

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

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2024 unles otherwise indicated through Blue Cross and Blue Shield of Oklahoma managed for one or more of our networks:

- Blue Choice Preferred PPO SM

- Blue Choice PPO SM
- Blue Traditional SM

For Medical Policy information, please access the BCBSOK Medical Policy Website

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	Procedure Code Group Description			
Medical Policy Criteri	ia (MP Criteria)	Procedures/services reviewed against Medical Policy Criteria. Submit for Recommended Clinical			
		Review (Predetermination) to avoid post-servi	ce review.		
		Highlighted procedure/service in this code group m	ay require Prior A	uthorization per contr	act agreement.
Non Covered	Procedures/services not covered by the Plan. Not subject to pre-service review.				
Experimental, Investi	gational, Unproven (EIU)	Procedures/services not reimbursed by the Plan. Not subject to pre-service review. Check EIU policy, which is one of our Clinical Payment and Coding Policy (CPCP).			
Unlisted or Undefine	d	Procedures/services not specifically defined or classified, may be subject to contract/clinical review.			
	Note: Some codes will appear	twice if Ending Date and Effective Date are within the	same quarter per	iod.	
Procedure Code	Code Description	Code Group & Description	Effective Date	Ending Date	Updates
00640	ANESTH SPINE MANIPULATION	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
00797	ANESTH SURGERY FOR OBESITY	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service	
11055	T : CI :	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11055	Trim Skin Lesion	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11056	Trim Skin Lesions 2 To 4	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11057	Trim Skin Lesions Over 4	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11200	REMOVAL OF SKIN TAGS <w 15<="" td=""><td>submitting a Recommended Clinical Review (Predetermination)</td><td>_</td></w>	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11201	REMOVE SKIN TAGS ADD-ON	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11719	Trim Nail(S) Any Number	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11920	Correct Skin Color 6.0 Cm/<	submitting a Recommended Clinical Review (Predetermination)	
11320	corrections color one city	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11921	Correct Skn Color 6.1-20.0Cm	submitting a Recommended Clinical Review (Predetermination)	
11321	CONTEST SKIT COLOR C.1 20.0CM	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11922	Correct Skin Color Ea 20.0Cm	submitting a Recommended Clinical Review (Predetermination)	
11322	COTTECT SKILL COLOT EN 20.0CIII	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11050	TV CONTOUR DEFECTS 1 CC/s	· · · · · · · · · · · · · · · · · · ·	
11950	TX CONTOUR DEFECTS 1 CC/<	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11951	TX CONTOUR DEFECTS 1.1-5.0CC	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11952	TX CONTOUR DEFECTS 5.1-10CC	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11954	TX CONTOUR DEFECTS >10.0 CC	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11960	INSERT TISSUE EXPANDER(S)	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11980	IMPLANT HORMONE PELLET(S)	submitting a Recommended Clinical Review (Predetermination)	
	` '	request if it is unclear if the service meets BCBSOK Medical	·
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11981	INSERTION DRUG DLVR IMPLANT	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	·
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11982	Remove Drug Implant Device	submitting a Recommended Clinical Review (Predetermination)	
11301	nemore stug implant series	request if it is unclear if the service meets BCBSOK Medical	· -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
11983	REMOVE/INSERT DRUG IMPLANT	submitting a Recommended Clinical Review (Predetermination)	
11303	REIVIOVE/INSERT DRUG IIVIPLAIVI	request if it is unclear if the service meets BCBSOK Medical	· -
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15271	Chin Cub Croft Trade/Arres/Lon	· ·	4/4/2022	
15271	Skin Sub Graft Trnk/Arm/Leg	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
	21. 2. 2. 2. 5. 74. 6. 4. 4.	meets BCBSOK Medical Policy criteria. BCBSOK recommends	. / . /	
15272	Skin Sub Graft T/A/L Add-On	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15273	Skin Sub Grft T/Arm/Lg Child	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15274	Skn Sub Grft T/A/L Child Add	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15275	Skin Sub Graft Face/Nk/Hf/G	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15276	Skin Sub Graft F/N/Hf/G Addl	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	
	, , , , , , ,	request if it is unclear if the service meets BCBSOK Medical	, , , , , , , , ,	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15277	Skn Sub Grft F/N/Hf/G Child	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	
10277	om our one in in it	request if it is unclear if the service meets BCBSOK Medical	., 1, 1010	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15278	Skn Sub Grft F/N/Hf/G Ch Add	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	
13270	Skii Sub Gireryilyiny G en Aud	request if it is unclear if the service meets BCBSOK Medical	1, 1, 2023	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15758	FREE FASCIAL FLAP MICROVASC	submitting a Recommended Clinical Review (Predetermination)		
13/30	I NEE I AGCIAE I LAP WIICKUVAGC	request if it is unclear if the service meets BCBSOK Medical	-	-
		l '		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15771	GRFG AUTOL FAT LIPO 50 CC/<	submitting a Recommended Clinical Review (Predetermination)	
15//1	dri d Ad I de l'Al Elifo 30 CC/	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
45772	CDEC ALITOL FAT LIDO FA ADDI	· · · · · · · · · · · · · · · · · · ·	
15772	GRFG AUTOL FAT LIPO EA ADDL	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	submitting a Recommended Clinical Review (Predetermination) _	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15776	HAIR TRNSPL >15 PUNCH GRAFTS	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15780	DERMABRASION TOTAL FACE	submitting a Recommended Clinical Review (Predetermination) _	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15781	DERMABRASION SEGMENTAL FACE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15782	DERMABRASION OTHER THAN FACE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15783	DERMABRASION SUPRFL ANY SITE	submitting a Recommended Clinical Review (Predetermination)	
123700		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15786	ABRASION LESION SINGLE	submitting a Recommended Clinical Review (Predetermination)	
13/00	ADRASION LESION SINGLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MD Criteria, Ducandona (somina navianos) de accomo analesamina		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15787	ABRASION LESIONS ADD-ON	submitting a Recommended Clinical Review (Predetermination) _	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15788	CHEMICAL PEEL FACE EPIDERM	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15789	CHEMICAL PEEL FACE DERMAL	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15792	CHEMICAL PEEL NONFACIAL	submitting a Recommended Clinical Review (Predetermination)		
13/92	CHEIVIICAL PEEL IVOIVFACIAL	, , , , , , , , , , , , , , , , , , ,	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15793	CHEMICAL PEEL NONFACIAL	submitting a Recommended Clinical Review (Predetermination) _	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
15819	PLASTIC SURGERY NECK	Non Covered: Procedure/service not covered by BCBSOK. Not		
13613	LASTIC SONGENT NECK	subject to utilization review.	-	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15820	REVISION OF LOWER EYELID	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15821	REVISION OF LOWER EYELID	submitting a Recommended Clinical Review (Predetermination)		
13021	112101011 01 2011211213	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15822	DEVISION OF LIDDED TYPE	·		
15822	REVISION OF UPPER EYELID	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15823	REVISION OF UPPER EYELID	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
45005	25140741 05 11507717911775	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15825	REMOVAL OF NECK WRINKLES	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15828	REMOVAL OF FACE WRINKLES	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15829	REMOVAL OF SKIN WRINKLES	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15830	EXC SKIN ABD	submitting a Recommended Clinical Review (Predetermination)	
13333		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15832	EXCISE EXCESSIVE SKIN THIGH	submitting a Recommended Clinical Review (Predetermination)	
13032	EXCISE EXCESSIVE SKIN THIGH		-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
45000	EVOICE EVOECON'E CHINA LEO	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15833	EXCISE EXCESSIVE SKIN LEG	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15834	EXCISE EXCESSIVE SKIN HIP	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15835	EXCISE EXCESSIVE SKIN BUTTCK	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15836	EXCISE EXCESSIVE SKIN ARM	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
	l .	i oney citeria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15837	EXCISE EXCESS SKIN ARM/HAND	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15838	EXCISE EXCESS SKIN FAT PAD	submitting a Recommended Clinical Review (Predetermination)		
13000	27.0102 27.0200 01 17.11	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15839	EXCISE EXCESS SKIN & TISSUE	submitting a Recommended Clinical Review (Predetermination)		
13033	EXCISE EXCESS SIMILA 11550E	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15847	EXC SKIN ABD ADD-ON	submitting a Recommended Clinical Review (Predetermination)		
13047	EXC SKIN ADD ADD-ON	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15876	SUCTION LIPECTOMY HEAD&NECK	submitting a Recommended Clinical Review (Predetermination)		
13070	SOCTION EII ECTOWIT HEADQNECK	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15877	SUCTION LIPECTOMY TRUNK	submitting a Recommended Clinical Review (Predetermination)		
15677	SOCTION EIPECTOWIT TRONK	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15878	SUCTION LIPECTOMY UPR EXTREM	submitting a Recommended Clinical Review (Predetermination)		
15676	SUCTION LIPECTOINT OPR EXTREM	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
15070	CLICTION LIBECTONAY LVAD EVERSA	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
15879	SUCTION LIPECTOMY LWR EXTREM	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
45000	HANGED BY EVE PRESSURE IN C	Unlisted or Undefined: Procedure/service not otherwise		
15999	UNLISTED PX EXC PRESSURE ULC	defined or classified, and may be subject to benefit and/or	-	-
		clinical review.		

		MP Criteria: Procedure/service reviewed to ensure each service			
17106	DESTRUCTION OF SKIN LESIONS	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
17106	DESTRUCTION OF SKIN LESIONS	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
17107	DESTRUCTION OF SKIN LESIONS	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
17108	DESTRUCTION OF SKIN LESIONS	submitting a Recommended Clinical Review (Predetermination) _	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
17340	CRYOTHERAPY OF SKIN	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
17360	SKIN PEEL THERAPY	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
17380	HAIR REMOVAL BY ELECTROLYSIS	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
17999	UNLISTD PX SKN MUC MEMB SUBQ	defined or classified, and may be subject to benefit and/or			
		clinical review.	-	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
19105	CRYOSURG ABLATE FA EACH	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
19300	REMOVAL OF BREAST TISSUE	submitting a Recommended Clinical Review (Predetermination)			
13300	TEMOVAL OF BREAST 11330E	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		·			
		Policy criteria.		<u> </u>	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19303	MAST SIMPLE COMPLETE	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19325	BREAST AUGMENTATION W/IMPLT	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19328	RMVL INTACT BREAST IMPLANT	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19330	RMVL RUPTURED BREAST IMPLANT	submitting a Recommended Clinical Review (Predetermination)	
13330		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19340	INSJ BREAST IMPLT SM D MAST	submitting a Recommended Clinical Review (Predetermination)	
19340	INST BREAST INTELL SIN DIVIAST		-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
10242	INICI/DDI CNAT DDCT INADI T CED D	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19342	INSJ/RPLCMT BRST IMPLT SEP D	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19350	BREAST RECONSTRUCTION	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19355	CORRECT INVERTED NIPPLE(S)	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
19357	TISS XPNDR PLMT BRST RCNSTJ	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		1. 2.2.1 0.100.100	

		MP Criteria: Procedure/service reviewed to ensure each service		I	
		· ·			
10270	DEVI DEDI IMADIT CADCIJI E DDCT	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
19370	REVJ PERI-IMPLT CAPSULE BRST	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
10274	DEDLINADIT CADCI C DDCT COMBI	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
19371	PERI-IMPLT CAPSLC BRST COMPL	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
19499	UNLISTED PROCEDURE BREAST	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.	_		
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
20527	INJ DUPUYTREN CORD W/ENZYME	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
20562	ND NS W/O NW 4 OD 2 NW 6	to utilization review. Please see the Clinical Payment and			
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		, , , , , , , , , , , , , , , , , , ,			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
20561	NDL INSJ W/O NJX 3+ MUSC	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		· · · · · · · · · · · · · · · · · · ·			
		MP Criteria: Procedure/service reviewed to ensure each service			
2222	LIG DONE STILLING ATION	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
20979	US BONE STIMULATION	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
20982	ABLATE BONE TUMOR(S) PERQ	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
20005	CDTD ACCT DID AAC DV	to utilization review. Please see the Clinical Payment and			
20985	CPTR-ASST DIR MS PX	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		Unlisted or Undefined: Procedure/service not otherwise			
20999	UNLISTED PX MUSCSKEL GENERAL	defined or classified, and may be subject to benefit and/or			
20333	ONEISTED I X MIOSOSKEE GENERAL	clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21073	MNPJ OF TMJ W/ANESTH	submitting a Recommended Clinical Review (Predetermination)			
21075	THE STATE OF THE S	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21083	PREPARE FACE/ORAL PROSTHESIS	submitting a Recommended Clinical Review (Predetermination)			
21005	THE TAKE TAKE ONAL THOST TIESIS	request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
21089	UNLISTED MAXLFCL PROSTH PX	defined or classified, and may be subject to benefit and/or			
21009	UNLISTED WAXELCE PROSTITEX	clinical review.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21120	RECONSTRUCTION OF CHIN	submitting a Recommended Clinical Review (Predetermination)			
21120	RECONSTRUCTION OF CHIN	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21121	RECONSTRUCTION OF CHIN	submitting a Recommended Clinical Review (Predetermination)			
21121	RECONSTRUCTION OF CHIN	,	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21122	RECONSTRUCTION OF CHIN	· ·			
21122	RECONSTRUCTION OF CHIN	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		·			
21123	DECONSTRUCTION OF CHIN	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21172	RECONSTRUCTION OF CHIN	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
24244	DECONSTRUCTION OF LOWER INV	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21244	RECONSTRUCTION OF LOWER JAW	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21245	RECONSTRUCTION OF JAW	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21246	RECONSTRUCTION OF JAW	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21247	Reconstruct Lower Jaw Bone	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21248	RECONSTRUCTION OF JAW	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	-	<u> </u>
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21249	RECONSTRUCTION OF JAW	submitting a Recommended Clinical Review (Predetermination)		
	REGULATION OF SALV	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
21299	UNLISTED CRANFCL&MAXLFCL PX	defined or classified, and may be subject to benefit and/or		
21233	ONLISTED CHAIN CERMANEI CETA	clinical review.	-	-
		Unlisted or Undefined: Procedure/service not otherwise		
21499	UNLISTED MUSCSKEL PX HEAD	defined or classified, and may be subject to benefit and/or		
21499	ONLISTED WOSCSKEL FATTEAD		-	_
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
24.005	U. sid M. stanov C. Companies			
21685	Hyoid Myotomy & Suspension	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
	_	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21740	Reconstruction Of Sternum	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
21742	Repair Stern/Nuss W/O Scope	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
21743	Repair Sternum/Nuss W/Scope	submitting a Recommended Clinical Review (Predetermination)			
217 13	Repair Sterramy reass wystope	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
21899	UNLISTED PX NECK/THORAX	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
22505	MANIPULATION OF SPINE	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
22526	IDET SINGLE LEVEL	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational and/or onproven services (Lio).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
22527	IDET 1 OR MORE LEVELS	Coding Policy titled: Non-Reimbursable Experimental,	_	-	_
		Investigational and/or Unproven Services (EIU).			
	+				
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
22586	ARTHRD PRE-SAC NTRBDY L5-S1	to utilization review. Please see the Clinical Payment and			
	7	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
22867	INSJ STABLJ DEV W/DCMPRN	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational analor on provett services (ETO).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
22252	11151 574 514 574 144 5 514 514 514 514 514 514 514 514	to utilization review. Please see the Clinical Payment and			
22868	INSJ STABLJ DEV W/DCMPRN	Coding Policy titled: Non-Reimbursable Experimental,	-	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
22869	INSJ STABLJ DEV W/O DCMPRN	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			

22870	INSJ STABLJ DEV W/O DCMPRN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
22899	UNLISTED PROCEDURE SPINE	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.		-	-
22999	UNLISTED PX ABDOMEN MUSCSKEL	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	_	_
23929	UNLISTED PROCEDURE SHOULDER	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.		-	-
24300	MNPJ ELBOW UNDER ANES	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
24999	UNLISTED PX HUMERUS/ELBOW	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
25259	MANIPULATE WRIST W/ANESTHES	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
25999	UNLISTED PX FOREARM/WRIST	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
26340	MANIPULATE FINGER W/ANESTH	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
26341	MANIPULAT PALM CORD POST INJ	submitting a Recommended Clinical Review (Predetermination)			
20341	WANT CEAT FALW CORD FOST IN	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
26989	UNLISTED PX HANDS/FINGERS	defined or classified, and may be subject to benefit and/or			
20909	OINLISTED PX HAINDS/FINGERS	clinical review.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
27257	Treat Hip Dislocation	submitting a Recommended Clinical Review (Predetermination)			
2/25/	Treat hip dislocation	` '	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
27275	MAANURUU ATIONI OF LUR IOINIT	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
27275	MANIPULATION OF HIP JOINT	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
27299	UNLISTED PX PELVIS/HIP JOINT	request if it is unclear if the service meets BCBSOK Medical			
	· ·	Policy criteria.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
27599	UNLISTED PX FEMUR/KNEE	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
27702	RECONSTRUCT ANKLE JOINT	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
27703	RECONSTRUCTION ANKLE JOINT	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
27704	Removal Of Ankle Implant	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
27860	FIXATION OF ANKLE JOINT	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
27899	UNLISTED PX LEG/ANKLE	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
28890	HI ENRGY ESWT PLANTAR FASCIA	· ·			
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		Unlisted or Undefined: Procedure/service not otherwise			
28899	UNLISTED PX FOOT/TOES	defined or classified, and may be subject to benefit and/or			_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
29799	UNLISTED PX CASTING/STRPG	defined or classified, and may be subject to benefit and/or			
	7,1	clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
29862	HIP ARTHRO W/DEBRIDEMENT	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
29866	AUTGRFT IMPLNT KNEE W/SCOPE	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
29867	ALLGRFT IMPLNT KNEE W/SCOPE	submitting a Recommended Clinical Review (Predetermination)			
23007	7.220.0 7 7.000 200 7.000 2	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
29868	MENISCAL TRNSPL KNEE W/SCPE	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
29914	HIP ARTHRO W/FEMOROPLASTY	submitting a Recommended Clinical Review (Predetermination)			
23317	THE ARTHUO W/TEMIONOLEASTI	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		·			
	<u> </u>	Policy criteria.		l .	

