/service reviewed	_	_	_
	Heavy Duty Captains Chair Patient	against Medical Policy Criteria. Submit for			
	Weight Capacity 451 To 600 Pounds	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0828	Power Wheelchair Group 2 Extra	MP Criteria: Procedure/service reviewed			_
	Heavy Duty Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity 601 Pounds				
	Or More	(Predetermination) to avoid post-service			
		review.			
K0829	Power Wheelchair Group 2 Extra	MP Criteria: Procedure/service reviewed			
	Heavy Duty Captains Chair Patient	against Medical Policy Criteria. Submit for	-	-	-
	Weight Capacity 601 Pounds Or	Recommended Clinical Review			
	More	(Predetermination) to avoid post-service			
	Wore	review.			
K0830	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed			
KU050		'	-	-	-
	Standard Seat Elevator Sling/Solid	against Medical Policy Criteria. Submit for			
	Seat/Back Patient Weight Capacity	Recommended Clinical Review			
	Up To And Including 300 Pounds	(Predetermination) to avoid post-service			
1/0021		review.			
K0831	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Seat Elevator Captains	against Medical Policy Criteria. Submit for			
	Chair Patient Weight Capacity Up	Recommended Clinical Review			
	To And Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0835	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 300 Pounds	review.			
К0836	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed	L	I	_
	Standard Single Power Option	against Medical Policy Criteria. Submit for	 ⁻	 _	_
	Captains Chair Patient Weight	Recommended Clinical Review			
	Capacity Up To And Including 300	(Predetermination) to avoid post-service			
	Pounds	review.			
	i ounus	1.CVICW.			

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K0837	Power Wheelchair Group 2 Heavy	MP Criteria: Procedure/service reviewed	-	-	-
	Duty Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 301 To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
K0838	Power Wheelchair Group 2 Heavy	MP Criteria: Procedure/service reviewed	_	_	_
	Duty Single Power Option Captains	against Medical Policy Criteria. Submit for			
	Chair Patient Weight Capacity 301	Recommended Clinical Review			
	To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
К0839	Power Wheelchair Group 2 Very	MP Criteria: Procedure/service reviewed			
10035	Heavy Duty Single Power Option	against Medical Policy Criteria. Submit for	-	-	-
		•			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 451 To 600 Pounds				
		review.			
K0840	Power Wheelchair Group 2 Extra	MP Criteria: Procedure/service reviewed	-	_	-
	Heavy Duty Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 601 Pounds Or	(Predetermination) to avoid post-service			
	More	review.			
K0841	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed			
	Standard Multiple Power Option	against Medical Policy Criteria. Submit for		_	
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 300 Pounds	review.			
K0842	Power Wheelchair Group 2	MP Criteria: Procedure/service reviewed			
KU042		-	-	-	-
	Standard Multiple Power Option	against Medical Policy Criteria. Submit for			
	Captains Chair Patient Weight	Recommended Clinical Review			
	Capacity Up To And Including 300	(Predetermination) to avoid post-service			
	Pounds	review.			
K0843	Power Wheelchair Group 2 Heavy	MP Criteria: Procedure/service reviewed	_	_	_
	Duty Multiple Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 301 To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
K0848	Power Wheelchair Group 3	MP Criteria: Procedure/service reviewed			
	Standard Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for	-	_	-
	Patient Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
К0849	Dower Wheelsheir Crown 2				
KU849	Power Wheelchair Group 3	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Captains Chair Patient	against Medical Policy Criteria. Submit for			
	Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
к0850	Power Wheelchair Group 3 Heavy	MP Criteria: Procedure/service reviewed	_	_	_
	Duty Sling/Solid Seat/Back Patient	against Medical Policy Criteria. Submit for			
	Weight Capacity 301 To 450 Pounds	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
K0851	Power Wheelchair Group 3 Heavy	MP Criteria: Procedure/service reviewed		İ	
		against Medical Policy Criteria. Submit for	-	-	-
	Capacity 301 To 450 Pounds	Recommended Clinical Review			
	capacity SOT TO 450 Poullus				
		(Predetermination) to avoid post-service			
		review.			
K0852	Power Wheelchair Group 3 Very	MP Criteria: Procedure/service reviewed	-	–	-
	Illean Duty, Cline/Calid Cast/Daals	against Medical Policy Criteria. Submit for	1		
	Heavy Duty Sling/Solid Seat/Back				
	Patient Weight Capacity 451 To 600	Recommended Clinical Review			

10050			1	1	
K0853	Power Wheelchair Group 3 Very	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Weight Capacity 451 To 600	Recommended Clinical Review			
	Pounds	(Predetermination) to avoid post-service			
		review.			
K0854	Power Wheelchair Group 3 Extra	MP Criteria: Procedure/service reviewed	-	-	-
	Heavy Duty Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity 601 Pounds	Recommended Clinical Review			
	Or More	(Predetermination) to avoid post-service			
		review.			
K0855	Power Wheelchair Group 3 Extra	MP Criteria: Procedure/service reviewed	_	_	_
	Heavy Duty Captains Chair Patient	against Medical Policy Criteria. Submit for			
	Weight Capacity 601 Pounds Or	Recommended Clinical Review			
	More	(Predetermination) to avoid post-service			
		review.			
K0856	Power Wheelchair Group 3	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Single Power Option	against Medical Policy Criteria. Submit for		_	
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 300 Pounds	review.			
K0857	Power Wheelchair Group 3	MP Criteria: Procedure/service reviewed		1	
	Standard Single Power Option	against Medical Policy Criteria. Submit for	-	-	-
	Captains Chair Patient Weight	Recommended Clinical Review			
	Capacity Up To And Including 300	(Predetermination) to avoid post-service			
	Pounds	review.			
K0858	Power Wheelchair Group 3 Heavy	MP Criteria: Procedure/service reviewed			
10030	Duty Single Power Option	against Medical Policy Criteria. Submit for	-	-	-
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	weight Capacity 301 To 450 Pounds	(Predetermination) to avoid post-service			
10050		review.			
К0859	Power Wheelchair Group 3 Heavy	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
	Chair Patient Weight Capacity 301	Recommended Clinical Review			
	To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
K0860	Power Wheelchair Group 3 Very	MP Criteria: Procedure/service reviewed	-	-	-
	Heavy Duty Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 451 To 600 Pounds	(Predetermination) to avoid post-service			
		review.			
K0861	Power Wheelchair Group 3	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Multiple Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 300 Pounds	review.			
K0862	Power Wheelchair Group 3 Heavy	MP Criteria: Procedure/service reviewed	_		_
	Duty Multiple Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 301 To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
K0863	Power Wheelchair Group 3 Very	MP Criteria: Procedure/service reviewed	L	I_	_
		against Medical Policy Criteria. Submit for	-	⁻	_
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	The subactive and the subactiv	review.			
K0864	Power Wheelchair Group 3 Extra	MP Criteria: Procedure/service reviewed		1	
10004		against Medical Policy Criteria. Submit for	-	-	-
		against meanar funcy criterid. Submit for	1	I	
1					
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			