		MP Criteria: Procedure/service reviewed to ensure each service			
		· ·			
29915	HIP ARTHRO ACETABULOPLASTY	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)			
29915	HIP ARTHRO ACETABOLOPLASTY	,	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
20046		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
29916	HIP ARTHRO W/LABRAL REPAIR	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
29999	UNLISTED PX ARTHROSCOPY	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
30468	RPR NSL VLV COLLAPSE W/IMPLT	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational and/or onproven services (Lio).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
30469	RPR NSL VLV COLLAPSE W/RMDLG	Coding Policy titled: Non-Reimbursable Experimental,	1/1/2023	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational ana, or on proven services (Ero).			
		Unlisted Procedure; May require Prior Authorization per			
30999	UNLISTED PROCEDURE NOSE	contract agreement.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
31295	NsI/Sins Ndsc Surg Max Sins	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
31298	NsI/Sins Ndsc Surg Frnt&Sphn	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted Procedure; May require Prior Authorization per			
31299	UNLISTED PX ACCESSORY SINUS	contract agreement.	_	_	_

		MP Criteria: Procedure/service reviewed to ensure each service	
24572	La casa M//Thankinakina	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31573	Largsc W/Ther Injection	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31574	Largsc W/Njx Augmentation	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		Unlisted or Undefined: Procedure/service not otherwise	
31599	UNLISTED PROCEDURE LARYNX	defined or classified, and may be subject to benefit and/or	_
		clinical review.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31627	Navigational Bronchoscopy	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31634	Bronch W/Balloon Occlusion	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31647	BRONCHIAL VALVE INIT INSERT	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31648	BRONCHIAL VALVE REMOV INIT	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
31649	BRONCHIAL VALVE REMOV ADDL	submitting a Recommended Clinical Review (Predetermination)	
31043		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
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31651	BRONCHIAL VALVE ADDL INSERT	submitting a Recommended Clinical Review (Predetermination)	
31031	DRONGHIAL VALVE ADDE HISEKT	request if it is unclear if the service meets BCBSOK Medical	-
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33225	L VENTRIC PACING LEAD ADD-ON	submitting a Recommended Clinical Review (Predetermination)	
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33267	EXCL LAA OPEN ANY METHOD	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
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33268	EXCL LAA OPN OTH PX ANY METH	submitting a Recommended Clinical Review (Predetermination)	_
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33269	EXCL LAA THRSCP ANY METHOD	submitting a Recommended Clinical Review (Predetermination)	
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33270	Ins/Rep Subg Defibrillator	submitting a Recommended Clinical Review (Predetermination)	
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33271	Insj Subg Impltbl Dfb Elctrd	submitting a Recommended Clinical Review (Predetermination)	
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22274	TCAT INICI/DDL DEDAALDIC DAA	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33274	TCAT INSJ/RPL PERM LDLS PM	submitting a Recommended Clinical Review (Predetermination)	
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33275	Tcat Rmvl Perm Ldls Pm W/Img	submitting a Recommended Clinical Review (Predetermination)	-
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33285	INSJ SUBQ CAR RHYTHM MNTR	submitting a Recommended Clinical Review (Predetermination) _	_
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		MP Criteria: Procedure/service reviewed to ensure each service	
2222	TO A T 18 A D 1 18 D 1 C D 1 A D T D D C C N D	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33289	TCAT IMPL WRLS P-ART PRS SNR	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33340	Perq Clsr Tcat L Atr Apndge	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33361	REPLACE AORTIC VALVE PERQ	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33362	REPLACE AORTIC VALVE OPEN	submitting a Recommended Clinical Review (Predetermination)	
33332	112. 2.02 / 0111.0 1/1212 01 211	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33363	REPLACE AORTIC VALVE OPEN	submitting a Recommended Clinical Review (Predetermination)	
33303	REPLACE AURTIC VALVE OPEN		-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
22264	DEDLACE A OPTIONALIVE OPEN	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33364	REPLACE AORTIC VALVE OPEN	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33365	REPLACE AORTIC VALVE OPEN	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33366	TRCATH REPLACE AORTIC VALVE	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33367	REPLACE AORTIC VALVE W/BYP	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		11 Only Citeria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		·	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33368	REPLACE AORTIC VALVE W/BYP	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33369	REPLACE AORTIC VALVE W/BYP	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33418	REPAIR TCAT MITRAL VALVE	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33419	REPAIR TCAT MITRAL VALVE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33477	IMPLANT TCAT PULM VLV PERQ	submitting a Recommended Clinical Review (Predetermination)	
33477	IIVII LAIVI TOATT OLIVI VEV TERQ	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
22542	Dames and Of Hearth Lasian	· · · · · · · · · · · · · · · · · · ·	
33542	Removal Of Heart Lesion	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33880	Endovasc Taa Repr Incl Subcl	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33881	Endovasc Taa Repr W/O Subcl	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33883	Insert Endovasc Prosth Taa	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
			<u> </u>

		MP Criteria: Procedure/service reviewed to ensure each service	
		·	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33884	Endovasc Prosth Taa Add-On	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33886	Endovasc Prosth Delayed	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33889	Artery Transpose/Endovas Taa	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33927	IMPLTJ TOT RPLCMT HRT SYS	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	- -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33928	RMVL & RPLCMT TOT HRT SYS	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	- -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33929	Rmvl Rplcmt Hrt Sys F/Trnspl	submitting a Recommended Clinical Review (Predetermination)	
55525	Tanta Apiente in Coyo 17 mispi	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33975	Implant Ventricular Device	submitting a Recommended Clinical Review (Predetermination)	
33373	implant ventricular bevice	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33976	Implant Ventricular Device	submitting a Recommended Clinical Review (Predetermination)	
33770	implant ventricular Device	request if it is unclear if the service meets BCBSOK Medical	-
		· ·	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		·	
22070	lacent laterace en areal Deliver	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
33979	Insert Intracorporeal Device	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
33981	Replace Vad Pump Ext	submitting a Recommended Clinical Review (Predetermination)		
33301	Replace Vau Pullip Ext		_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
33982	Replace Vad Intra W/O Bp	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
33983	Replace Vad Intra W/Bp	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
33990	Insj Perq Vad L Hrt Arterial	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
33991	Insj Perg Vad L Hrt Artl&Ven	submitting a Recommended Clinical Review (Predetermination)		
	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
33992	Rmvl Perg Left Heart Vad	submitting a Recommended Clinical Review (Predetermination)		
33332	Millori erq Eere riedre vaa	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
22002	Reposg Perg R/L Hrt Vad	submitting a Recommended Clinical Review (Predetermination)		
33993	Reposg Perd R/L Hrt Vau	, , , , , , , , , , , , , , , , , , ,	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
33999	UNLISTED PX CARDIAC SURGERY	request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.	-	[-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
36260	Insertion Of Infusion Pump	submitting a Recommended Clinical Review (Predetermination)			
30200	insertion of infusion rump	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
36299	LINILISTED DV MASCLII AD NIIV	defined or classified, and may be subject to benefit and/or			
30299	UNLISTED PX VASCULAR NJX		_	-	-
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
20405	NUV NONCARDNO CCI DONE 4 VEIN	· ·			
36465	NJX NONCMPND SCLRSNT 1 VEIN	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
36466	NJX NONCMPND SCLRSNT MLT VN	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
36468	NJX SCLRSNT SPIDER VEINS	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
36470	NJX SCLRSNT 1 INCMPTNT VEIN	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
36471	NJX SCLRSNT MLT INCMPTNT VN	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
36474	ENDOVENOUS MCHNCHEM ADD-ON	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		- '			

		MP Criteria: Procedure/service reviewed to ensure each service		1
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		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36475	ENDOVENOUS RF 1ST VEIN	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36476	ENDOVENOUS RF VEIN ADD-ON	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36478	ENDOVENOUS LASER 1ST VEIN	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36479	ENDOVENOUS LASER VEIN ADDON	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36482	ENDOVEN THER CHEM ADHES 1ST	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36483	ENDOVEN THER CHEM ADHES SBSQ	submitting a Recommended Clinical Review (Predetermination)		
30483	ENDOVEN THEN CHEW ADHES SBSQ	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
20511	A mhannain Mha	· · · · · · · · · · · · · · · · · · ·		
36511	Apheresis Wbc	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
26522	augrapuspsus	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36522	PHOTOPHERESIS	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
36563	Insert Tunneled Cv Cath	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

36836	PRQ AV FSTL CRTJ UXTR 1 ACS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/1/2023	_	
36837	PRQ AV FSTL CRT UXTR SEP ACS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/1/2023	-	
37215	TRANSCATH STENT CCA W/EPS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	
37216	TRANSCATH STENT CCA W/O EPS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	
37217	STENT PLACEMT RETRO CAROTID	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	
37218	STENT PLACEMT ANTE CAROTID	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	
37241	VASC EMBOLIZE/OCCLUDE VENOUS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	_	
37242	VASC EMBOLIZE/OCCLUDE ARTERY	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	
37243	VASC EMBOLIZE/OCCLUDE ORGAN	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	_	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37244	VASC EMBOLIZE/OCCLUDE BLEED	submitting a Recommended Clinical Review (Predetermination)		
37244	VASC LIVIBOLIZE/OCCLODE BLEED	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
27500	ENDOCCODY LICATE DEDE VEING	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37500	ENDOSCOPY LIGATE PERF VEINS	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
37501	UNLISTED VASC ENDOSCOPY PX	defined or classified, and may be subject to benefit and/or	_	-
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37700	REVISE LEG VEIN	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37718	LIGATE/STRIP SHORT LEG VEIN	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37722	LIGATE/STRIP LONG LEG VEIN	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37735	REMOVAL OF LEG VEINS/LESION	submitting a Recommended Clinical Review (Predetermination)		
	1, 11	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37760	LIGATE LEG VEINS RADICAL	submitting a Recommended Clinical Review (Predetermination)		
37700	LIGATE LEG VEINS NADICAL	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
27761	LICATE LEC VEING OPEN	·		
37761	LIGATE LEG VEINS OPEN	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37765	STAB PHLEB VEINS XTR 10-20	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37766	PHLEB VEINS - EXTREM 20+	submitting a Recommended Clinical Review (Predetermination) _		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37780	REVISION OF LEG VEIN	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37785	LIGATE/DIVIDE/EXCISE VEIN	submitting a Recommended Clinical Review (Predetermination)		
37763	EIGATE, DIVIDE, EXCISE VEIN	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37788	Revascularization Penis	·		
3//66	Revascularization Penis	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
37790	PENILE VENOUS OCCLUSION	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
37799	UNLISTED PX VASCULAR SURGERY	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
		Unlisted or Undefined: Procedure/service not otherwise		
38129	UNLISTED LAPS PX SPLEEN	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38204	BL DONOR SEARCH MANAGEMENT	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38205	HARVEST ALLOGENEIC STEM CELL	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		1. Oney criteria.		1

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
38206	HARVEST AUTO STEM CELLS	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38207	CRYOPRESERVE STEM CELLS	submitting a Recommended Clinical Review (Predetermination)		
30207	CRTOPRESERVE STEIVI CELLS	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
20200	THANK PRECEDIVED CTEMA CELLC	· · · · · · · · · · · · · · · · · · ·		
38208	THAW PRESERVED STEM CELLS	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38209	WASH HARVEST STEM CELLS	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38210	T-CELL DEPLETION OF HARVEST	submitting a Recommended Clinical Review (Predetermination) _	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38211	TUMOR CELL DEPLETE OF HARVST	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38212	RBC DEPLETION OF HARVEST	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38213	PLATELET DEPLETE OF HARVEST	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
38214	VOLUME DEPLETE OF HARVEST	submitting a Recommended Clinical Review (Predetermination)		L
		request if it is unclear if the service meets BCBSOK Medical	_	[
		Policy criteria.		

		MD Criteria. Dragadore /carrier un incord to accourt and to			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38215	HARVEST STEM CELL CONCENTRTE	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38230	BONE MARROW HARVEST ALLOGEN	submitting a Recommended Clinical Review (Predetermination)			
30230	BONE WANTOW HARVEST ALEGGEN	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38232	BONE MARROW HARVEST AUTOLOG	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38240	TRANSPLT ALLO HCT/DONOR	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
38241	TRANSPLT AUTOL HCT/DONOR	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38242	TRANSPLT ALLO LYMPHOCYTES	submitting a Recommended Clinical Review (Predetermination)			
30242	TRANSI EL ALLO ETIVIL FIOCITES	request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38243	TRANSPLI HEMATOPOIETIC BOOST	submitting a Recommended Clinical Review (Predetermination)			
30243	TRANSPLI HEIVIATOPOIETIC BOOST	,	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
2020	INCOME OF LYMPIN OF LANDERS	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
38308	INCISION OF LYMPH CHANNELS	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
38589	UNLISTED LAPS PX LYMPHTC SYS	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			

		Unlisted or Undefined: Procedure/service not otherwise			
20000	LINUICTE DV LIENAIC /LVNADLITC CVC	· · · · · · · · · · · · · · · · · · ·			
38999	UNLISTD PX HEMIC/LYMPHTC SYS	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
22.422		Unlisted or Undefined: Procedure/service not otherwise			
39499	UNLISTED PX MEDIASTINUM	defined or classified, and may be subject to benefit and/or	_	_	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
39599	UNLISTED PX DIAPHRAGM	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
40799	UNLISTED PROCEDURE LIPS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
40899	UNLISTED PX VESTIBULE MOUTH	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
41120	Partial Removal Of Tongue	submitting a Recommended Clinical Review (Predetermination)			
41120	Tartial Nemoval Of Tongue	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
	TONGUE SUSPENSION	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
41512		submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			Retire effective
41530	TONGUE BASE VOL REDUCTION	Coding Policy titled: Non-Reimbursable Experimental,	_	3/31/2024	03/30/2024
		Investigational and/or Unproven Services (EIU).			03/30/2021
		Unlisted or Undefined: Procedure/service not otherwise			
41599	UNLISTED PX TONGUE FLR MOUTH	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
41899	UNLISTED PX DENTALVLR STRUX	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
42140	EXCISION OF UVULA	submitting a Recommended Clinical Review (Predetermination)			
12140		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
42145	REPAIR PALATE PHARYNX/UVULA	submitting a Recommended Clinical Review (Predetermination)			
42143	NEFAIN FALATE PHANTINA/UVULA	,	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.		<u> </u>	

		Unlisted or Undefined: Procedure/service not otherwise			
42299	UNLISTED PX PALATE UVULA	defined or classified, and may be subject to benefit and/or			
42233	UNLISTED FX FALATE OVOLA	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
42699	UNLISTED PX SALIVRY GLND/DUX	defined or classified, and may be subject to benefit and/or			
42099	UNLISTED FX SALIVIT GEND/DOX	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
42999	LINUICTED DV DUDNIV A DNID /TNICI				
42999	UNLISTED PX PHRNX ADND/TNSL	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service			
42402	For the same Big Town Leiset	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43192	Esophagoscp Rig Trnso Inject	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.		-	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43201	Esoph Scope W/Submucous Inj	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
43206	ESOPH OPTICAL ENDOMICROSCOPY	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43236	UPPR GI SCOPE W/SUBMUC INJ	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		FILL Procedure (consists not reimburged by PCRCOV Not subject			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
43252	EGD OPTICAL ENDOMICROSCOPY	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43253	EGD US TRANSMURAL INJXN/MARK	submitting a Recommended Clinical Review (Predetermination)			
	· ·	request if it is unclear if the service meets BCBSOK Medical	<u> </u>	_	_
		· ·			
		Policy criteria.			