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K0868	Power Wheelchair Group 4	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for			
	Patient Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0869	Power Wheelchair Group 4	MP Criteria: Procedure/service reviewed	_	_	_
	Standard Captains Chair Patient	against Medical Policy Criteria. Submit for			
	Weight Capacity Up To And	Recommended Clinical Review			
	Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0870	Power Wheelchair Group 4 Heavy	MP Criteria: Procedure/service reviewed			
	Duty Sling/Solid Seat/Back Patient	against Medical Policy Criteria. Submit for	_	-	-
	Weight Capacity 301 To 450 Pounds				
		(Predetermination) to avoid post-service			
		review.			
K0871	Power Wheelchair Group 4 Very	MP Criteria: Procedure/service reviewed			
10071	Heavy Duty Sling/Solid Seat/Back	against Medical Policy Criteria. Submit for	-	-	-
	Patient Weight Capacity 451 To 600	Recommended Clinical Review			
	• • •				
	Pounds	(Predetermination) to avoid post-service			
7200	Dowor Wheelsheir Crown 4	review.			
K0877	Power Wheelchair Group 4	MP Criteria: Procedure/service reviewed	-	-	-
	Standard Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 300 Pounds	review.			
K0878	Power Wheelchair Group 4	MP Criteria: Procedure/service reviewed	_	_	-
	Standard Single Power Option	against Medical Policy Criteria. Submit for			
	Captains Chair Patient Weight	Recommended Clinical Review			
	Capacity Up To And Including 300	(Predetermination) to avoid post-service			
	Pounds	review.			
K0879	Power Wheelchair Group 4 Heavy	MP Criteria: Procedure/service reviewed	_	_	_
	Duty Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 301 To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
K0880	Power Wheelchair Group 4 Very	MP Criteria: Procedure/service reviewed			
	Heavy Duty Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight 451 To 600 Pounds	(Predetermination) to avoid post-service			
		review.			
K0884	Power Wheelchair Group 4	MP Criteria: Procedure/service reviewed			
	Standard Multiple Power Option	against Medical Policy Criteria. Submit for	-	_	-
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 300 Pounds	review.			
K0885	Power Wheelchair Group 4	MP Criteria: Procedure/service reviewed			
KU005		against Medical Policy Criteria. Submit for	-	-	-
	Standard Multiple Power Option	• ·			
	Captains Chair Weight Capacity Up	Recommended Clinical Review			
	To And Including 300 Pounds	(Predetermination) to avoid post-service			
		review.			
K0886	Power Wheelchair Group 4 Heavy	MP Criteria: Procedure/service reviewed	-	-	-
	Duty Multiple Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity 301 To 450 Pounds	(Predetermination) to avoid post-service			
		review.			
ко890	Power Wheelchair Group 5	MP Criteria: Procedure/service reviewed		_	_
	Pediatric Single Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 125 Pounds	review.			
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K0001	Device W/heelehein Crever 5	MD Criteria: Dress dure (service reviewed			
КО891	Power Wheelchair Group 5	MP Criteria: Procedure/service reviewed	-	-	-
	Pediatric Multiple Power Option	against Medical Policy Criteria. Submit for			
	Sling/Solid Seat/Back Patient	Recommended Clinical Review			
	Weight Capacity Up To And	(Predetermination) to avoid post-service			
	Including 125 Pounds	review.			
к0899	Power Mobile Device; No Dme Pdac	-	-	-	-
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
К1027	Oral Device/Appliance Used To	MP Criteria: Procedure/service reviewed	_	_	_
	Reduce Upper Airway Collapsibility	against Medical Policy Criteria, and may			
	Without Fixed Mechanical Hinge	require Prior Authorization per contract			
	Custom Fabricated Includes Fitting	agreement.			
	And Adjustment				
K1030	External Recharging System For	MP Criteria: Procedure/service reviewed			
	Battery (Internal) For Use With	against Medical Policy Criteria. Submit for	-	_	-
	Implanted Cardiac Contractility	Recommended Clinical Review			
	Modulation Generator	(Predetermination) to avoid post-service			
	Replacement Only	review.			
L1320		MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
11520	Sternal Compression Rigid	against Medical Policy Criteria. Submit for	4/1/2024	12/31/2333	04/01/2024
		Recommended Clinical Review			04/01/2024
	Circumferential Frame With				
	Anterior And Posterior Rigid Pads	(Predetermination) to avoid post-service			
	Custom Fabricated	review.		_	
L1834	Knee Orthosis Without Knee Joint	MP Criteria: Procedure/service reviewed	-	-	-
	Rigid Custom-Fabricated	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L1840	Knee Orthosis Derotation Medial-	MP Criteria: Procedure/service reviewed	_	_	_
	Lateral Anterior Cruciate Ligament	against Medical Policy Criteria. Submit for			
	Custom Fabricated	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L1844	Knee Orthosis Single Upright Thigh	MP Criteria: Procedure/service reviewed			
	And Calf With Adjustable Flexion	against Medical Policy Criteria. Submit for		_	
	And Extension Joint (Unicentric Or	Recommended Clinical Review			
	Polycentric) Medial-Lateral And	(Predetermination) to avoid post-service			
	Rotation Control With Or Without	review.			
L1846	Knee Orthosis Double Upright	MP Criteria: Procedure/service reviewed			
1040	Thigh And Calf With Adjustable	against Medical Policy Criteria. Submit for	-	-	-
	Flexion And Extension Joint	Recommended Clinical Review			
	(Unicentric Or Polycentric) Medial-	(Predetermination) to avoid post-service			
15610	Lateral And Rotation Control With	review.			
L5610	Addition To Lower Extremity	MP Criteria: Procedure/service reviewed	-	-	-
	Endoskeletal System Above Knee	against Medical Policy Criteria. Submit for			
	Hydracadence System	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L5614	Addition To Lower Extremity	MP Criteria: Procedure/service reviewed	-	-	_
	Exoskeletal System Above Knee-	against Medical Policy Criteria. Submit for			
	Knee Disarticulation 4 Bar Linkage	Recommended Clinical Review			
	With Pneumatic Swing Phase	(Predetermination) to avoid post-service			
	Control	review.			
L5615	Addition Endoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			03/15/2024
	System 4 Bar Linkage Or Multiaxial	against Medicar Foncy Criteria. Submit for			
	System 4 Bar Linkage Or Multiaxial Fluid Swing And Stance Phase	Recommended Clinical Review			
		-			

L5616 Addition To Lower Extremity MP Criteria: Procedure/service reviewed _		
Englands and Contains Alexia Kanan and a start Manifest Daltas Collected Collected	-	-
Endoskeletal System Above Knee against Medical Policy Criteria. Submit for		
Universal Multiplex System Friction Recommended Clinical Review		
Swing Phase Control (Predetermination) to avoid post-service		
review.		
L5639 Addition To Lower Extremity Below MP Criteria: Procedure/service reviewed	-	-
Knee Wood Socket against Medical Policy Criteria. Submit for		
Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5642 Addition To Lower Extremity MP Criteria: Procedure/service reviewed	_	_
Above Knee Leather Socket against Medical Policy Criteria. Submit for		
Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5644 Addition To Lower Extremity MP Criteria: Procedure/service reviewed _	_	_
Above Knee Wood Socket against Medical Policy Criteria. Submit for		
Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5710 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed		
System Single Axis Manual Lock against Medical Policy Criteria. Submit for	-	-
Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5711 Additions Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed		
System Single Axis Manual Lock against Medical Policy Criteria. Submit for	-	-
Ultra-Light Material Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5712 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed	-	-
System Single Axis Friction Swing against Medical Policy Criteria. Submit for		
And Stance Phase Control (Safety Recommended Clinical Review		
Knee) (Predetermination) to avoid post-service		
review.		
L5714 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed	-	-
System Single Axis Variable Friction against Medical Policy Criteria. Submit for		
Swing Phase Control Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5716 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed	-	-
System Polycentric Mechanical against Medical Policy Criteria. Submit for		
Stance Phase Lock Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5718 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed _	_	_
System Polycentric Friction Swing against Medical Policy Criteria. Submit for		
And Stance Phase Control Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5722 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed _		_
System Single Axis Pneumatic against Medical Policy Criteria. Submit for	⁻	
Swing Friction Stance Phase Control Recommended Clinical Review		
(Predetermination) to avoid post-service		
review.		
L5724 Addition Exoskeletal Knee-Shin MP Criteria: Procedure/service reviewed		
	-	-
System Single Axis Fluid Swing against Medical Policy Criteria. Submit for Phase Control Recommended Clinical Review		
IPRASE LONTION IROCOMMONAGA LUDICAL POVIOU	1	
(Predetermination) to avoid post-service review.		