MP Criteria: Procedure/service reviewed to ensure each service			
meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43257 EGD W/THRML TXMNT GERD submitting a Recommended Clinical Review (Predetermination)		_	_
request if it is unclear if the service meets BCBSOK Medical			
Policy criteria.			
MP Criteria: Procedure/service reviewed to ensure each service			
meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43284 LAPS ESOPHGL SPHNCTR AGMNTJ submitting a Recommended Clinical Review (Predetermination)		_	_
request if it is unclear if the service meets BCBSOK Medical			
Policy criteria.			
MP Criteria: Procedure/service reviewed to ensure each service			
meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43285 Rmvl Esophgl Sphnctr Dev submitting a Recommended Clinical Review (Predetermination)		_	_
request if it is unclear if the service meets BCBSOK Medical			
Policy criteria.			
MP Criteria: Procedure/service reviewed to ensure each service			
meets BCBSOK Medical Policy criteria. BCBSOK recommends			
submitting a Recommended Clinical Review (Predetermination)			
43289 UNLISTED LAPS PX ESOPH request if it is unclear if the service meets BCBSOK Medical			
Policy criteria.		_	_
Unlisted or Undefined: Procedure/service not otherwise			
defined or classified, and may be subject to benefit and/or			
clinical review.			
EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
to utilization review. Please see the Clinical Payment and	1/1/2023		
Coding Policy titled: Non-Reimbursable Experimental,	1/1/2023	-	_
Investigational and/or Unproven Services (EIU).			
FILL Dragadura (somilian not valmburgad by DCDCOV. Not subject			
EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
to utilization review. Please see the Clinical Payment and EGD FLX TRNSORL RMVL BALO	1/1/2023	_	_
Coding Policy titled: Non-Reimbursable Experimental,			
Investigational and/or Unproven Services (EIU).			
MP Criteria: Procedure/service reviewed to ensure each service			
meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43312 Repair Esophagus And Fistula submitting a Recommended Clinical Review (Predetermination)		_	_
request if it is unclear if the service meets BCBSOK Medical			
Policy criteria.			
Unlisted or Undefined: Procedure/service not otherwise			
defined or classified, and may be subject to benefit and/or		_	_
clinical review.			
MP Criteria: Procedure/service reviewed to ensure each service			
meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43632 Removal Of Stomach Partial submitting a Recommended Clinical Review (Predetermination)	6/1/2023	_	_
request if it is unclear if the service meets BCBSOK Medical			
Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43633	REMOVAL OF STOMACH PARTIAL	submitting a Recommended Clinical Review (Predetermination)	
43033	REMOVAL OF STOWACTT ARTIAL	reguest if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
12611	LAD CASTRIC BYRASS /BOLLY FALV	· · · · · · · · · · · · · · · · · · ·	
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
42645	LAD CASTD DVDASS INICI SAALL I	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43645	LAP GASTR BYPASS INCL SMLL I	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		Unlisted or Undefined: Procedure/service not otherwise	
43659	UNLISTED LAPS PX STOMACH	defined or classified, and may be subject to benefit and/or	
		clinical review.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43770	LAP PLACE GASTR ADJ DEVICE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43771	LAP REVISE GASTR ADJ DEVICE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43772	LAP RMVL GASTR ADJ DEVICE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43773	LAP REPLACE GASTR ADJ DEVICE	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
43774	LAP RMVL GASTR ADJ ALL PARTS	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		1. 5.10, 5.10.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
42775	LAD CLEEVE CACEDECTOMAY			
43775	LAP SLEEVE GASTRECTOMY	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43842	V-BAND GASTROPLASTY	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43843	GASTROPLASTY W/O V-BAND	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43845	GASTROPLASTY DUODENAL SWITCH	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43846	GASTRIC BYPASS FOR OBESITY	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43847	GASTRIC BYPASS INCL SMALL I	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43848	REVISION GASTROPLASTY	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	<u> </u> -	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43860	Revise Stomach-Bowel Fusion	submitting a Recommended Clinical Review (Predetermination)		
1.5555	nerise stemash seriel rasion	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
43886	REVISE GASTRIC PORT OPEN	submitting a Recommended Clinical Review (Predetermination)		
73000	NEVISE GASTRIC FORT OPEN	request if it is unclear if the service meets BCBSOK Medical	_	-
	1	Policy criteria.	1	

	I	MP Criteria: Procedure/service reviewed to ensure each service		1	
		·			
40007	DELICUE CASTRIO DODE COEN	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43887	REMOVE GASTRIC PORT OPEN	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
43888	CHANGE GASTRIC PORT OPEN	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
43999	UNLISTED PROCEDURE STOMACH	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
44238	UNLISTED LAPS PX INTESTINE	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
44640	Repair Bowel-Skin Fistula	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
44705	PREPARE FECAL MICROBIOTA	submitting a Recommended Clinical Review (Predetermination)		_	
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
44799	UNLISTED PX SMALL INTESTINE	defined or classified, and may be subject to benefit and/or			
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
44899	UNLISTED PX MECKEL'S DVRTCLM	defined or classified, and may be subject to benefit and/or			
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
44979	UNLISTED LAPS PX APPENDIX	defined or classified, and may be subject to benefit and/or			
		clinical review.		_	_
		Unlisted or Undefined: Procedure/service not otherwise			
45399	UNLISTED PROCEDURE COLON	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
45499	LAPAROSCOPE PROC RECTUM	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
45999	UNLISTED PROCEDURE RECTUM	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		chimour review.			

46707	REPAIR ANORECTAL FIST W/PLUG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental,	-	-	_
		Investigational and/or Unproven Services (EIU).			
		Unlisted or Undefined: Procedure/service not otherwise			
46999	UNLISTED PROCEDURE ANUS	defined or classified, and may be subject to benefit and/or			
40333	ONLISTED I NOCEDONE ANOS	clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
47370	LAPARO ABLATE LIVER TUMOR RF	submitting a Recommended Clinical Review (Predetermination)			
47370	LAI ANO ABLATE LIVEN TOMON NI	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
47379	UNLISTED LAPS PX LIVER	defined or classified, and may be subject to benefit and/or			
47373	ONLISTED EATST X LIVER	clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
47380	OPEN ABLATE LIVER TUMOR RF	submitting a Recommended Clinical Review (Predetermination)			
4/380	OPEN ABLATE LIVER TOWIOR RF	,	-	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		· ·			
47004		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
47381	Open Ablate Liver Tumor Cryo	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
47382	PERCUT ABLATE LIVER RF	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
47399	UNLISTED PROCEDURE LIVER	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
47579	UNLISTED LAPS PX BILIARY TRC	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
47999	UNLISTED PX BILIARY TRACT	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
48999	UNLISTED PROCEDURE PANCREAS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
49329	UNLSTD LAPS PX ABD PERTM&OMN	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			

	I	MP Criteria: Procedure/service reviewed to ensure each service			
		•			
40444		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
49411	Ins Mark Abd/Pel For Rt Perq	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
49412	Ins Device For Rt Guide Open	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
49659	UNLSTD LAPS PX HRNAP HRNRPHY	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
49999	UNLISTED PX ABD PERTM&OMN	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50250	CRYOABLATE RENAL MASS OPEN	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50360	TRANSPLANTATION OF KIDNEY	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50541	LAPARO ABLATE RENAL CYST	submitting a Recommended Clinical Review (Predetermination)			_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50542	LAPARO ABLATE RENAL MASS	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
50549	UNLISTED LAPS PX RENAL	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50592	PERC RF ABLATE RENAL TUMOR	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
	<u>I</u>	i oncy criteria.		l .	

	I .				
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50593	PERC CRYO ABLATE RENAL TUM	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
50949	UNLISTED LAPS PX URETER	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
51715	ENDOSCOPIC INJECTION/IMPLANT	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
51999	UNLISTED LAPS PX BLADDER	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
52287	Cystoscopy Chemodenervation	submitting a Recommended Clinical Review (Predetermination)			
	cystoscopy chemodener varion	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
52327	CYSTOSCOPY INJECT MATERIAL	submitting a Recommended Clinical Review (Predetermination)			
32327	CISTOSCOT I INSECTIVATENIAE	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
52441	CYSTOURETHRO W/IMPLANT	submitting a Recommended Clinical Review (Predetermination)			
52441	C13100KE11IKO W/IIVIFEAIVI	,	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
52442	CYCTOLIDETUDO MAZARRIA MADI ANIT	•			
52442	CYSTOURETHRO W/ADDL IMPLANT	submitting a Recommended Clinical Review (Predetermination)	-	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
F20FF	INCEPT PROCT URETURAL CTTAT	meets BCBSOK Medical Policy criteria. BCBSOK recommends		E /4 4 /2024	retire effective
53855	INSERT PROST URETHRAL STENT	submitting a Recommended Clinical Review (Predetermination)	-	5/14/2024	05/14/2024
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
53860	TRANSURETHRAL RF TREATMENT	Coding Policy titled: Non-Reimbursable Experimental,	_	-	_
		Investigational and/or Unproven Services (EIU).			
		Controller array or on proven services (E10).			

		Unlisted or Undefined: Procedure/service not otherwise		
53899	UNLISTED PX URINARY SYSTEM	defined or classified, and may be subject to benefit and/or		
		clinical review.		Γ
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54110	Treatment Of Penis Lesion	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	Γ
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54111	Treat Penis Lesion Graft	submitting a Recommended Clinical Review (Predetermination)	_	L
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54112	Treat Penis Lesion Graft	submitting a Recommended Clinical Review (Predetermination)	_	L
		request if it is unclear if the service meets BCBSOK Medical		<u> </u>
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54125	REMOVAL OF PENIS	submitting a Recommended Clinical Review (Predetermination)	_	L
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54200	TREATMENT OF PENIS LESION	submitting a Recommended Clinical Review (Predetermination)	_	L
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54205	TREATMENT OF PENIS LESION	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54235	Penile Injection	submitting a Recommended Clinical Review (Predetermination) _		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
54240	PENIS STUDY	submitting a Recommended Clinical Review (Predetermination)		L
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54360	Penis Plastic Surgery	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54400	INSERT SEMI-RIGID PROSTHESIS	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54401	INSERT SELF-CONTD PROSTHESIS	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54405	INSERT MULTI-COMP PENIS PROS	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54406	REMOVE MUTI-COMP PENIS PROS	submitting a Recommended Clinical Review (Predetermination)	
34400	NEWOVE WIGHT COMM TEMISTINGS	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54408	REPAIR MULTI-COMP PENIS PROS	submitting a Recommended Clinical Review (Predetermination)	
54408	REPAIR WILLTI-COIMP PENIS PROS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54410	REMOVE/REPLACE PENIS PROSTH	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54411	REMOV/REPLC PENIS PROS COMP	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
54415	REMOVE SELF-CONTD PENIS PROS	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
			· · · · · · · · · · · · · · · · · · ·

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
54416	REMV/REPL PENIS CONTAIN PROS	submitting a Recommended Clinical Review (Predetermination)			
34410	REIVIV/REPL PEINIS CONTAIN PROS	,	_	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
F4447	DENAV/DEDI C DENIC DDOC COMBI	•			
54417	REMV/REPLC PENIS PROS COMPL	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
54440	Repair Of Penis	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	-	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
54660	REVISION OF TESTIS	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
54699	UNLISTED LAPS PX TESTIS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
55400	Repair Of Sperm Duct	Non Covered: Procedure/service not covered by BCBSOK. Not			
33400	Repair Of Speriff Buct	subject to utilization review.	-	_	-
		Unlisted or Undefined: Procedure/service not otherwise			
55559	UNLSTD LAPS PX SPRMATIC CORD	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
55706	PROSTATE SATURATION SAMPLING	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
FF070	Flacture in a plating	Non Covered: Procedure/service not covered by BCBSOK. Not			
55870	Electroejaculation	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
55873	CRYOABLATE PROSTATE	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
55880	ABLTJ MAL PRST8 TISS HIFU	submitting a Recommended Clinical Review (Predetermination)			
		,	_	_	_
55899	UNLISTED PX MALE GENITAL SYS	· ·			
צצסככו					
55873 55880	CRYOABLATE PROSTATE ABLTJ MAL PRST8 TISS HIFU	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends	-	-	-

		MP Criteria: Procedure/service reviewed to ensure each service	1	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
55970	SEV TRANSFORMATION MATO F	·		
55970	SEX TRANSFORMATION M TO F	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
55980	SEX TRANSFORMATION F TO M	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
56805	REPAIR CLITORIS	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
56810	REPAIR OF PERINEUM	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
57291	CONSTRUCTION OF VAGINA	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
57292	CONSTRUCT VAGINA WITH GRAFT	submitting a Recommended Clinical Review (Predetermination)		
37232	CONSTRUCT VACION VALLE CONTROL VA	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E720E	Povice Vag Graft Via Vagina	· · · · · · · · · · · · · · · · · · ·		
57295	Revise Vag Graft Via Vagina	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
57296	REVISE VAG GRAFT OPEN ABD	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
57307	Fistula Repair & Colostomy	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
57335	REPAIR VAGINA	submitting a Recommended Clinical Review (Predetermination)			
37333	REFAIR VACINA	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
57426	REVISE PROSTH VAG GRAFT LAP	submitting a Recommended Clinical Review (Predetermination)			
37420	REVISET ROSTIT VAG GIVALT EAL	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
58321	ARTIFICIAL INSEMINATION	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
58322	ARTIFICIAL INSEMINATION	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
58323	SPERM WASHING	subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
58578	UNLISTED LAPS PX UTERUS	defined or classified, and may be subject to benefit and/or			
30370	CHESTED EN STA STEROS	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
58579	UNLISTED HYSTSC PX UTERUS	defined or classified, and may be subject to benefit and/or			
55575	011210125 11101001 A 0121100	clinical review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
58674	Laps Abltj Uterine Fibroids	submitting a Recommended Clinical Review (Predetermination)			
	The state of the s	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
58679	UNLISTED LAPS PX OVIDCT OVRY	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
50750	DED AND COMPONET	Non Covered: Procedure/service not covered by BCBSOK. Not			
58750	REPAIR OVIDUCT	subject to utilization review.	_	-	-
50753	De tag O a day T lea(C)	Non Covered: Procedure/service not covered by BCBSOK. Not			
58752	Revise Ovarian Tube(S)	subject to utilization review.	_	-	-
F9070	Patrious Of Courts	Non Covered: Procedure/service not covered by BCBSOK. Not			
58970	Retrieval Of Oocyte	subject to utilization review.	_	-	-
58974	Transfer Of Embrus	Non Covered: Procedure/service not covered by BCBSOK. Not			
389/4	Transfer Of Embryo	subject to utilization review.	-	-	-
58976	Transfer Of Embryo	Non Covered: Procedure/service not covered by BCBSOK. Not			
202/0	Transfer Of Embryo	subject to utilization review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
58999	UNLISTED PX FML GENITAL SYS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			

		NAD Criteries December / compies are insured to consume cook compies		T T	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
59074	FETAL FLUID DRAINAGE W/US	submitting a Recommended Clinical Review (Predetermination)		_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
59076	Fetal Shunt Placement W/Us	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
59897	UNLISTED FETAL INVAS PX W/US	Policy criteria.		_	-
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
59898	UNLSTD LAPS PX MAT CARE&DLVR	defined or classified, and may be subject to benefit and/or			
33636	UNESTO LAFS FA WAT CAREADEVE	clinical review.		-	-
		Unlisted or Undefined: Procedure/service not otherwise			
E0000	LINUISTED DV MAT CARES DIVID				
59899	UNLISTED PX MAT CARE&DLVR	defined or classified, and may be subject to benefit and/or		-	-
		clinical review. Unlisted or Undefined: Procedure/service not otherwise			
50550	LINUIGIES LASS BY SNIDOS SVS	· · · · · · · · · · · · · · · · · · ·			
60659	UNLISTED LAPS PX ENDOC SYS	defined or classified, and may be subject to benefit and/or		-	-
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
60699	UNLISTED PX ENDOCRINE SYSTEM	request if it is unclear if the service meets BCBSOK Medical			
00033	ONLISTED IX ENDOCHINE STSTEM	Policy criteria.	•	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
61215	Insert Brain-Fluid Device	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
61630	INTRACRANIAL ANGIOPLASTY	to utilization review. Please see the Clinical Payment and			
	200.2.00	Coding Policy titled: Non-Reimbursable Experimental,			_
		Investigational and/or Unproven Services (EIU).			