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L5726	Addition Exoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed	-	-	-
	System Single Axis External Joints	against Medical Policy Criteria. Submit for			
	Fluid Swing Phase Control	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L5728	Addition Exoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed	_	_	_
	System Single Axis Fluid Swing And	against Medical Policy Criteria. Submit for			
	Stance Phase Control	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L5780	Addition Exoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed	_	_	_
	System Single Axis	against Medical Policy Criteria. Submit for			
	Pneumatic/Hydra Pneumatic Swing	Recommended Clinical Review			
	Phase Control	(Predetermination) to avoid post-service			
		review.			
L5816	Addition Endoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed			
	System Polycentric Mechanical	against Medical Policy Criteria. Submit for	_	-	_
	Stance Phase Lock	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L5818	Addition Endoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed	1		1
13010	System Polycentric Friction Swing	against Medical Policy Criteria. Submit for	-	-	-
	And Stance Phase Control	Recommended Clinical Review			
	And stance Phase control				
		(Predetermination) to avoid post-service			
15041	Addition Endealadatel Knoc Chin	review.	4/1/2024	12/21/2000	
L5841	Addition Endoskeletal Knee-Shin	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	Add effective
	System Polycentric Pneumatic	against Medical Policy Criteria. Submit for			04/01/2024
	Swing And Stance Phase Control	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L5858	Addition To Lower Extremity	MP Criteria: Procedure/service reviewed	-	-	-
	Prosthesis Endoskeletal Knee Shin	against Medical Policy Criteria. Submit for			
	System Microprocessor Control	Recommended Clinical Review			
	Feature Stance Phase Only	(Predetermination) to avoid post-service			
	Includes Electronic Sensor(S) Any	review.			
L5859	Addition To Lower Extremity	MP Criteria: Procedure/service reviewed	_	_	_
	Prosthesis Endoskeletal Knee-Shin	against Medical Policy Criteria. Submit for			
	System Powered And	Recommended Clinical Review			
	Programmable Flexion/Extension	(Predetermination) to avoid post-service			
	Assist Control Includes Any Type	review.			
L5969	Addition Endoskeletal Ankle-Foot	MP Criteria: Procedure/service reviewed			
	Or Ankle System Power Assist	against Medical Policy Criteria. Submit for			
	Includes Any Type Motor(S)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L5973	Endoskeletal Ankle Foot System	MP Criteria: Procedure/service reviewed			
	Microprocessor Controlled Feature	against Medical Policy Criteria. Submit for	-	-	-
	Dorsiflexion And/Or Plantar Flexion	Recommended Clinical Review			
	Control Includes Power Source	(Predetermination) to avoid post-service			
	control includes rower source	· , .			
L5978	All Lower Extremity Prostheses	review. MP Criteria: Procedure/service reviewed	+		+
LJ3/0	·	,	-	-	-
	Foot Multiaxial Ankle/Foot	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L6026	Transcarpal/Metacarpal Or Partial	MP Criteria: Procedure/service reviewed	-	-	-
	Hand Disarticulation Prosthesis	against Medical Policy Criteria. Submit for			
					1
	External Power Self-Suspended	Recommended Clinical Review			
	External Power Self-Suspended Inner Socket With Removable	Recommended Clinical Review (Predetermination) to avoid post-service			

L6621 Upper Extre Flexion/Exte Without Frie External Pow L6880 Electric Han Myolelectrie Independen Any Grasp Pa Of Grasp Pa	Upper Extremity External Powered witch Any Type emity Prosthesis Addition ension Wrist With Or ction For Use With wered Terminal Device d Switch Or c Controlled htly Articulating Digits Pattern Or Combination tterns Includes ssor Control Feature	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service	-	-	-
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L6882 Microproce Addition To		review.			
Addition To		MP Criteria: Procedure/service reviewed			
	Upper Limb Prosthetic	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L6920 Wrist Disart	iculation External	MP Criteria: Procedure/service reviewed			
		-	-	-	-
	Forearm Shell Otto	against Medical Policy Criteria. Submit for Recommended Clinical Review			
	al Switch Cables Two	(Predetermination) to avoid post-service			
	nd One Charger Switch	review.			
	iculation External	MP Criteria: Procedure/service reviewed	-	-	_
		against Medical Policy Criteria. Submit for			
	Forearm Shell Otto	Recommended Clinical Review			
	al Electrodes Cables	(Predetermination) to avoid post-service			
	es And One Charger	review.			
L6930 Below Elboy	w External Power Self-	MP Criteria: Procedure/service reviewed	-	-	-
Suspended	Inner Socket Removable	against Medical Policy Criteria. Submit for			
Forearm Sh	ell Otto Bock Or Equal	Recommended Clinical Review			
Switch Cab	les Two Batteries And	(Predetermination) to avoid post-service			
One Charge	r Switch Control Of	review.			
L6935 Below Elboy	w External Power Self-	MP Criteria: Procedure/service reviewed	_	_	_
Suspended	Inner Socket Removable	against Medical Policy Criteria. Submit for			
Forearm Sh	ell Otto Bock Or Equal	Recommended Clinical Review			
Electrodes	Cables Two Batteries	(Predetermination) to avoid post-service			
And One Ch	arger Myoelectronic	review.			
	ticulation External	MP Criteria: Procedure/service reviewed			
	ded Inner Socket	against Medical Policy Criteria. Submit for	-	-	_
	Humeral Shell Outside	Recommended Clinical Review			
	ges Forearm Otto Bock				
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	ded Inner Socket	against Medical Policy Criteria. Submit for	-	-	-
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		Recommended Clinical Review			
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	ectrodes Cables Two	review.			
	w External Power	MP Criteria: Procedure/service reviewed	-	-	-
	er Socket Removable	against Medical Policy Criteria. Submit for			
	ell Internal Locking	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	les Two Batteries And	review.			
L6955 Above Elboy	w External Power	MP Criteria: Procedure/service reviewed	_	-	-
Molded Inn	er Socket Removable	against Medical Policy Criteria. Submit for			
Humeral Sh	ell Internal Locking	Recommended Clinical Review			
Elbow Fore	arm Otto Bock Or Equal	(Predetermination) to avoid post-service			
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Mechanical Elbow Forearm Otto review. Image: Control of		Removable Shoulder Shell Shoulder	Recommended Clinical Review			
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review.review.Image: Constraint of the system of the			Recommended Clinical Review			
.7170 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.			(Predetermination) to avoid post-service			
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Image: service intervalImage: service		Switch Controlled	against Medical Policy Criteria. Submit for			
Image: constraint of the second sec			Recommended Clinical Review			
Image: constraint of the second sec			(Predetermination) to avoid post-service			
.7180 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.						
Sequential Control Of Elbow And Terminal Device against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review. - - - - .7181 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 - - - -	L7180	Electronic Elbow Microprocessor		1		
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.7181 Electronic Elbow Microprocessor MP Criteria: Procedure/service reviewed						
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.7181 Electronic Elbow Microprocessor MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service			· · ·			
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(Predetermination) to avoid post-service			-			
		Terminal Device				
review.						
			review.			

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L7185	Electronic Elbow Adolescent	MP Criteria: Procedure/service reviewed	-	-	-
	Variety Village Or Equal Switch	against Medical Policy Criteria. Submit for			
	Controlled	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L7186	Electronic Elbow Child Variety	MP Criteria: Procedure/service reviewed	_	_	_
	Village Or Equal Switch Controlled	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L7190	Electronic Elbow Adolescent	MP Criteria: Procedure/service reviewed			
1/150	Variety Village Or Equal	against Medical Policy Criteria. Submit for	-	-	-
	, , ,	1 ° '			
	Myoelectronically Controlled	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
L7191	Electronic Elbow Child Variety	MP Criteria: Procedure/service reviewed	_	-	-
	Village Or Equal Myoelectronically	against Medical Policy Criteria. Submit for			
	Controlled	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			
L/300	Six voit Battery Each	· ·	-	-	-
		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 Collegen	MP Criteria: Procedure/service reviewed	+	5/14/2024	Retire effective
10005	Injectable Bulking Agent Collagen	· ·	-	5/14/2024	
	Implant Urinary Tract 2.5 MI	against Medical Policy Criteria. Submit for			05/14/2024
	Syringe Includes Shipping And	Recommended Clinical Review			
	Necessary Supplies	(Predetermination) to avoid post-service			
		review.			
L8604	Injectable Bulking Agent	MP Criteria: Procedure/service reviewed	 -	_	-
	Dextranomer/Hyaluronic Acid	against Medical Policy Criteria. Submit for			
	Copolymer Implant Urinary Tract 1	Recommended Clinical Review			
	MI Includes Shipping And	(Predetermination) to avoid post-service			
	Necessary Supplies	review.			
L8606	Injectable Bulking Agent Synthetic	MP Criteria: Procedure/service reviewed		_	Ĺ
	Implant Urinary Tract 1 MI Syringe	against Medical Policy Criteria. Submit for	 	-	Г
	Includes Shipping And Necessary	Recommended Clinical Review			
	Supplies	(Predetermination) to avoid post-service			
	Supplies				
10642		review.			
L8612	Aqueous Shunt	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
				1	1
		Recommended Clinical Review			
		Recommended Clinical Review (Predetermination) to avoid post-service			

L8678	Electrical Stimulator Supplies	MP Criteria: Procedure/service reviewed	7/15/2023	12/31/2999	Add effective
	(External) For Use With Implantable	against Medical Policy Criteria. Submit for			07/15/2023
	Neurostimulator Per Month	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
.8679	Implantable Neurostimulator Pulse	MP Criteria: Procedure/service reviewed			
	Generator Any Type	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
.8680	Implantable Neurostimulator	MP Criteria: Procedure/service reviewed			
	Electrode Each	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
.8681	Dationt Drogrammar (External) For	MP Criteria: Procedure/service reviewed			
10001	Patient Programmer (External) For	-	-	-	-
	Use With Implantable	against Medical Policy Criteria. Submit for			
	Programmable Neurostimulator	Recommended Clinical Review			
	Pulse Generator Replacement Only	(Predetermination) to avoid post-service			
		review.			
.8682	Implantable Neurostimulator	MP Criteria: Procedure/service reviewed	-	-	-
	Radiofrequency Receiver	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
.8683	Radiofrequency Transmitter	MP Criteria: Procedure/service reviewed	_	_	_
	(External) For Use With Implantable	against Medical Policy Criteria. Submit for			
	Neurostimulator Radiofrequency	Recommended Clinical Review			
	Receiver	(Predetermination) to avoid post-service			
		review.			
8685	Implantable Neurostimulator Pulse	MP Criteria: Procedure/service reviewed			_
	Generator Single Array	against Medical Policy Criteria. Submit for	-	-	-
	Rechargeable Includes Extension	Recommended Clinical Review			
	Ũ	(Predetermination) to avoid post-service			
		review.			
8686	Implantable Neurostimulator Pulse	MP Criteria: Procedure/service reviewed			
	Generator Single Array Non-	against Medical Policy Criteria. Submit for	-	-	-
	Rechargeable Includes Extension	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
.8687	Implantable Neurostimulator Pulse	MP Criteria: Procedure/service reviewed			
-0007	Generator Dual Array	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
	Rechargeable Includes Extension				
		(Predetermination) to avoid post-service			
0000	landentekie Neurostinu istor 201	review.			
.8688	Implantable Neurostimulator Pulse	MP Criteria: Procedure/service reviewed	-	-	-
	Generator Dual Array Non-	against Medical Policy Criteria. Submit for			
	Rechargeable Includes Extension	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
8689	External Recharging System For	MP Criteria: Procedure/service reviewed	-	-	-
	Battery (Internal) For Use With	against Medical Policy Criteria. Submit for			
	Implantable Neurostimulator	Recommended Clinical Review			
	Replacement Only	(Predetermination) to avoid post-service			
		review.			
.8695	External Recharging System For	MP Criteria: Procedure/service reviewed	7/15/2023	12/31/2999	Add effective
	Battery (External) For Use With	against Medical Policy Criteria. Submit for			07/15/2023
		-	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Implantable Neurostimulator	Recommended Clinical Review			
	Implantable Neurostimulator Replacement Only	Recommended Clinical Review (Predetermination) to avoid post-service			