		MP Criteria: Procedure/service reviewed to ensure each service	1		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
61645	DEDO ART M THROMBECT 8 /NES	·			
61645	PERQ ART M-THROMBECT &/NFS	submitting a Recommended Clinical Review (Predetermination) _ request if it is unclear if the service meets BCBSOK Medical		_	_
		i i			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
61650	Evasc Pring Admn Rx Agnt 1St	submitting a Recommended Clinical Review (Predetermination)			
01030	Evasc Pring Admin KX Agrit 15t			_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
C1 CE1	France Delege Advers Dr. Acet Add	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
61651	Evasc Pring Admn Rx Agnt Add	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		The state of the s			
64706	UTT 100 4 T0 4 4 6 40 1 1 50	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
61736	LITT ICR 1 TRAJ 1 SMPL LES	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
64707	UTT 100 A UT TD1 A UT /001 V 10	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
61737	LITT ICR MLT TRJ MLT/CPLX LS	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
62263	EPIDURAL LYSIS MULT SESSIONS	Coding Policy titled: Non-Reimbursable Experimental,		_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
62264	EPIDURAL LYSIS ON SINGLE DAY	to utilization review. Please see the Clinical Payment and			
02204	LFIDORAL LISIS ON SINGLE DAT	Coding Policy titled: Non-Reimbursable Experimental,	•	_	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
62287	DCMPRN PX PERQ 1/MLT LUMBAR	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,		_	
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
64505	N Block Spenopalatine Gangl	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	=	_
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
CAFFF	INADI ANT NELIDOELECTRODEC	· · · · · · · · · · · · · · · · · · ·	
64555	IMPLANT NEUROELECTRODES	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
64566	Neuroeltrd Stim Post Tibial	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
64568	OPN IMPLTJ CRNL NRV NEA&PG	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
64582	OPN MPLTJ HPGLSL NSTM ARY PG	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
64583	Rev/Rplct Hpglsl Nstm Ary Pg	submitting a Recommended Clinical Review (Predetermination)	
	,	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
64584	Rmvl Hpglsl Nstim Ary Pg	submitting a Recommended Clinical Review (Predetermination)	
04304	Milwinggist Notific Ary 1 g	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
64590	INSRT/REDO PN/GASTR STIMUL		
04590	INSKT/REDU PN/GASTR STIIVIUL	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		·	
64615	Chemodenerv Musc Migraine		_
64624	DSTRJ NULYT AGT GNCLR NRV	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
64615 64624	Chemodenerv Musc Migraine DSTRJ NULYT AGT GNCLR NRV	request if it is unclear if the service meets BCBSOK Medical	-

64628	TRML DSTRJ IOS BVN 1ST 2 L/S	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
64629	TRML DSTRJ IOS BVN EA ADDL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
64640	INJECTION TREATMENT OF NERVE	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	_
64650	Chemodenerv Eccrine Glands	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
64653	Chemodenerv Eccrine Glands	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
64802	Sympathectomy Cervical	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
64804	Remove Sympathetic Nerves	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		_	-
64809	REMOVE SYMPATHETIC NERVES	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
64818	Remove Sympathetic Nerves	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
64820	Sympathectomy Digital Artery	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
64823	Sympathectomy Supfc Palmar	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
64999	UNLISTED PX NERVOUS SYSTEM	Unlisted Procedure; May require Prior Authorization per		
04333	UNLISTED FX NERVOUS STSTEIN	contract agreement.	_	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65710	Corneal Transplant	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65730	Corneal Transplant	submitting a Recommended Clinical Review (Predetermination)		
	·	request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65750	Corneal Transplant	submitting a Recommended Clinical Review (Predetermination)		
	'	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65755	Corneal Transplant	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65756	Corneal Trnspl Endothelial	submitting a Recommended Clinical Review (Predetermination)		
03730	cornear rrispi Endotricia	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65757	Prep Corneal Endo Allograft	submitting a Recommended Clinical Review (Predetermination)		
03737	Trep corneal Endo Allografic	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		Non Covered: Procedure/service not covered by BCBSOK. Not		
65760	REVISION OF CORNEA	subject to utilization review.	_	_
		Subject to utilization review.		

CE7CE	De title of Course	Non Covered: Procedure/service not covered by BCBSOK. Not		
65765	Revision Of Cornea	subject to utilization review.	-	_
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65767	CORNEAL TISSUE TRANSPLANT	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65770	REVISE CORNEA WITH IMPLANT	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
65771	Radial Keratotomy	Non Covered: Procedure/service not covered by BCBSOK. Not		
03771	Radial Relations	subject to utilization review.	-	
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65772	CORRECTION OF ASTIGMATISM	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
c====	CORRECTION OF ASTIGMATISM	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65775		submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		·		
65778	Cover Fire W/Membrane	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
05//8	Cover Eye W/Membrane	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
65785	IMPLTJ NTRSTRML CRNL RNG SEG	submitting a Recommended Clinical Review (Predetermination)		
03783	IIVII EIS WINSTHIWE CHIVE HIVO SEG	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66174	TRLUML DIL AQ O/F CAN W/O ST	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66175	TRLUML DIL AQ O/F CAN W/ST	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	<u> </u>	Γ
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66179	AQUEOUS SHUNT EYE W/O GRAFT	submitting a Recommended Clinical Review (Predetermination)		
00175	AQUEUUS SHOW ETE W/O GRAFT	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66180	AQUEOUS SHUNT EYE W/GRAFT	submitting a Recommended Clinical Review (Predetermination)		
00100	AQUEUUS SHOW ETE WYGNALT	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66183	INSERT ANT DRAINAGE DEVICE	submitting a Recommended Clinical Review (Predetermination)		
00103	INSERT ANT BRAINAGE BEVICE	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66184	Revision Of Aqueous Shunt	submitting a Recommended Clinical Review (Predetermination)		
00184	Revision of Aqueous strutt	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66185	Revise Aqueous Shunt Eye	submitting a Recommended Clinical Review (Predetermination)		
00103	Revise Aqueous Siluit Eye		-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66989	XCPSL CTRC RMVL CPLX INSJ 1+	submitting a Recommended Clinical Review (Predetermination)		
00989	ACPSE CIRC RIVIVE CPLX INSJ 1+	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
66004	VCAPCL CTPC PANY INC. 4	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
66991	XCAPSL CTRC RMVL INSJ 1+	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
55000	HALLICTED DV ANT CECA SELT EVE	Unlisted or Undefined: Procedure/service not otherwise		
66999	UNLISTED PX ANT SEGMENT EYE	defined or classified, and may be subject to benefit and/or	-	-
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67027	Implant Eye Drug System	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67028	Injection Eye Drug	submitting a Recommended Clinical Review (Predetermination)		
07020	injection Lye brug	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67221	Ocular Photodynamic Ther	submitting a Recommended Clinical Review (Predetermination)		
6/221	Octuar Photodynamic Ther	1 7 -	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
67225	5 - Photodoxy : Thou Add Ox	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67225	Eye Photodynamic Ther Add-On	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
67299	UNLISTED PX POSTERIOR SEGMNT	defined or classified, and may be subject to benefit and/or	_	-
		clinical review.		
		Unlisted or Undefined: Procedure/service not otherwise		
67399	UNLISTED PX EXTRAOCULAR MUSC	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
		Unlisted or Undefined: Procedure/service not otherwise		
67599	UNLISTED PROCEDURE ORBIT	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67901	REPAIR EYELID DEFECT	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67902	REPAIR EYELID DEFECT	submitting a Recommended Clinical Review (Predetermination) _	L	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67903	REPAIR EYELID DEFECT	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	<u> </u>	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
67904	REPAIR EYELID DEFECT	submitting a Recommended Clinical Review (Predetermination)		
3.301	THE PAIN ETELIS SELECT	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
	1	proncy unteria.		

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		1
67906	REPAIR EYELID DEFECT	submitting a Recommended Clinical Review (Predetermination)	_	<u> </u>
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		1
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		1
67908	DEDAID EVELID DEFECT			1
0/908	REPAIR EYELID DEFECT	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		1
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
67999	UNLISTED PROCEDURE EYELIDS	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
		Unlisted or Undefined: Procedure/service not otherwise		
68399	UNLISTED PX CONJUNCTIVA	defined or classified, and may be subject to benefit and/or		
		clinical review.		
		Unlisted or Undefined: Procedure/service not otherwise		
68899	UNLISTED PX LACRIMAL SYSTEM	defined or classified, and may be subject to benefit and/or		
00033	ONEISTED IX BROKING STOTEM	clinical review.	-	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		1
C0000	DIEDCE EADLODES	· · · · · · · · · · · · · · · · · · ·		
69090	PIERCE EARLOBES	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		1
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		1
69300	REVISE EXTERNAL EAR	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		1
		Policy criteria.		1
		Unlisted or Undefined: Procedure/service not otherwise		
69399	UNLISTED PX EXTERNAL EAR	defined or classified, and may be subject to benefit and/or		
		clinical review.	_	_
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		1
69676	Remove Middle Ear Nerve	submitting a Recommended Clinical Review (Predetermination)		1
09070	Remove Middle Lai Nerve	· · · · · · · · · · · · · · · · · · ·	-	-
		request if it is unclear if the service meets BCBSOK Medical		1
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		1
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		1
69705	NPS SURG DILAT EUST TUBE UNI	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
69706	NPS SURG DILAT EUST TUBE BI	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	[
		Policy criteria.		
		i oney cineria.	<u> </u>	

		MP Criteria: Procedure/service reviewed to ensure each service			
		·			
60746	INADI. OLIMADIT SIX TO ESD 4400	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
69716	IMPL OI IMPLT SK TC ESP<100	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
69719	RPLCM OI IMPLT SK TC ESP<100	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
69728	RMV NTR OI IMP SK TC>=100	submitting a Recommended Clinical Review (Predetermination)	1/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
69729	IMPL OI IMPLT SK TC ESP>=100	submitting a Recommended Clinical Review (Predetermination)	1/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
69730	RPLC OI IMPLT SK TC ESP>=100	submitting a Recommended Clinical Review (Predetermination)	1/1/2023		
		request if it is unclear if the service meets BCBSOK Medical		_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
69799	UNLISTED PX MIDDLE EAR	defined or classified, and may be subject to benefit and/or			
		clinical review.	-	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
69949	UNLISTED PX INNER EAR	defined or classified, and may be subject to benefit and/or			
		clinical review.	-	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
69979	UNLISTED PX TEMPORAL BONE	defined or classified, and may be subject to benefit and/or			
		clinical review.	-	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
75894	X-Rays Transcath Therapy	submitting a Recommended Clinical Review (Predetermination)			
73031	A hays transcatt merapy	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
75956	Xray Endovasc Thor Ao Repr	submitting a Recommended Clinical Review (Predetermination)			
73330	Alay Liluovasc Tilol Ao Repi	_ · · · · · · · · · · · · · · · · · · ·	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.		l	

			ı	1
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
75957	Xray Endovasc Thor Ao Repr	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
75958	Xray Place Prox Ext Thor Ao	submitting a Recommended Clinical Review (Predetermination)		
75550	Aray Flace Frox Ext filor Ao	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
75959	Xray Place Dist Ext Thor Ao	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
76120	CINE/VIDEO X-RAYS	submitting a Recommended Clinical Review (Predetermination)	_	
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
	CINE/VIDEO X-RAYS ADD-ON	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
76125		submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
76496	UNLISTED FLUOROSCOPIC PX	defined or classified, and may be subject to benefit and/or		
70430	ONLISTED I LOOKOSCOTIC I X	clinical review.	-	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		· ·		
		submitting a Recommended Clinical Review (Predetermination)		
76497	UNLISTED CT PROCEDURE	request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.	<u> </u>	
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
76400	LINUISTED MD DDOCEDURE	request if it is unclear if the service meets BCBSOK Medical		
76498	UNLISTED MR PROCEDURE	Policy criteria.	-	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		Unlisted or Undefined: Procedure/service not otherwise		
76499	UNLISTED DX RADIOGRAPHIC PX	defined or classified, and may be subject to benefit and/or		
70433	ONLISTED DA NADIOGRAFITIC FA		-	-
		clinical review.		

		MD Citatia December 1 and the control of the contro		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
76940	US GUIDE TISSUE ABLATION	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
76948	Echo Guide Ova Aspiration	Non Covered: Procedure/service not covered by BCBSOK. Not		
70340	Echo duide ova Aspiration	subject to utilization review.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
76999	ECHO EXAMINATION PROCEDURE	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
77013	Ct Guide For Tissue Ablation	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
77299	UNLISTED PX THER RAD TX PLNG	request if it is unclear if the service meets BCBSOK Medical		
77299	UNLISTED PX THER RAD TX PLING	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
77200	UNLISTED PX MED RADJ PHYSICS	request if it is unclear if the service meets BCBSOK Medical		
77399	UNLISTED PX MED RADJ PHYSICS	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
77400	LIAULICTED DV THED DAD TV AACAAT	request if it is unclear if the service meets BCBSOK Medical		
77499	UNLISTED PX THER RAD TX MGMT	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical		
77799	UNLISTED PX CLIN BRACHYTX	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		Chineur review.		