L8698 L8701	Miscellaneous Component Supply Or Accessory For Use With Total Artificial Heart System	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for	-	-	_
L8701					
L8701	Artificial Heart System				1
L8701		Recommended Clinical Review			
L8701		(Predetermination) to avoid post-service			
L8701		review.			
1	Powered Upper Extremity Range Of	MP Criteria: Procedure/service reviewed	_	_	_
1	Motion Assist Device Elbow Wrist	against Medical Policy Criteria. Submit for			
	Hand With Single Or Double	Recommended Clinical Review			
	Upright(S) Includes Microprocessor	(Predetermination) to avoid post-service			
	Sensors All Components And	review.			
L8702	Powered Upper Extremity Range Of	MP Criteria: Procedure/service reviewed			
	Motion Assist Device Elbow Wrist	against Medical Policy Criteria. Submit for	_	-	-
	Hand Finger Single Or Double	Recommended Clinical Review			
	Upright(S) Includes Microprocessor	(Predetermination) to avoid post-service			
	Sensors All Components And	review.			
P2031	Hair Analysis (Excluding Arsenic)	MP Criteria: Procedure/service reviewed			
12031	Huir Analysis (Excluding Alsenie)	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
00477	Dower Medule Detient Cable Fr	review.			
Q0477	Power Module Patient Cable For	MP Criteria: Procedure/service reviewed	-	-	-
	Use With Electric Or	against Medical Policy Criteria. Submit for			
	Electric/Pneumatic Ventricular	Recommended Clinical Review			
	Assist Device Replacement Only	(Predetermination) to avoid post-service			
		review.			
Q0482	Microprocessor Control Unit For	MP Criteria: Procedure/service reviewed	-	-	-
	Use With Electric/Pneumatic	against Medical Policy Criteria. Submit for			
	Combination Ventricular Assist	Recommended Clinical Review			
	Device Replacement Only	(Predetermination) to avoid post-service			
		review.			
Q0484	Monitor/Display Module For Use	MP Criteria: Procedure/service reviewed	_	_	_
	With Electric Or Electric/Pneumatic	against Medical Policy Criteria. Submit for			
	Ventricular Assist Device	Recommended Clinical Review			
	Replacement Only	(Predetermination) to avoid post-service			
		review.			
Q0485	Monitor Control Cable For Use With	MP Criteria: Procedure/service reviewed	_	_	_
	Electric Ventricular Assist Device	against Medical Policy Criteria. Submit for			
	Replacement Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
Q0487	Leads (Pneumatic/Electrical) For	MP Criteria: Procedure/service reviewed			
	Use With Any Type	against Medical Policy Criteria. Submit for	_	-	_
	Electric/Pneumatic Ventricular	Recommended Clinical Review			
	Assist Device Replacement Only	(Predetermination) to avoid post-service			
	issist bettee Replacement only	review.			
Q0488	Power Pack Base For Use With	MP Criteria: Procedure/service reviewed			
00-00	Electric Ventricular Assist Device	against Medical Policy Criteria. Submit for	-	-	-
	Replacement Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
00480	Dowor Dack Pass For Liss With	review.			
Q0489	Power Pack Base For Use With	MP Criteria: Procedure/service reviewed	-	-	-
	Electric/Pneumatic Ventricular	against Medical Policy Criteria. Submit for			
	Assist Device Replacement Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
Q0490	e ,	MP Criteria: Procedure/service reviewed	-	-	-
	With Electric Ventricular Assist	against Medical Policy Criteria. Submit for			
	Device Replacement Only	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.	1	1	1

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

Q2055	Idecabtagene Vicleucel Up To 460	MP Criteria: Procedure/service reviewed	-	-	-
	Million Autologous B-Cell	against Medical Policy Criteria, and may			
		require Prior Authorization per contract			
	Car-Positive T Cells Including	agreement.			
	Leukapheresis And Dose				
Q2056	Ciltacabtagene Autoleucel Up To	MP Criteria: Procedure/service reviewed	_	_	_
	100 Million Autologous B-Cell	against Medical Policy Criteria, and may			
	Maturation Antigen (Bcma) Directed	require Prior Authorization per contract			
	Car-Positive T Cells Including	agreement.			
	Leukapheresis And Dose				
Q4122	Dermacell Dermacell Awm Or	MP Criteria: Procedure/service reviewed	_	_	_
	Dermacell Awm Porous Per Square	against Medical Policy Criteria. Submit for			
	Centimeter	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
Q4132	Grafix Core And Grafixpl Core Per	MP Criteria: Procedure/service reviewed			
-	Square Centimeter	against Medical Policy Criteria. Submit for	-	-	-
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
Q4133	Grafix Prime Grafixpl Prime Stravix	MP Criteria: Procedure/service reviewed			
	And Stravixpl Per Square	against Medical Policy Criteria. Submit for	-	-	-
	Centimeter	Recommended Clinical Review			
	Centimeter				
		(Predetermination) to avoid post-service			
04151	America hand On Counting Day Course	review.			
Q4151	Amnioband Or Guardian Per Square	-	-	-	-
	Centimeter	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			
Q4187	Epicord Dor Square Continuator	review. MP Criteria: Procedure/service reviewed	+		
Q410/	Epicord Per Square Centimeter	-	-	-	-
		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	3/15/2024	6/30/2024	Add effective
		against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service		1	6/30/2024
		(Predetermination) to avoid post-service			0/30/2024

Q4287	Dermabind DI Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
Q+207	Centimeter	against Medical Policy Criteria. Submit for	5/15/2024	0,50,2024	03/15/2024
	centimeter	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0/30/2024
24288	Dermabind Ch Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
	Centimeter	against Medical Policy Criteria. Submit for	-,,	-,,	03/15/2024
	centimeter	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0/30/2024
24289	Revoshield + Amniotic Barrier Per	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
•	Square Centimeter	against Medical Policy Criteria. Submit for	-, -, -	-,, -	03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			075072024
4290	Membrane Wrap-Hydro Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
-	Centimeter	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			075072024
4291	Lamellas Xt Per Square Centimeter	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
		against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0,00,202
4292	Lamellas Per Square Centimeter	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
		against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			-,, -
4293	Acesso DI Per Square Centimeter	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
		against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			
24294	Amnio Quad-Core Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
	Centimeter	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			
4295	Amnio Tri-Core Amniotic Per	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
	Square Centimeter	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			
4296	Rebound Matrix Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
	Centimeter	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			
4297	Emerge Matrix Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
	Centimeter	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			
4298	Amnicore Pro Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
	Centimeter	against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
				1	