		Unlisted on Undefined, Danied or Joseph College			
70000		Unlisted or Undefined: Procedure/service not otherwise			
78099	UNLISTED ENDOCRINE PX DX NUC	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
78199	UNLSTD HEMATOP RET/ENDO LYMP	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
78299	UNLISTED GI PX DX NUC MED	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
78399	UNLISTED MUSCSKEL PX DX NUC	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
78434	Agmbf Pet Rest & Rx Stress	submitting a Recommended Clinical Review (Predetermination)			
70101	rights recreated the stress	request if it is unclear if the service meets BCBSOK Medical	_	-	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
78499	LINUISTED CV DV DV NUIC MED	· · · · · · · · · · · · · · · · · · ·			
76499	UNLISTED CV PX DX NUC MED	defined or classified, and may be subject to benefit and/or	_	-	-
		clinical review.			
70500	LINUIGTED DECD BY BY ANION AFR	Unlisted or Undefined: Procedure/service not otherwise			
78599	UNLISTED RESP PX DX NUC MED	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
78699	UNLISTED NRVS SYS PX DX NUC	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
78799	UNLISTED GU PX DX NUC MED	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
78999	UNLISTED MISC PX DX NUC MED	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
79445	Nuclear Rx Intra-Arterial	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
79999	RP THERAPY UNLISTED PX	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
80299	QUANTITATIVE ASSAY DRUG	defined or classified, and may be subject to benefit and/or			
00233	QUALITY ASSAULTED	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
81099	UNLISTED URINALYSIS PX				
01033	OINTISTED OUINALISIS LY	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			

		MP Criteria: Procedure/service reviewed to ensure each service		T
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
01161	Drad Dun /Delet Analysis	·		
81161	Dmd Dup/Delet Analysis	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
04005	5 /41/4 6 44 5 5	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81206	Bcr/Abl1 Gene Major Bp	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81207	Bcr/Abl1 Gene Minor Bp	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81241	F5 Gene	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81243	Fmr1 Gene Detection	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81420	Fetal Chrmoml Aneuploidy	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted Procedure, May require Prior Authorization per		
81479	UNLISTED MOLECULAR PATHOLOGY	Unlisted Procedure; May require Prior Authorization per	_	
		contract agreement.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81490	Autoimmune Rheumatoid Arthr	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
81503	Onco (Ovar) Five Proteins	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		i. oo, oriceria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
81507	Fetal Aneuploidy Trisom Risk	submitting a Recommended Clinical Review (Predetermination)	
	,,	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
81535	Oncology Gynecologic	submitting a Recommended Clinical Review (Predetermination)	
	5, , 5	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
81536	Oncology Gynecologic	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
81538	Oncology Lung	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
81539	Oncology Prostate Prob Score	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
81599	UNLISTED MAAA	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		Unlisted or Undefined: Procedure/service not otherwise	
		defined or classified, and may be subject to benefit and/or	
		clinical review.	
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject	
82523	COLLAGEN CROSSLINKS	to utilization review. Please see the Clinical Payment and	
02323	COLLAGEN CNOSSENNS	Coding Policy titled: Non-Reimbursable Experimental,	-
		Investigational and/or Unproven Services (EIU).	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
82777	Galectin-3	submitting a Recommended Clinical Review (Predetermination)	
		reguest if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		1. 6.16.10.10.1	

83006	Growth Stimulation Gene 2	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
83695	ASSAY OF LIPOPROTEIN(A)	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
83698	ASSAY LIPOPROTEIN PLA2	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
83701	LIPOPROTEIN BLD HR FRACTION	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
83704	LIPOPROTEIN BLD QUAN PART	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
83722	LIPOPRTN DIR MEAS SD LDL CHL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
83937	ASSAY OF OSTEOCALCIN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
83987	EXHALED BREATH CONDENSATE	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
84112	EVAL AMNIOTIC FLUID PROTEIN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
84431	THROMBOXANE URINE	to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	_	-
		MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)			
84999	UNLISTED CHEMISTRY PROCEDURE	request if it is unclear if the service meets BCBSOK Medical Policy criteria. Unlisted or Undefined: Procedure/service not otherwise	_	_	-
		defined or classified, and may be subject to benefit and/or clinical review.			
85999	UNLISTED HEMATOLOGY&COAGJ PX	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
86001	ALLERGEN SPECIFIC IGG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
86328	IA NFCT AB SARSCOV2 COVID19	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
86343	LEUKOCYTE HISTAMINE RELEASE	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
86352	Cell Function Assay W/Stim	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
86353	LYMPHOCYTE TRANSFORMATION	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
86408	NEUTRLZG ANTB SARSCOV2 SCR	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-

86409	NEUTRLZG ANTB SARSCOV2 TITER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	_	-
86413	SARS-COV-2 ANTB QUANTITATIVE	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
86486	SKIN TEST UNLISTED ANTIGN EA	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
86769	SARS-COV-2 COVID-19 ANTIBODY	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	_	-
86849	IMMUNOLOGY PROCEDURE	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
86910	BLOOD TYPING PATERNITY TEST	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	_
86950	Leukacyte Transfusion	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
86999	UNLISTED TRANSFUSION MED PX	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
87505	NFCT AGENT DETECTION GI	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_	-	-
87506	IADNA-DNA/RNA PROBE TQ 6-11	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
87507	IADNA-DNA/RNA PROBE TQ 12-25	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		Unlisted or Undefined: Procedure/service not otherwise			
87797	DETECT AGENT NOS DNA DIR	defined or classified, and may be subject to benefit and/or			
8//9/	DETECT AGENT NOS DIVA DIK	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
07700	DETECT A CENT NOC DNIA ANAD				
87798	DETECT AGENT NOS DNA AMP	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
87799	DETECT AGENT NOS DNA QUANT	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
87899	AGENT NOS ASSAY W/OPTIC	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
87999	UNLISTED MICROBIOLOGY PX	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
88099	UNLISTED NECROPSY (AUTOPSY)	defined or classified, and may be subject to benefit and/or			
00000	(10.01)	clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
88199	UNLISTED CYTOPATHOLOGY PX	defined or classified, and may be subject to benefit and/or			
88133	ONLISTED CITOFAIIIOLOGI FX	clinical review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
88300	LINILICATED CATACCENISTIC CALIDA				
88299	UNLISTED CYTOGENETIC STUDY	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
88375	OPTICAL ENDOMICROSCPY INTERP	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		, ,			
		Unlisted or Undefined: Procedure/service not otherwise			
88399	UNLISTED SURGICAL PATH PX	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
88749	UNLISTED IN VIVO LAB SERVICE	defined or classified, and may be subject to benefit and/or		_	
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
89240	UNLISTED MISC PATH TEST	defined or classified, and may be subject to benefit and/or			
352.5		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90250	Cultr Occuto/Embruo <4 Days				
89250	Cultr Oocyte/Embryo <4 Days	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
89251	Cultr Oocyte/Embryo <4 Days	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
89253	Embryo Hatching	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
00354	Occurs Identification	Non Covered: Procedure/service not covered by BCBSOK. Not		
89254	Oocyte Identification	subject to utilization review.	-	-
00255	Daniel Factor Factor	Non Covered: Procedure/service not covered by BCBSOK. Not		
89255	Prepare Embryo For Transfer	subject to utilization review.	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89257	Sperm Identification	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89258	CRYOPRESERVATION EMBRYO(S)	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89259	CRYOPRESERVATION SPERM	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89260	Sperm Isolation Simple	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89261	Sperm Isolation Complex	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89264	Identify Sperm Tissue	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89268	Insemination Of Oocytes	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89272	Extended Culture Of Oocytes	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89280	Assist Oocyte Fertilization	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
89281	Assist Oocyte Fertilization		_	_
		subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
89290	Diana, Oparta Polar Pody	· · · · · · · · · · · · · · · · · · ·		
89290	Biopsy Oocyte Polar Body	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
2224		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
89291	Biopsy Oocyte Polar Body	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
89325	Sperm Antibody Test	Non Covered: Procedure/service not covered by BCBSOK. Not		
		subject to utilization review.	_	_

89329 Sperm Evaluation Test Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. 89330 Evaluation Cervical Mucus Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_
Non Covered: Procedure/service not covered by BCBSOK. Not		
	_	_
subject to utilization review. 89331 Retrograde Ejaculation Anal Subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not		
subject to utilization review. Report 5 CRYOPRESERVE TESTICULAR TISS Subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not		
subject to utilization review. Non Covered: Procedure/service not covered by BCRSOK_Not_	-	-
89337 CRYOPRESERVATION OOCYTE(S) subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	-	-
89342 STORAGE/YEAR EMBRYO(S) subject to utilization review.	-	_
89343 STORAGE/YEAR SPERM/SEMEN Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_
89344 STORAGE/YEAR REPROD TISSUE Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_
89346 STORAGE/YEAR OOCYTE(S) Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_
89352 THAWING CRYOPRESRVED EMBRYO Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_
Non Covered: Procedure/service not covered by BCBSOK. Not	_	_
subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not THAW CRYOPRSVRD REPROD TISS		
subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not THAWING CRYOPRESRVED OOCYTE	-	
subject to utilization review. Unlisted or Undefined: Procedure/service not otherwise	-	-
89398 UNLISTED REPROD MED LAB PROC defined or classified, and may be subject to benefit and/or clinical review.	-	_
MP Criteria: Procedure/service reviewed to ensure each service		
meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90283 Submitting a Recommended Clinical Review (Predetermination)		
request if it is unclear if the service meets BCBSOK Medical	_	_
Policy criteria.		
Prior Authorization may be required per contract agreement.		
MP Criteria: Procedure/service reviewed to ensure each service		
meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90284 HUMAN IG SC submitting a Recommended Clinical Review (Predetermination)		
request if it is unclear if the service meets BCBSOK Medical	_	_
Policy criteria.		
Prior Authorization may be required per contract agreement.		
MP Criteria: Procedure/service reviewed to ensure each service		
meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90378 Submitting a Recommended Clinical Review (Predetermination)		
request if it is unclear if the service meets BCBSOK Medical	_	
Policy criteria.		
Policy Criteria.		

		Unlisted or Undefined: Procedure/service not otherwise			
90399	UNLISTED IMMUNE GLOBULIN	defined or classified, and may be subject to benefit and/or			
30333	ONLISTED INVINIONE GEODOLIN	clinical review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
90584	Dengue Vacc Quad 2 Dose Subq	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
90626	Tic-Brn Enceph Vac 0.25Ml Im	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
90627	Tic-Brn Enceph Vac 0.5Ml Im	subject to utilization review.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90664	Laiv Vacc Pandemic Intranasl	submitting a Recommended Clinical Review (Predetermination)	_		
		request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90666	FLU VAC PANDEM PRSRV FREE IM	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90667	IIV VACC PANDEMIC ADJUVT IM	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
90749	UNLISTED VACCINE/TOXOID	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
90759	BIT095 NON COVERED.csv	Non Covered: Procedure/service not covered by BCBSOK. Not			
50755	5.1633_1.6.166 12.1.25.661	subject to utilization review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90867	TCRANIAL MAGN STIM TX PLAN	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90868	TCRANIAL MAGN STIM TX DELI	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
00000	TODANI MACALICTIMA DEDETEMANIE	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
90869	TCRAN MAGN STIM REDETEMINE	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
00075	DOVOLLO DI INCIOLO CICALI TI IEDA DV	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90875	PSYCHOPHYSIOLOGICAL THERAPY	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90876	PSYCHOPHYSIOLOGICAL THERAPY	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90880	HYPNOTHERAPY	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		Non Covered: Procedure/service not covered by BCBSOK. Not		
90885	PSY EVALUATION OF RECORDS	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
90889	PREPARATION OF REPORT	subject to utilization review.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
90899	UNLISTED PSYC SVC/THERAPY	defined or classified, and may be subject to benefit and/or		
30033	ONLISTED I STOSVOJ ITIERALI	clinical review.	-	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90901	BIOFEEDBACK TRAIN ANY METH	submitting a Recommended Clinical Review (Predetermination)		
90901	BIOTEEDBACK TRAIN ANT WETT		-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
00043	DED TRAINING ACT AF AAIN	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90912	BFB TRAINING 1ST 15 MIN	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
90913	BFB TRAINING EA ADDL 15 MIN	submitting a Recommended Clinical Review (Predetermination) _	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
90999	UNLISTED DIALYSIS PROCEDURE	defined or classified, and may be subject to benefit and/or _	_	_
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
91034	Gastroesophageal Reflux Test	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		1 - 1		

	T. Comments of the Comments of				
		MP Criteria: Procedure/service reviewed to ensure each service			
91035	G-Esoph Reflx Tst W/Electrod	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)			
91033	G-ESOPII REIIX 1St W/Election	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
91037	Esoph Imped Function Test	submitting a Recommended Clinical Review (Predetermination)			
31037	250ph imped i dilectori resc	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
91038	Esoph Imped Funct Test > 1Hr	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
91065	BREATH HYDROGEN/METHANE TEST	·	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
91110	GI TRC IMG INTRAL ESOPH-ILE	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
04444	CLEDG IMAG INTDAL FCORLIAGUS	to utilization review. Please see the Clinical Payment and			
91111	GI TRC IMG INTRAL ESOPHAGUS	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
91112	GI WIRELESS CAPSULE MEASURE	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
91113	GI TRC IMG INTRAL COLON I&R	Coding Policy titled: Non-Reimbursable Experimental,	1/1/2023	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
91117	Colon Motility 6 Hr Study	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

91132	ELECTROGASTROGRAPHY	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	_	_
91133	ELECTROGASTROGRAPHY W/TEST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
91299	UNLISTED DX GI PROCEDURE	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
92065	ORTHOP TRAING PFRMD PHYS/QHP	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
92066	ORTHOP TRAING SUPVJ PHYS/QHP	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
92132	CMPTR OPHTH DX IMG ANT SEGMT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92145	CORNEAL HYSTERESIS DETER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92273	Full Field Erg W/I&R	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	_
92274	Multifocal Erg W/I&R	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
92499	UNLISTED OPH SVC/PROCEDURE	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-

92512	NASAL FUNCTION STUDIES	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92517	VEMP TEST I&R CERVICAL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92518	VEMP TEST I&R OCULAR	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92519	VEMP TST I&R CERVICAL&OCULAR	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92520	Laryngeal Function Studies	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
92548	CDP-SOT 6 COND W/I&R	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92549	CDP-SOT 6 COND W/I&R MCT&ADT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
92601	Cochlear Implt F/Up Exam <7	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
92602	Reprogram Cochlear Implt <7	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
92603	Cochlear Implt F/Up Exam 7/>	submitting a Recommended Clinical Review (Predetermination)			
32003	Cocinical Impicity of Examity	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
02640	A of Basical and Israella Basana	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
92640	Aud Brainstem Implt Programg	submitting a Recommended Clinical Review (Predetermination)	-	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
92700	UNLISTED ORL SERVICE/PX	defined or classified, and may be subject to benefit and/or	-	-	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
92971	Cardioassist External	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
92974	Cath Place Cardio Brachytx	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
92978	Endoluminl Ivus Oct C 1St	submitting a Recommended Clinical Review (Predetermination)	_		
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
92979	Endoluminl Ivus Oct C Ea	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
93025	Microvolt T-Wave Assess	submitting a Recommended Clinical Review (Predetermination)			
33023	White ovoic 1 wave /issess	request if it is unclear if the service meets BCBSOK Medical	_	-	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
93050	ART PRESSURE WAVEFORM ANALYS	to utilization review. Please see the Clinical Payment and			
55050	ANT FRESSORE WAVELONIVI AIVALTS	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			

		MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	
	DEL 10TE 20 DAY 500 DEV/DEDORT	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93228	REMOTE 30 DAY ECG REV/REPORT	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93229	REMOTE 30 DAY ECG TECH SUPP	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93260	Prgrmg Dev Eval Impltbl Sys	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93261	Interrogate Subq Defib	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93264	REM MNTR WRLS P-ART PRS SNR	submitting a Recommended Clinical Review (Predetermination)	
33204	REWINNIN WREST -ART I RS SINK	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
02270	For ICincol Assessed	· · · · · · · · · · · · · · · · · · ·	
93278	Ecg/Signal-Averaged	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93356	Myocrd Strain Img Spckl Trck	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93580	TRANSCATH CLOSURE OF ASD	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
93640	Evaluation Heart Device	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	[
		Policy criteria.	
		,	

		MD Critoria, Proceeding / consists assistant to account as he can		
		MP Criteria: Procedure/service reviewed to ensure each service		
02544	Floring horizon Following	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93641	Electrophysiology Evaluation	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93642	Electrophysiology Evaluation	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93644	Electrophysiology Evaluation	submitting a Recommended Clinical Review (Predetermination) _	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93660	TILT TABLE EVALUATION	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93701	Bioimpedance Cv Analysis	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
		to utilization review. Please see the Clinical Payment and		
93702	BIS XTRACELL FLUID ANALYSIS	Coding Policy titled: Non-Reimbursable Experimental,	_	_
		Investigational and/or Unproven Services (EIU).		
		investigational and/or onproven services (Lio).		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
		to utilization review. Please see the Clinical Payment and		
93740	TEMPERATURE GRADIENT STUDIES	Coding Policy titled: Non-Reimbursable Experimental,	_	_
		Investigational and/or Unproven Services (EIU).		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93797	Cardiac Rehab	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
93798	Cardiac Rehab/Monitor	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Policy criteria.		