Q4299	Amnicore Pro+ Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
Q4299	Centimeter	against Medical Policy Criteria. Submit for	5/15/2024	0/30/2024	03/15/2024
	Centimeter	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0/30/2024
Q4300	Acesso Tl Per Square Centimeter	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
41500	heesse in ter square centimeter	against Medical Policy Criteria. Submit for	3/13/2021	0,00,2021	03/15/2024
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0/30/2024
Q4301	Activate Matrix Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
Q+301	Centimeter	against Medical Policy Criteria. Submit for	5/15/2024	0/30/2024	03/15/2024
	Centimeter	Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
		review.			0/30/2024
Q4302	Complete Aca Per Square	MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
Q4302	Centimeter	against Medical Policy Criteria. Submit for	5/15/2024	0/30/2024	03/15/2024
	Centimeter	Recommended Clinical Review			
					Retire effective
		(Predetermination) to avoid post-service			6/30/2024
Q4303	Complete Aa Per Square	review. MP Criteria: Procedure/service reviewed	3/15/2024	6/30/2024	Add effective
Q4303	Complete Aal Per Square Centimeter	against Medical Policy Criteria. Submit for	3/13/2024	0/50/2024	03/15/2024
	Centimeter				
		Recommended Clinical Review			Retire effective
		(Predetermination) to avoid post-service			6/30/2024
Q4304	Grafix Plus Per Square Centimeter	review. MP Criteria: Procedure/service reviewed	3/15/2024	12/31/2999	Add effective
Q4304	Granx Plus Per Square Centimeter	-	3/15/2024	12/31/2999	
		against Medical Policy Criteria. Submit for			03/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
05400		review.			
Q5106	Injection Epoetin Alfa-Epbx	MP Criteria: Procedure/service reviewed	-	-	-
	Biosimilar (Retacrit) (For Non-Esrd	against Medical Policy Criteria, and may			
	Use) 1000 Units	require Prior Authorization per contract			
		agreement.			
Q5109	Injection Inflivimate Obty Dissimilar	MP Criteria: Procedure/service reviewed			
Q3109		against Medical Policy Criteria, and may	-	-	-
	(Ixifi) 10 Mg				
		require Prior Authorization per contract			
		agreement.			
Q5124	Injection Ranibizumab-Nuna	MP Criteria: Procedure/service reviewed			
QJ124	Biosimilar (Byooviz) 0.1 Mg	against Medical Policy Criteria. Submit for	-	-	-
	BIOSITTINAT (BYOOVIZ) 0.1 IVIg	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
Q5128	Injection Ranibizumab-Eqrn	review. MP Criteria: Procedure/service reviewed	6/1/2023		Add effective
Q3128	(Cimerli) Biosimilar 0.1 Mg	-	0/1/2023	-	
	(Cimerii) Biosimiar 0.1 Mg	against Medical Policy Criteria. Submit for			06/01/2023
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
05433	latesta Tarilla and Dati	review.	0/1/2024	42/24/2000	
Q5133	Injection Tocilizumab-Bavi	MP Criteria: Procedure/service reviewed	8/1/2024	12/31/2999	Add effective
	(Tofidence) Biosimilar 1 Mg	against Medical Policy Criteria. Submit for			08/01/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
Q5134	Injection Natalizumab-Sztn (Tyruko)	MP Criteria: Procedure/service reviewed	7/1/2024	12/31/2999	Add effective
	Biosimilar 1 Mg	against Medical Policy Criteria. Submit for			07/01/2024
		Recommended Clinical Review			
	1	(Predetermination) to avoid post-service			