		Unlisted or Undefined: Procedure/service not otherwise			
93799	UNLISTED CV SVC/PROCEDURE	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
93886	Intracranial Complete Study	submitting a Recommended Clinical Review (Predetermination)			
	, , , , , , , , , , , , , , , , , , , ,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
93888	Intracranial Limited Study	submitting a Recommended Clinical Review (Predetermination)			
35555	interaction and a strategy	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
93890	Tcd Vasoreactivity Study	submitting a Recommended Clinical Review (Predetermination)			
33030	rea vasoreactivity study	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
93892	Tcd Emboli Detect W/O Inj	submitting a Recommended Clinical Review (Predetermination)			
33032	red Embon beteet W/O mj	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
93893	Tcd Emboli Detect W/Inj	submitting a Recommended Clinical Review (Predetermination)			
55655	red Embon Detect W/mj	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
93998	UNLISTD NONINVAS VASC DX STD	defined or classified, and may be subject to benefit and/or			
33330	ONLISTE NOMINVAS VASC EX STE	clinical review.	-	-	-
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
94014	PATIENT RECORDED SPIROMETRY	to utilization review. Please see the Clinical Payment and			
3.011	TATIENT RECORDED ST MOMETA	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
94015	PATIENT RECORDED SPIROMETRY	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		FILL Broad or for the case of the Chapter of the Ch			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
94016	REVIEW PATIENT SPIROMETRY	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		· · · · · · · · · · · · · · · · · · ·			

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		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
94669	Mechanical Chest Wall Oscill	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
94774	Ped Home Apnea Rec Compl	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
94775	Ped Home Apnea Rec Hk-Up	submitting a Recommended Clinical Review (Predetermination)			
	· · ·	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
94776	Ped Home Apnea Rec Downld	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
94777	Ped Home Apnea Rec Report	submitting a Recommended Clinical Review (Predetermination)			
94777	red nome Apried Rec Report	-	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. Unlisted or Undefined: Procedure/service not otherwise			
0.4700	LINUIGTED DUU MAONIA DV CVC/DV				
94799	UNLISTED PULMONARY SVC/PX	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
05050	EVE ALLED OV TESTS	to utilization review. Please see the Clinical Payment and			
95060	EYE ALLERGY TESTS	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
95065	NOSE ALLERGY TEST	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		<u> </u>			
		Unlisted or Undefined: Procedure/service not otherwise			
95199	UNLISTED ALL/IMMLG SVC/PX	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95700	Eeg Cont Rec W/Vid Eeg Tech	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		<u>'</u>			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
05705	5 W/O Vid 2 12 Hallamata	· ·	
95705	Eeg W/O Vid 2-12 Hr Unmntr	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95707	Eeg W/O Vid 2-12Hr Cont Mntr	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	submitting a Recommended Clinical Review (Predetermination)	
	_	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95709	Eeg W/O Vid Ea 12-26Hr Intmt	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	· -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95710	Eeg W/O Vid Ea 12-26Hr Cont	submitting a Recommended Clinical Review (Predetermination)	
55710	Leg W/O via La 12-2011 Cont	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	
05744	V 2 42 H-H	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95711	Veeg 2-12 Hr Unmonitored	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95712	Veeg 2-12 Hr Intmt Mntr	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95713	Veeg 2-12 Hr Cont Mntr	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
05744	V 5 40 05 U U	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95714	Veeg Ea 12-26 Hr Unmntr	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95715	Veeg Ea 12-26Hr Intmt Mntr	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95716	Veeg Ea 12-26Hr Cont Mntr	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95717	Eeg Phys/Qhp 2-12 Hr W/O Vid	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95718	Eeg Phys/Qhp 2-12 Hr W/Veeg	submitting a Recommended Clinical Review (Predetermination)	
33710	Leg i nys/Qnp 2-12 in w/ veeg	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
05740	Fac Diag (Oha Fa Isaa) W (O) (id	· · · · · · · · · · · · · · · · · · ·	
95719	Eeg Phys/Qhp Ea Incr W/O Vid	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95720	Eeg Phy/Qhp Ea Incr W/Veeg	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95721	Eeg Phy/Qhp>36<60 Hr W/O Vid	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95722	Eeg Phy/Qhp>36<60 Hr W/Veeg	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	Ţ,
		Policy criteria.	
		,	

		MP Criteria: Procedure/service reviewed to ensure each service	
05700	5 21 /01 - 60 04 11 11/0 15 1	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95723	Eeg Phy/Qhp>60<84 Hr W/O Vid	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95724	Eeg Phy/Qhp>60<84 Hr W/Veeg	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95725	Eeg Phy/Qhp>84 Hr W/O Vid	submitting a Recommended Clinical Review (Predetermination) _	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95726	Eeg Phy/Qhp>84 Hr W/Veeg	submitting a Recommended Clinical Review (Predetermination)	
	0 // 1	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95782	Polysom <6 Yrs 4/> Paramtrs	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95783	Polysom <6 Yrs Cpap/Bilvl	submitting a Recommended Clinical Review (Predetermination)	
55765	Totysom to ms chap/blivi	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
05000	A CTIC DA DI IV TECTINIC		
95803	ACTIGRAPHY TESTING	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
05005		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95805	MULTIPLE SLEEP LATENCY TEST	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95807	SLEEP STUDY ATTENDED	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95808	POLYSOM ANY AGE 1-3> PARAM	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95810	Polysom 6/> Yrs 4/> Param	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
05044		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95811	Polysom 6/>Yrs Cpap 4/> Parm	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
05005	MACTOR & / CENC NEW CONDITECT	to utilization review. Please see the Clinical Payment and			
95905	MOTOR &/ SENS NRVE CNDJ TEST	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
95919	QUAN PUPLMTRY PHY/QHP UNI/BI	to utilization review. Please see the Clinical Payment and	1/1/2023		
93919	QUAN PUPLIVITKI PHI/QHP UNI/BI	Coding Policy titled: Non-Reimbursable Experimental,	1/1/2023	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95954	Eeg Monitoring/Giving Drugs	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95957	Eeg Digital Analysis	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95961	Electrode Stimulation Brain	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
95962	Electrode Stim Brain Add-On	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95965	MEG SPONTANEOUS	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95966	MEG EVOKED SINGLE	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95967	MEG EVOKED EACH ADDL	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95970	Alys Npgt W/O Prgrmg	submitting a Recommended Clinical Review (Predetermination)	
	,,,	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95971	Alys Smpl Sp/Pn Npgt W/Prgrm	submitting a Recommended Clinical Review (Predetermination)	
55571	Alys Simpl Sp/1 in typgt w/1 igitii	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
05073	Alice Color Co /Do Alicet M//Donose	·	
95972	Alys Cplx Sp/Pn Npgt W/Prgrm	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95976	Alys Smpl Cn Npgt Prgrmg	submitting a Recommended Clinical Review (Predetermination) _	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95977	Alys Cplx Cn Npgt Prgrmg	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
95981	IO ANAL GAST N-STIM SUBSQ	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
95982	IO GA N-STIM SUBSQ W/REPROG	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
95983	Alys Brn Npgt Prgrmg 15 Min	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
95984	Alys Brn Npgt Prgrmg Addl 15	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
95999	UNLISTED NEUROLOGICAL DX PX	defined or classified, and may be subject to benefit and/or		
		clinical review.	_	_
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96000	MOTION ANALYSIS VIDEO/3D	submitting a Recommended Clinical Review (Predetermination)		
	.,.	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96001	MOTION TEST W/FT PRESS MEAS	submitting a Recommended Clinical Review (Predetermination)		
30002		request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96002	DYNAMIC SURFACE EMG	submitting a Recommended Clinical Review (Predetermination)		
30002	DIVAMIC SOM ACE EMIC	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96003	DYNAMIC FINE WIRE EMG	submitting a Recommended Clinical Review (Predetermination)		
90005	DTIVAIVIIC FINE WIRE EIVIG	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
00004	DUNC DEVIEW OF MOTION TESTS	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96004	PHYS REVIEW OF MOTION TESTS	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
96379	UNL THER/PROP/DIAG INJ/INF	defined or classified, and may be subject to benefit and/or	-	-
		clinical review.		

		Unlisted or Undefined: Procedure/service not otherwise		
96549	UNLISTED CHEMOTHERAPY PX	defined or classified, and may be subject to benefit and/or	_	
		clinical review.		<u> </u>
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96567	Pdt Dstr Prmlg Les Skn	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical		Γ
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96570	Photodynmc Tx 30 Min Add-On	submitting a Recommended Clinical Review (Predetermination)		
	,	request if it is unclear if the service meets BCBSOK Medical		<u></u>
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96571	PHOTODYNAMIC TX ADDL 15 MIN	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical		<u></u>
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96573	Pdt Dstr Prmlg Les Phys/Qhp	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical		Γ
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96574	Dbrdmt Prmlg Les W/Pdt	submitting a Recommended Clinical Review (Predetermination)	_	<u> </u>
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96912	PHOTOCHEMOTHERAPY WITH UV-A	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96913	PHOTOCHEMOTHERAPY UV-A OR B	submitting a Recommended Clinical Review (Predetermination)	_	<u> </u>
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96922	Laser Tx Skin >500 Sq Cm	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

				
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96931	Rcm Celulr Subcelulr Img Skn	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96932	Rcm Celulr Subcelulr Img Skn	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96933	Rcm Celulr Subcelulr Img Skn	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96934	Rcm Celulr Subcelulr Img Skn	submitting a Recommended Clinical Review (Predetermination)		
30334	Refit Celuii Subceluii IIIIg Skii	, , , , , , , , , , , , , , , , , , , ,	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		·		
0.0025	Barr Cal Ja Cale and Ja Lang Cha	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96935	Rcm Celulr Subcelulr Img Skn	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
96936	Rcm Celulr Subcelulr Img Skn	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
96999	UNLISTED SPEC DERM SVC/PX	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
97012	Mechanical Traction Therapy	Non Covered: Procedure/service not covered by BCBSOK. Not		
37012	Wicefullical Fraction Therapy	subject to utilization review.	-	_
97014	Electric Stimulation Therapy	Non Covered: Procedure/service not covered by BCBSOK. Not		
37014	Electric Stiffulation Therapy	subject to utilization review.	-	_
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97024	Diathermy Eg Microwave	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
07022	Fleating China and China	Non Covered: Procedure/service not covered by BCBSOK. Not		
97032	Electrical Stimulation	subject to utilization review.	-	-
		Unlisted or Undefined: Procedure/service not otherwise		
97039	UNLISTED MODALITY	defined or classified, and may be subject to benefit and/or		
		clinical review.	_	-
		Similar review.		

	I	Non Covered: Procedure/service not covered by BCBSOK. Not		
97124	Massage Therapy	subject to utilization review.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
97139	UNLISTED THERAPEUTIC PX	defined or classified, and may be subject to benefit and/or		
		clinical review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
97169	Athletic Trn Eval Low Cmplx	subject to utilization review.	_	-
07470		Non Covered: Procedure/service not covered by BCBSOK. Not		
97170	Athletic Trn Eval Mod Cmplx	subject to utilization review.	_	-
07474	Addition To Food Pak Const.	Non Covered: Procedure/service not covered by BCBSOK. Not		
97171	Athletic Trn Eval High Cmplx	subject to utilization review.	_	-
07172	Athletic Tee Re Firel Blee Ce	Non Covered: Procedure/service not covered by BCBSOK. Not		
97172	Athletic Trn Re-Eval Plan Cr	subject to utilization review.	_	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97533	Sensory Integration	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
07527	Community/Mark Pointagration	Non Covered: Procedure/service not covered by BCBSOK. Not		
97537	Community/Work Reintegration	subject to utilization review.	_	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97545	Work Hardening	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97546	Work Hardening Add-On	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97605	Neg Press Wound Tx <=50 Cm	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97606	Neg Press Wound Tx >50 Cm	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
97607	Neg Press Wnd Tx <=50 Sq Cm	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

Neg Press Wound Tx >50 Cm	meets BCBSOK Medical Policy criteria. BCBSOK recommends		-	-
LOW FREQUENCY NON-THERMAL US	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
UNLISTED PHYSCL MED/REHAB PX	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
ACUPUNCT W/O STIMUL 15 MIN	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	-
ACUPUNCT W/O STIMUL ADDL 15M	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
ACUPUNCT W/STIMUL 15 MIN	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	_
ACUPUNCT W/STIMUL ADDL 15M	subject to utilization review.	-	-	-
Self-Mgmt Educ/Train 5-8 Pt	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	_
IN-HOSPITAL ON CALL SERVICE	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	_
OUT-OF-HOSP ON CALL SERVICE	subject to utilization review.	-	-	-
MEDICAL SERVICES AFTER HRS	defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
MED SERVICE OUT OF OFFICE	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
OFFICE EMERGENCY CARE	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
SPECIAL SUPPLIES PHYS/QHP	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
PATIENT EDUCATION MATERIALS	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
MEDICAL TESTIMONY	Non Covered: Procedure/service not covered by the Plan. Not subject to utilization review. Unlisted or Undefined	_	-	-
GROUP HEALTH EDUCATION	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	_	-	-
	LOW FREQUENCY NON-THERMAL US UNLISTED PHYSCL MED/REHAB PX ACUPUNCT W/O STIMUL 15 MIN ACUPUNCT W/O STIMUL ADDL 15M ACUPUNCT W/STIMUL ADDL 15M Self-Mgmt Educ/Train 5-8 Pt IN-HOSPITAL ON CALL SERVICE OUT-OF-HOSP ON CALL SERVICE MEDICAL SERVICES AFTER HRS MED SERVICE OUT OF OFFICE OFFICE EMERGENCY CARE SPECIAL SUPPLIES PHYS/QHP PATIENT EDUCATION MATERIALS MEDICAL TESTIMONY	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU). UNILISTED PHYSCL MED/REHAB PX UNILISTED PHYSCL MED/REHAB PX ACUPUNCT W/O STIMUL 15 MIN ACUPUNCT W/O STIMUL ADDL 15M ACUPUNCT W/O STIMUL ADDL 15M ACUPUNCT W/STIMUL ADDL 15M AND Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Non	Neg Press Wound Tx >50 Cm submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titleric. Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU). UNILISTED PHYSCL MED/REHAB PX Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. ACUPUNCT W/O STIMUL 15 MIN Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. ACUPUNCT W/STIMUL 15 MIN Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. ACUPUNCT W/STIMUL 15 MIN Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. ACUPUNCT W/STIMUL ADDL 15M Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Unlisted or Undefined: Procedure/service not coherwise defined or classified, and may be subject to therwise defined or classified, and may be subject to benefit and/or clinical review. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Non Covered: Procedure/service	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predestermination) _ request if it is unclear if the service meets BCBSOK Medical Policy criteria. EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational analyor Unproven Services (EIU). UNILISTED PHYSCL MED/REHAB PX Unilisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. ACUPUNCT W/O STIMUL 15 MIN Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. 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		Non Covered: Procedure/service not covered by the Plan. Not			
99080	SPECIAL REPORTS OR FORMS	subject to utilization review.			
33000	ST ECHTE TOTAL STATE STA	Unlisted or Undefined	_	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
99082	UNUSUAL PHYSICIAN TRAVEL	subject to utilization review.			
55002	0.0000,12.1.1.0.00,110.1.0.122	Unlisted or Undefined	_	_	-
		Unlisted or Undefined: Procedure/service not otherwise			
99199	UNLISTED SPECIAL SVC PX/RPRT	defined or classified, and may be subject to benefit and/or			
33133	ONLISTED SI ECIAE SVC I AJ KI KI	clinical review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
99360	PHYSICIAN STANDBY SERVICES	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			Retire effecive
99424+AA871:F998	BIT095_NON_COVERED.csv	subject to utilization review.	_	1/1/2024	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Retire effecive
99425	BIT095_NON_COVERED.csv	subject to utilization review.	_	1/1/2024	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Retire effecive
99426	BIT095_NON_COVERED.csv	subject to utilization review.	_	1/1/2024	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Retire effecive
99427	BIT095_NON_COVERED.csv	subject to utilization review.	_	1/1/2024	01/01/2024
		Unlisted or Undefined: Procedure/service not otherwise			01/01/2021
99429	UNLISTED PREVENTIVE SERVICE	defined or classified, and may be subject to benefit and/or			
33 123	ONLISTED THE VENTIVE SERVICE	clinical review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
99450	BASIC LIFE DISABILITY EXAM	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
99455	WORK RELATED DISABILITY EXAM	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
99456	DISABILITY EXAMINATION	subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
99499	UNLISTED E&M SERVICE	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
99509	HOME VISIT DAY LIFE ACTIVITY	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
99512	Home Visit For Hemodialysis	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
99600	UNLISTED HOME VISIT SVC/PX	defined or classified, and may be subject to benefit and/or			
		clinical review.			
-				•	

0052U	LPOPRTN BLD W/5 MAJ CLASSES	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	_	-
0054T	BONE SRGRY CMPTR FLUOR IMAGE	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0055T	BONE SRGRY CMPTR CT/MRI IMAG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0062U	AI SLE IGG&IGM ALYS 80 BMRK	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0063U	NEURO AUTISM 32 AMINES ALG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0071T	Us Leiomyomata Ablate <200	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0072T	Us Leiomyomata Ablate >200	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0075T	PERQ STENT/CHEST VERT ART	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
0076Т	S&I STENT/CHEST VERT ART	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