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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	MP Criteria: Procedure/service reviewed	-	-	-
	50MI	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;	MP Criteria: Procedure/service reviewed	-	-	-
	Mileage Per Mile	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
00500		review.	2/15/202	10/04/0000	A 11 65 11
S0596	Phakic Intraocular Lens For	MP Criteria: Procedure/service reviewed	2/15/2024	12/31/2999	Add effective
	Correction Of Refractive Error	against Medical Policy Criteria. Submit for			02/15/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
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			
60040		review.			
S0810	Photorefractive Keratectomy (Prk)	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
S1030	Continuous Noninvasive Glucose	review. MP Criteria: Procedure/service reviewed			
31030	Monitoring Device Purchase (For	against Medical Policy Criteria. Submit for	-	-	-
	Physician Interpretation Of Data	Recommended Clinical Review			
	Use Cpt Code)	(Predetermination) to avoid post-service			
	Use Cpt Code)	review.			
S1031	Continuous Noninvasive Glucose	MP Criteria: Procedure/service reviewed			
51051		against Medical Policy Criteria. Submit for	-	-	-
	Sensor Sensor Replacement And	Recommended Clinical Review			
	•	(Predetermination) to avoid post-service			
	Interpretation Of Data Use Cpt	review.			
S1040	Cranial Remolding Orthosis	MP Criteria: Procedure/service reviewed			
	Pediatric Rigid With Soft Interface	against Medical Policy Criteria. Submit for	-	-	-
	Material Custom Fabricated	Recommended Clinical Review			
	Includes Fitting And Adjustment(S)	(Predetermination) to avoid post-service			
		review.			
S2102	Islet Cell Tissue Transplant From	MP Criteria: Procedure/service reviewed	11/15/2023	12/31/2999	Add effective
	Pancreas; Allogeneic	against Medical Policy Criteria. Submit for			11/15/2023
	_	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
S2103	Adrenal Tissue Transplant To Brain	MP Criteria: Procedure/service reviewed	İ	_	
		against Medical Policy Criteria. Submit for	-		–
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
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S2112	Arthroscopy Knee Surgical For	MP Criteria: Procedure/service reviewed	-	-	-
	Harvesting Of Cartilage	against Medical Policy Criteria. Submit for			
	(Chondrocyte Cells)	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
S2118	Matal On Matal Tatal USa	review.			
52118	Metal-On-Metal Total Hip	MP Criteria: Procedure/service reviewed	-	-	-
	Resurfacing Including Acetabular	against Medical Policy Criteria. Submit for			
	And Femoral Components	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
694.49		review.			
S2140	Cord Blood Harvesting For	MP Criteria: Procedure/service reviewed	-	-	-
	Transplantation Allogeneic	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
624.42		review.			
S2142	Cord Blood-Derived Stem-Cell	MP Criteria: Procedure/service reviewed	-	-	-
	Transplantation Allogeneic	against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
62150		review.			
S2150	Bone Marrow Or Blood-Derived	MP Criteria: Procedure/service reviewed	-	-	-
	Stem Cells (Peripheral Or Umbilical)	against Medical Policy Criteria. Submit for			
	Allogeneic Or Autologous	Recommended Clinical Review			
	Harvesting Transplantation And	(Predetermination) to avoid post-service			
62202	Related Complications; Including:	review.			
S2202	Echosclerotherapy	MP Criteria: Procedure/service reviewed	-	-	-
		against Medical Policy Criteria. Submit for			
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
S2230	Implantation Of Magnetic	review. MP Criteria: Procedure/service reviewed			
32230	Implantation Of Magnetic Component Of Semi-Implantable	against Medical Policy Criteria. Submit for	-	-	-
	Hearing Device On Ossicles In	Recommended Clinical Review			
	Middle Ear	(Predetermination) to avoid post-service			
	Midule Ear	review.			
S2235	Implantation Of Auditory Brain	MP Criteria: Procedure/service reviewed			
32233	Stem Implant	against Medical Policy Criteria. Submit for	-	-	-
	Steminiplant	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
S2400	Repair Congenital Diaphragmatic	MP Criteria: Procedure/service reviewed			
32400	Hernia In The Fetus Using	against Medical Policy Criteria. Submit for	-	-	-
	Temporary Tracheal Occlusion	Recommended Clinical Review			
	Procedure Performed In Utero	(Predetermination) to avoid post-service			
	riocedure renormed in otero	review.			
S2401	Repair Urinary Tract Obstruction In	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
52401	The Fetus Procedure Performed In	against Medical Policy Criteria. Submit for	10/ 1/ 2025	12/51/2555	10/01/2023
	Utero	Recommended Clinical Review			10/01/2025
	01010	(Predetermination) to avoid post-service			
		review.			
S2402	Repair Congenital Cystic	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
52102	Adenomatoid Malformation In The	against Medical Policy Criteria. Submit for	10, 1, 2025	12, 51, 2555	10/01/2023
	Fetus Procedure Performed In	Recommended Clinical Review			
	Utero	(Predetermination) to avoid post-service			
	otero	review.			
S2403	Repair Extralobar Pulmonary	MP Criteria: Procedure/service reviewed			
52403	Sequestration In The Fetus	against Medical Policy Criteria. Submit for	-	-	-
	Procedure Performed In Utero	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
L		review.			

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S2404	Repair Myelomeningocele In The	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
	Fetus Procedure Performed In	against Medical Policy Criteria. Submit for			10/01/2023
	Utero	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
S2405	Repair Of Sacrococcygeal Teratoma	MP Criteria: Procedure/service reviewed	_	_	_
	In The Fetus Procedure Performed	against Medical Policy Criteria. Submit for			
	In Utero	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
S2409	Repair Congenital Malformation Of	MP Criteria: Procedure/service reviewed	10/1/2023	12/31/2999	Add effective
52105	Fetus Procedure Performed In	against Medical Policy Criteria. Submit for	10/1/2020	12, 51, 2555	10/01/2023
	Utero Not Otherwise Classified	Recommended Clinical Review			10/01/2023
	otero not otherwise classified	(Predetermination) to avoid post-service			
		review.			
S2411	Fotosopia Losor Thoropy For	MP Criteria: Procedure/service reviewed	10/1/2023	12/21/2000	Add effective
52411	Fetoscopic Laser Therapy For	-	10/1/2023	12/31/2999	
	Treatment Of Twin-To-Twin	against Medical Policy Criteria. Submit for			10/01/2023
	Transfusion Syndrome	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
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	3/1/2024	12/31/2999	Add effective
		against Medical Policy Criteria. Submit for			03/01/2024
		Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
S8948	Application Of A Modality	MP Criteria: Procedure/service reviewed			
50540	(Requiring Constant Provider	against Medical Policy Criteria. Submit for	-	-	-
	Attendance) To One Or More Areas;				
	Low-Level Laser; Each 15 Minutes	(Predetermination) to avoid post-service			
60002	lata Mariael Matien Concer Sustan	review.	4/1/2024	12/21/2000	Add effective
\$9002	Intra-Vaginal Motion Sensor System	MP Criteria: Procedure/service reviewed	4/1/2024	12/31/2999	
	Provides Biofeedback For Pelvic	against Medical Policy Criteria. Submit for			04/01/2024
	Floor Muscle Rehabilitation Device	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
		review.			
S9055	Procuren Or Other Growth Factor	MP Criteria: Procedure/service reviewed	_	-	-
	Preparation To Promote Wound	against Medical Policy Criteria. Submit for			
	Healing	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	against Medical Policy Criteria. Submit for	–	-	–
	,	Recommended Clinical Review			
		(Predetermination) to avoid post-service			
	Home Injectable Therease Care th	review.			
S9558	Home Injectable Therapy; Growth	MP Criteria: Procedure/service reviewed	-	-	-
	Hormone Including Administrative	against Medical Policy Criteria. Submit for			
	Services Professional Pharmacy	Recommended Clinical Review			
	Services Care Coordination And All	(Predetermination) to avoid post-service			
	Necessary Supplies And Equipment	review.			

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

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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 Carelon 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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