0100Т	PROSTH RETINA RECEIVE&GEN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0101T	ESW MUSCSKEL SYS NOS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0102T	ESW PHY ANES LAT HMRL EPCNDL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0106T	TOUCH QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0106U	GSTR EMPTG 7 TIMED BRTH SPEC	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0107Т	VIBRATE QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0108T	COOL QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0109Т	HEAT QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0110T	NOS QUANT SENSORY TEST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

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		MP Criteria: Procedure/service reviewed to ensure each service			
04757		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0175T	Cad Cxr Remote	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
04047		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0184T	Exc Rectal Tumor Endoscopic	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
01007	OCULAR RICOR FLOW MEACURE	to utilization review. Please see the Clinical Payment and			
0198T	OCULAR BLOOD FLOW MEASURE	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0200T	PERQ SACRAL AUGMT UNILAT INJ	submitting a Recommended Clinical Review (Predetermination)			
02001	TENQ SACINE ACCIVIT CIVILAT IN	request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0201T	PERQ SACRAL AUGMT BILAT INJ	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	-	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		·			
0202T	POST VERT ARTHRPLST 1 LUMBAR	to utilization review. Please see the Clinical Payment and		_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
0207T	CLEAR EYELID GLAND W/HEAT	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0208T	Audiometry Air Only	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
02007	Audianata Air 0 D	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0209T	Audiometry Air & Bone	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			1

0210T	Speech Audiometry Threshold	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0211T	Speech Audiom Thresh & Recog	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0219Т	PLMT POST FACET IMPLT CERV	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0220T	PLMT POST FACET IMPLT THOR	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0221T	PLMT POST FACET IMPLT LUMB	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0222Т	PLMT POST FACET IMPLT ADDL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0224U	ANTIBODY SARS-COV-2 TITER(S)	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
0226U	SVNT SARSCOV2 ELISA PLSM SRM	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
0232T	NJX PLATELET PLASMA	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

0253T	INSERT AQUEOUS DRAIN DEVICE	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
0263Т	IM B1 MRW CEL THER CMPL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0264T	IM B1 MRW CEL THER XCL HRVST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0265T	IM B1 MRW CEL THER HRVST ONL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0266Т	IMPLT/RPL CRTD SNS DEV TOTAL	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0267Т	IMPLT/RPL CRTD SNS DEV LEAD	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0268Т	IMPLT/RPL CRTD SNS DEV GEN	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0269Т	REV/REMVL CRTD SNS DEV TOTAL	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0270Т	REV/REMVL CRTD SNS DEV LEAD	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-

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		MP Criteria: Procedure/service reviewed to ensure each service		
0271T	DEV/DEMAN CRED CAIC DEVICEAL	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0271T	REV/REMVL CRTD SNS DEV GEN	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0272T	INTERROGATE CRTD SNS DEV	submitting a Recommended Clinical Review (Predetermination)		
02721	INTERROGATE CRID SINS DEV	request if it is unclear if the service meets BCBSOK Medical	_	-
		·		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0273T	INTERROGATE CRTD SNS W/PGRMG	submitting a Recommended Clinical Review (Predetermination)		
02/31	INTERROGATE CRID SINS W/FORIVIO	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
0274T	PERQ LAMOT/LAM CRV/THRC	to utilization review. Please see the Clinical Payment and		
027		Coding Policy titled: Non-Reimbursable Experimental,	_	_
		Investigational and/or Unproven Services (EIU).		
		FILL December 1 and the state of the state o		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
0275T	PERQ LAMOT/LAM LUMBAR	to utilization review. Please see the Clinical Payment and	_	_
		Coding Policy titled: Non-Reimbursable Experimental,		
		Investigational and/or Unproven Services (EIU).		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
		to utilization review. Please see the Clinical Payment and		
0278T	TEMPR	Coding Policy titled: Non-Reimbursable Experimental,	_	_
		Investigational and/or Unproven Services (EIU).		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0308T	INSJ OCULAR TELESCOPE PROSTH	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
022211	ladna Cnc Othan Novt Con Soa	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)		
0323U	ladna Cns Pthgn Next Gen Seq		-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0329T	Mntr Io Press 24Hrs/> Uni/Bi	submitting a Recommended Clinical Review (Predetermination)		
03231	Willia to F1633 24(11)3/ Offin DI	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		proncy unteria.	l	

0330Т	TEAR FILM IMG UNI/BI W/I&R	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0331T	HEART SYMP IMAGE PLNR	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
0332T	HEART SYMP IMAGE PLNR SPECT	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_	-	-
0332U	ONC PAN TUM GEN PRFLG 8 DNA	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0333U	ONC LVR SURVEILANC HCC CFDNA	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0334U	ONC SLD ORGN TGSA DNA 84/+	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0335Т	INSJ SINUS TARSI IMPLANT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0335U	RARE DS WHL GEN SEQ FETAL	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	_	3/31/2024	Retire effective 03/31/2024

0336U	RARE DS WHL GEN SEQ BLD/SLV	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0337U	ONC PLSM CELL DOandMYELOMA ID	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0338Т	TRNSCTH RENAL SYMP DENRV UNL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
0338U	ONC SLD TUM CRCG TUM CL SLCT	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0339Т	TRNSCTH RENAL SYMP DENRV BIL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0339U	ONC PRST8 MRNA HOXC6 and DLX1	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0340U	ONC PAN CA ALYS MRD PLASMA	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	_	3/31/2024	Retire effective 03/31/2024
0341U	FTL ANEUP DNA SEQ CMPR ALYS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0342T	Thxp Apheresis W/Hdl Delip	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0342U	ONC PNCRTC CA MULT IA ECLIA	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0343U	ONC PRST8 XOM ALY 442 SNCRNA	submitting a Recommended Clinical Review (Predetermination)	3/31/2024	Retire effective
03430	ONC FRST8 XOW ALT 442 SIVERIVA	request if it is unclear if the service meets BCBSOK Medical	3/31/2024	03/31/2024
		Policy criteria.		
		Prior Authorization may be required per contract agreement.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0344U	HEP NAFLD SEMIQ EVL 28 LIPID	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0345T	TRANSCATH MTRAL VLVE REPAIR	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
00.4511	2010 0511014 1110 2111 45 0511	submitting a Recommended Clinical Review (Predetermination)	2 /24 /2224	Retire effective
0345U	PSYC GENOM ALYS PNL 15 GEN	request if it is unclear if the service meets BCBSOK Medical	3/31/2024	03/31/2024
		Policy criteria.		
		Prior Authorization may be required per contract agreement.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0346U	BETA AMYL A?40andA?42 LC-MS/MS	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	[[
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
0347T	INS BONE DEVICE FOR RSA	to utilization review. Please see the Clinical Payment and		
		Coding Policy titled: Non-Reimbursable Experimental,	_	[-
		Investigational and/or Unproven Services (EIU).		
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0347U	RX METAB/PCX DNA 16 GEN ALYS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0348T	RSA SPINE EXAM	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
0348U	RX METAB/PCX DNA 25 GEN ALYS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0349Т	RSA UPPER EXTR EXAM	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
0349U	RX METAB/PCX DNA 27GEN RX IA	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0350Т	RSA LOWER EXTR EXAM	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0350U	RX METAB/PCX DNA 27 GEN ALYS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Prior Authorization may be required per contract agreement.	-	3/31/2024	Retire effective 03/31/2024
0351T	Intraop Oct Brst/Node Spec	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

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		MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0351U	NFCT DS BCT/VIRAL TRAIL IP10	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0352T	OCT BRST/NODE I&R PER SPEC	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0353T	Intraop Oct Breast Cavity	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0353U	IADNA CHLMYDandGONORR AMP PRB	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0354U	HPV HI RSK QUAL MRNA E6/E7	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
0358T	BIA WHOLE BODY	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		<u> </u>			
		MP Criteria: Procedure/service reviewed to ensure each service			
00.0011	0 0 1 0 11 10 11 11 11	meets BCBSOK Medical Policy criteria. BCBSOK recommends	4/4/2022	2/24/2024	Retire effective
0368U	Onc Clrct Ca Mut&Mthyltn Mrk	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	3/31/2024	03/31/2024
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		·			
036011	ladas Ci Dth as 24 Out 2 24 Aug	meets BCBSOK Medical Policy criteria. BCBSOK recommends	4/4/2022	E /4 4 /2024	Retire effective
0369U	ladna Gi Pthgn 31 Org&21 Arg	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	5/14/2024	05/14/2024
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		· · · · · · · · · · · · · · · · · · ·			
027511	One Own Behm Acu 7 Date Ale	meets BCBSOK Medical Policy criteria. BCBSOK recommends	4/4/2022		
0375U	Onc Ovrn Bchm Asy 7 Prtn Alg	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

0378Т	VISUAL FIELD ASSMNT REV/RPRT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0379Т	VIS FIELD ASSMNT TECH SUPPT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
0386U	Gi Barrett Esoph Mthyltn Aly	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		9/30/2023	Retire effective 09/30/2023
0397Т	ERCP W/OPTICAL ENDOMICROSCPY	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0402T	COLGN CRS-LINK CRN&PACHYMTRY	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0408T	Insj/Rplc Cardiac Modulj Sys	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_	-	-
0409Т	Insj/Rplc Car Modulj Pls Gn	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
0410T	Insj/Rplc Car Modulj Atr Elt	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_	-	-
0411T	Insj/Rplc Car Modulj Vnt Elt	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0412T	Drawl Cardiae Maduli Dle Can	·		
0412T	Rmvl Cardiac Modulj Pls Gen	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
04407	D 10 A4 1 11 T 511	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0413T	Rmvl Car Modulj Tranvns Elt	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0414T	Rmvl & Rpl Car Modulj Pls Gn	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0415T	Repos Car Modulj Tranvns Elt	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0416T	Reloc Skin Pocket Pls Gen	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0417T	Prgrmg Eval Cardiac Modulj	submitting a Recommended Clinical Review (Predetermination)		
	5 5 1 11 11 11 11	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0418T	Interro Eval Cardiac Modulj	submitting a Recommended Clinical Review (Predetermination)		
01101	interio Eval caralde Modalij	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0419T	Dstrj Neurofibroma Xtnsv	submitting a Recommended Clinical Review (Predetermination)		
04131	Doug Neuronbronia Atrisv	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
0.4207	But of Name of Change 197	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0420T	Dstrj Neurofibroma Xtnsv	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

0422T	TACTILE BREAST IMG UNI/BI	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical Policy criteria.			
0424T	INSJ/RPLC NSTIM APNEA COMPL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0425T	INSJ/RPLC NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0426Т	INSJ/RPLC NSTIM APNEA STM LD	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0427Т	INSJ/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	12/31/2023	Retire effective 12/31/2023
0428Т	RMVL NSTIM APNEA PLS GEN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0429Т	RMVL NSTIM APNEA SEN LD	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0430T	RMVL NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0431T	RMVL/RPLC NSTIM APNEA PLS GN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023

0432T	REPOS NSTIM APNEA STIMJ LD	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0433T	REPOS NSTIM APNEA SENSING LD	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0434T	INTERRO EVAL NPGS APNEA	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	12/31/2023	Retire effective 12/31/2023
0435T	PRGRMG EVAL NPGS APNEA 1 SES	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	12/31/2023	Retire effective 12/31/2023
0436T	PRGRMG EVAL NPGS APNEA STUDY	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0440T	Abltj Perc Uxtr/Perph Nrv	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0441T	Abltj Perc Lxtr/Perph Nrv	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0442T	Abltj Perc Plex/Trncl Nrv	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
0443T	R-T Spctrl Alys Prst8 Tiss	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MD Citation December 1 to 1 t		
		MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0449T	INSJ AQUEOUS DRAIN DEV 1ST	submitting a Recommended Clinical Review (Predetermination)		
01131	1113371Q02003 BIW IIIV BEV 131	request if it is unclear if the service meets BCBSOK Medical	-	<u> </u>
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0450T	INSJ AQUEOUS DRAIN DEV EACH	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	<u></u>
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
0464T	VISUAL EP TEST FOR GLAUCOMA	to utilization review. Please see the Clinical Payment and	_	_
		Coding Policy titled: Non-Reimbursable Experimental,		
		Investigational and/or Unproven Services (EIU).		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		Retire effective
0465T	SUPCHRDL NJX RX W/O SUPPLY	submitting a Recommended Clinical Review (Predetermination)	12/31/2023	12/31/2023
		request if it is unclear if the service meets BCBSOK Medical		12/31/2023
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
		to utilization review. Please see the Clinical Payment and		
0472T	PRGRMG IO RTA ELTRD RA	Coding Policy titled: Non-Reimbursable Experimental,	-	_
		Investigational and/or Unproven Services (EIU).		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
0473T	REPRGRMG IO RTA ELTRD RA	to utilization review. Please see the Clinical Payment and		
04/31	REPRORIVIG TO KTA ELTRO KA	Coding Policy titled: Non-Reimbursable Experimental,	-	-
		Investigational and/or Unproven Services (EIU).		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0474T	INSJ AQUEOUS DRG DEV IO RSVR	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	<u> </u>
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0481T	Njx Autol Wbc Concentrate	submitting a Recommended Clinical Review (Predetermination)	_	L
		request if it is unclear if the service meets BCBSOK Medical	_	[
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0483T	TMVI PERCUTANEOUS APPROACH	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

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0484T	TMVI TRANSTHORACIC EXPOSURE	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0485T	OCT MID EAR I&R UNILATERAL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0486Т	OCT MID EAR I&R BILATERAL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0489Т	Regn Cell Tx Scldr Hands	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0490Т	Regn Cell Tx Scldr H Mlt Inj	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0494T	PREP & CANNULI CDVR DON LUNG	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0495T	MNTR CDVR DON LNG 1ST 2 HRS	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0496Т	MNTR CDVR DON LNG EA ADDL HR	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0507Т	NEAR IFR 2IMG MIBMN GLND I&R	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

0508Т	PLS ECHO US B1 DNS MEAS TIB	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0509Т	PATTERN ERG W/I&R	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0510T	Rmvl Sinus Tarsi Implant	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0511T	RMVL&RINSJ SINUS TARSI IMPLT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0512T	ESW INTEG WND HLG 1ST WND	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0513T	ESW INTEG WND HLG EA ADDL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0515T	Insj Wcs Lv Compl Sys	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0516T	INSJ WCS LV ELTRD ONLY	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_	_	-
0517T	INSJ WCS LV PG COMPNT	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0518T	Rmvl Pg Compnt Wcs	submitting a Recommended Clinical Review (Predetermination)		
03101	Talliting complic wes	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0519T	Rmvl & Rplcmt Pg Compnt Wcs	submitting a Recommended Clinical Review (Predetermination)		
03191	Killyl & Kpicilit Pg Colliplit WCS	, , , , , , , , , , , , , , , , , , ,	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0520T	Rmvl&Rplcmt Pg Wcs New Eltrd	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0521T	Interrog Dev Eval Wcs Ip	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0522T	Prgrmg Dev Eval Wcs Ip	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0524T	EV CATH DIR CHEM ABLTJ W/IMG	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0525T	Insj/Rplcmt Compl lims	submitting a Recommended Clinical Review (Predetermination)		
	, p	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0526T	Insj/Rplcmt lims Eltrd Only	submitting a Recommended Clinical Review (Predetermination)		
03201	msj/ npisme mms Elera Smy	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0527T	Inci/Palent line Inalt Matr	·		
U32/1	Insj/Rplcmt lims Implt Mntr	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0528T	Prgrmg Dev Eval lims Ip	submitting a Recommended Clinical Review (Predetermination)			
03281	riging bev Evaluits ip	request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0529T	INTERROG DEV EVAL IIMS IP	submitting a Recommended Clinical Review (Predetermination)			
03291	INTERROO DEV EVALIIVIS IF	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0530T	Removal Complete lims	submitting a Recommended Clinical Review (Predetermination)			
03301	Removal Complete lins	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		· ·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0531T	Removal lims Electrode Only	submitting a Recommended Clinical Review (Predetermination)			
03311	Removal lims Electrode Only	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		· ·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0532T	Removal lims Implt Mntr Only	submitting a Recommended Clinical Review (Predetermination)			
05521	Removal lims impit winti Only		_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0533T	CONT REC MVMT DO 6-10 DAYS	to utilization review. Please see the Clinical Payment and		12/31/2023	Retire effective
05351	CONTREC MINIMIT DO 0-10 DATS	Coding Policy titled: Non-Reimbursable Experimental,	-	12/31/2023	12/31/2023
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0534T	CONT REC MVMT DO SETUP&TRAIN	to utilization review. Please see the Clinical Payment and		12/31/2023	Retire effective
03341	CONTINE WINNI DO SETOT GITTAIN	Coding Policy titled: Non-Reimbursable Experimental,	-	12/31/2023	12/31/2023
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0535T	CONT REC MVMT DO REPRT CNFIG	to utilization review. Please see the Clinical Payment and		12/31/2023	Retire effective
03331	CONTINUE WITH DO NET IN CITIES	Coding Policy titled: Non-Reimbursable Experimental,	_	12/31/2023	12/31/2023
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0536T	CONT REC MVMT DO DL W/I&R	to utilization review. Please see the Clinical Payment and		12/31/2023	Retire effective
	33.11.123.11.11.123.11.11.123.11.11.11.11.11.11.11.11.11.11.11.11.11	Coding Policy titled: Non-Reimbursable Experimental,	_	,,,	12/31/2023
		Investigational and/or Unproven Services (EIU).			

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0537T	Bld Drv T Lymphcyt Car-T Cll	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0538T	Bld Drv T Lymphcyt Prep Trns	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0539T	Receipt&Prep Car-T Cll Admn	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical		<u> </u>	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0540T	Car-T CII Admn Autologous	submitting a Recommended Clinical Review (Predetermination)			
05 101	Car i carriamir i acciogodo	request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0544T	TCAT MV ANNULUS RCNSTJ	submitting a Recommended Clinical Review (Predetermination)			
05441	TCAT IVIV ANNOLOS RCISTS	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		·			
		Policy criteria. Non Covered: Procedure/service not covered by BCBSOK. Not			
0547T	B1 Matrl Qual Tst Mcrind Tib	·	_	_	_
		subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
05537	LOW LEVEL LACED THEDADY	· ·			
0552T	LOW-LEVEL LASER THERAPY	submitting a Recommended Clinical Review (Predetermination)	-	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
0563T	EVAC MEIBOMIAN GLND HEAT BI	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		, , ,			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
0565T	AUTOL CELL IMPLT ADPS HRVG	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		5			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
0566T	AUTOL CELL IMPLT ADPS NJX	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		22			

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		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0588T	REVISION/REMOVAL ISDNS PTN	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0589T	ELEC ALYS SMPL PRGRMG IINS	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0590T	ELEC ALYS CPLX PRGRMG IINS	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
0602T	TRANSDERMAL GFR MEASUREMENTS	Coding Policy titled: Non-Reimbursable Experimental,	-	_	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
00007	TRANSPERMAN CER MONITORING	to utilization review. Please see the Clinical Payment and			
0603T	TRANSDERMAL GFR MONITORING	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
06457	EVE AN /AAT ALVE W/O CALBBLIED	to utilization review. Please see the Clinical Payment and			
0615T	EYE MVMT ALYS W/O CALBRJ I&R	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0620T	EVASC VENI ARTI 7 TIRI /DRNII VAI	to utilization review. Please see the Clinical Payment and			
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0621T	TRABECULOSTOMY INTERNO LASER	to utilization review. Please see the Clinical Payment and			
00211	TRABLECTOSTOWIT INTERINO LASER	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			

0622T	TRABECULOSTOMY INT LSR W/SCP	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	_	_
0623Т	AUTO QUANTIFICATION C PLAQUE	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0624T	AUTO QUAN C PLAQ DATA PREP	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0625T	AUTO QUAN C PLAQ CPTR ALYS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0626Т	AUTO QUAN C PLAQ I&R	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0627Т	PERQ NJX ALGC FLUOR LMBR 1ST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0628Т	PERQ NJX ALGC FLUOR LMBR EA	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0629Т	PERQ NJX ALGC CT LMBR 1ST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0630T	PERQ NJX ALGC CT LMBR EA	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

0631T	TC VIS LIT HYPERSPECTRAL IMG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0632T	PERQ TCAT US ABLTJ NRV P-ART	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	7/1/2023	4/30/2023	-
0639Т	WRLS SKN SNR ANISOTROPY MEAS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0640Т	NCNTC NR IFR SPCTRSC WND	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0641T	NCNTC NR IFR SPCTRSC WND IMG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
0642T	NCNTC NR IFR SPCTRSC WND I&R	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	12/31/2023	Retire effective 12/31/2023
0643Т	TCAT L VENTR RSTRJ DEV IMPLT	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
0646T	TTVI/RPLCMT W/PRSTC VLV PERQ	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service			
0650Т	PRGRMG DEV EVAL SCRMS REMOTE	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	_	-
0651T	MAG CTRLD CAPSULE ENDOSCOPY	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/1/2023	-	-
0656T	VRT BDY TETHERING ANT <7 SEG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0657T	VRT BDY TETHERING ANT 8+ SEG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0658T	Elec Impd Spectrsc 1+Skn Les	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		_	-
0664T	DON HYSTERECTOMY OPEN CDVR	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
0665T	DON HYSTERECTOMY OPEN LIV	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
0666Т	DON HYSTERECTOMY LAPS LIV	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
0667T	DON HYSTERECTOMY RCP UTER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	_	_

0668Т	BKBENCH PREP DON UTER ALGRFT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0669Т	BKBENCH RCNSTJ DON UTER VEN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0670Т	BKBENCH RCNSTJ DON UTER ARTL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0672Т	NDOVAG CRYG RF REMDL TISS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
0714T	Tprnl Lsr Ablt B9 Prst8 Hypr	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0715T	Perq Trluml Coronry Lithotrp	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	12/31/2023	Retire effective 12/31/2023
0716Т	Car Acous Wavfrm Rec Cad Rsk	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0717Т	Adrc Ther Prtl Rc Tear	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
0718T	Adrc Ther Prtl Rc Tear Njx	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-

		MP Criteria: Procedure/service reviewed to ensure each service	
07407	2.24.11.24.2	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0719T	Pst Vrt Jt Rplcmt Lmbr 1 Sgm	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0720T	Prq Elc Nrv Stim Cn Wo Implt	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0721T	Quan Ct Tiss Charac W/O Ct	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0722T	Quan Ct Tiss Charac W/Ct	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0723T	Qmrcp W/O Dx Mri Sm Anat Ses	submitting a Recommended Clinical Review (Predetermination)	
	·	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0724T	Qmrcp W/Dx Mri Same Anatomy	submitting a Recommended Clinical Review (Predetermination)	
	,	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0725T	Vestibular Dev Impltj Uni	submitting a Recommended Clinical Review (Predetermination)	
0,23.	Testing and Det impily on	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0726T	Rmvl Implt Vstibular Dev Uni	submitting a Recommended Clinical Review (Predetermination)	
0,201	Tarrivi Imple Valibular Bev offi	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
0727T	Rmvlandrplcmt Implt Vstblr Dev	submitting a Recommended Clinical Review (Predetermination)	
0/2/1	Amvianurpicint impit vstbir Dev	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

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0743Т	B1 STR & FX RSK VRT FX ASSMT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/1/2023 _	-
0744T	Insj Bioprostc VIv Fem Vn	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023 _	-
0745T	Car Ablt Rad Arr N-Invas Loc	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	6/15/2023 _	-
0746T	Car Ablt Rad Arr Cnv Loc Map	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	6/15/2023 _	-
0747T	Car Ablt Rad Arrhyt Dlvr Rad	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	6/15/2023 _	-
0748T	NJX STM CL PRDCT ANL SFT TIS	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023 _	-
0764T	Asstv Alg Ecg Rsk Asmt Cncrt	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	6/15/2023 _	-
0765Т	Asstv Alg Ecg Rsk Asmt Prev	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	6/15/2023 _	-
0766T	Tc Mag Stimj Pn 1St Tx 1Nrv	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	7/1/2023 _	-

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0767Т	Tc Mag Stimj Pn 1St Tx Ea	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	7/1/2023	-	-
0768Т	Tc Mag Stimj Pn Sbsq Tx 1Nrv	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).		12/31/2023	Retire effective 12/31/2023
0769Т	Tc Mag Stimj Pn Sbsq Tx Ea	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).		12/31/2023	Retire effective 12/31/2023
0770Т	VR TECHNOLOGY ASSIST THERAPY	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0771Т	VR PX DISSOC SVC SM PHY 1ST	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0772Т	VR PX DISSOC SVC SM PHY EA	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0773Т	Vr Px Dissoc Svc Oth Phy 1St	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0774Т	VR PX DISSOC SVC OTH PHY EA	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0775Т	ARTHRD SI JT PRQ IARTIC IMPL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/1/2023	12/31/2023	Retire effective 12/31/2023

0776Т	Ther Indctj Ntrabrn Hypthrm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0777Т	R-T Prs Sensing Edrl Gdn Sys	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0778Т	Smmg Cncrnt Appl Imu Snr	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0779Т	Gi Myoelectrical Actv Study	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0779Т	GI MYOELECTRICAL ACTV STUDY	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	6/15/2023	-	-
0780Т	INSTLI FECAL MICROBIOTA SSP	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	1/1/2023	-	-
0781T	Brnchsc Rf Dstrj Pulm Nrv Bi	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0782Т	Brnchsc Rf Dstrj Plm Nrv Uni	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
0783Т	TC AURICULR NEUROSTIMULATION	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/1/2023	_	-

0791T	MOTR COG VR GAIT TRAIN EA 15	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	7/1/2023 _	-
0793Т	PRQ TCAT THRM ABLT NRV P-ART	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0795Т	TCAT INS 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0796Т	TCAT INS 2CHMBR LDLS PM RA	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0797Т	TCAT INS 2CHMBR LDLS PM RV	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0798Т	TCAT RMV 2CHMBR LDLS PM CMPL	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0799Т	TCAT RMVL 2CHMBR LDLS PM RA	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0800Т	TCAT RMVL 2CHMBR LDLS PM RV	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-
0801T	TCAT RMV&RPL 2CHMBR LDLS PM	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	7/1/2023 _	-

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		MP Criteria: Procedure/service reviewed to ensure each service		
00007	TCAT DAAVO DDI 2011AAD I DI C DAA DA	meets BCBSOK Medical Policy criteria. BCBSOK recommends	7/1/2022	
0802T	TCAT RMV&RPL2CHMB LDLS PM RA	submitting a Recommended Clinical Review (Predetermination)	7/1/2023 _	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	- / . /	
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	submitting a Recommended Clinical Review (Predetermination)	7/1/2023 _	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0804T	PRGRMG EVL LDLS PM 2CHMBR IP	submitting a Recommended Clinical Review (Predetermination)	7/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0805T	TCAT S&IVC PRSTC VL IMPL PRQ	submitting a Recommended Clinical Review (Predetermination)	7/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0806T	TCAT S&IVC PRSTC VL IMPL OPN	submitting a Recommended Clinical Review (Predetermination)	7/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
		to utilization review. Please see the Clinical Payment and		
0807T	PULM TISS VNTJ ALYS PREV CT	Coding Policy titled: Non-Reimbursable Experimental,	7/1/2023 _	_
		Investigational and/or Unproven Services (EIU).		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
		to utilization review. Please see the Clinical Payment and		
0808T	PULM TISS VNTJ ALYS W/CT		7/1/2023 _	_
		Coding Policy titled: Non-Reimbursable Experimental,		
		Investigational and/or Unproven Services (EIU).		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
0810T	SUBRTA NJX RX AGT W/VTRC	submitting a Recommended Clinical Review (Predetermination)	7/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
07014	NON DESCRIPTION PRICE	Non Covered: Procedure/service not covered by BCBSOK. Not		
9701A	NON-PRESCRIPTION DRUGS	subject to utilization review.	_	-
10021	O tride state and the	Non Covered: Procedure/service not covered by BCBSOK. Not		
A0021	Outside state ambulance serv	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
A0080	Noninterest escort in non er	subject to utilization review.	_	-
		Junjour to utilization fortions		

		Non-Coursed Durandous Jameiro and account by DCDCOK Not			
A0090	Interest escort in non er	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0100	Nonemergency transport taxi	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0110	Nonemergency transport bus	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0120	Noner transport mini-bus	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0130	Noner transport wheelch van	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0140	Nonemergency transport air	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0160	Noner transport case worker	subject to utilization review.	_	_	-
10170	T	Non Covered: Procedure/service not covered by BCBSOK. Not			
A0170	Transport parking fees/tolls	subject to utilization review.	_	_	_
10100		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0180	Noner transport lodgng recip	subject to utilization review.	_	_	-
10100		Non Covered: Procedure/service not covered by BCBSOK. Not			
A0190	Noner transport meals recip	subject to utilization review.	_	_	_
40200	No. and the description	Non Covered: Procedure/service not covered by BCBSOK. Not			
A0200	Noner transport lodgng escrt	subject to utilization review.	_	_	-
A0210	Noner transport meals escort	Non Covered: Procedure/service not covered by BCBSOK. Not			
A0210	Notice transport means escort	subject to utilization review.	-	-	-
A0420	Ambulance Waiting Time (Als Or Bls) One Half (1/2) Hour	Non Covered: Procedure/service not covered by BCBSOK. Not			
A0420	Increments	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0426	Als 1	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0427	ALS1-emergency	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0428	bls	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0430	Fixed wing air transport	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		request in it is unclear if the service ineets bebook wedicar			

		MD Collected December 1 and 1			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0431	Rotary wing air transport	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
A0432	PI volunteer ambulance co	Non Covered: Procedure/service not covered by BCBSOK. Not			
710 132	11 Volunteer unibulance es	subject to utilization review.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0435	Fixed wing air mileage	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0436	Rotary wing air mileage	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
40000	Name and a substitute of subst	Non Covered: Procedure/service not covered by BCBSOK. Not			
A0888	Noncovered ambulance mileage	subject to utilization review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A0998	Ambulance response/treatment	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
A0999	Unlisted ambulance service	defined or classified, and may be subject to benefit and/or	_		_
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A2001	Innovamatrix ac per sq cm	·	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A2002	Mirragen adv wnd mat per sq	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A2004	Xcellistem 1 mg	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational and/or onproven services (E10).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A2005	Microlyte matrix per sq cm	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational analor on proven services (LIO).			

A2006	Novosorb synpath per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
A2007	Restrata per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2008	Theragenesis per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2009	Symphony per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2010	Apis per square centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2011	Supra sdrm per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2012	Suprathel per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
A2013	Innovamatrix fs per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

A2014	Omeza collag per 100 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	4/1/2023	-	-
A2015	Phoenix wnd mtrx per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	4/1/2023	-	-
A2016	Permeaderm b per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	4/1/2023	-	-
A2017	Permeaderm glove each	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	4/1/2023	-	-
A2018	Permeaderm c per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	4/1/2023	-	-
A2019	Kerecis Marigen Shld Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	4/1/2023	-	-
A2020	Ac5 wound system	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
A2021	Neomatrix per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
A4100	Skin sub fda clrd as dev nos	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A4238	Adju Cgm Supply Allowance	submitting a Recommended Clinical Review (Predetermination)			
A4236	Adju Cgm Supply Allowance	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
A4335	Incontinence supply	defined or classified, and may be subject to benefit and/or			
A4333	incontinence supply	clinical review.	_	-	_
		Unlisted or Undefined: Procedure/service not otherwise			
A4421	Ostomy supply misc	defined or classified, and may be subject to benefit and/or			
74421	Ostorny supply misc	clinical review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A4453	Rec cath man pump enema repl	submitting a Recommended Clinical Review (Predetermination)			
74455	nee cath man pamp enema repr	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A4458	Reusable enema bag	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A4520	Incontinence garment anytype	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A4553	Non-Disposable Underpads All Sizes	subject to utilization review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A4555	Ca tx e-stim electr/transduc	submitting a Recommended Clinical Review (Predetermination)			
	·	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A4560	Nmes Disposable	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A4575	Hyperbaric o2 chamber disps	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		, ,			
A4595	Electrical Stimulator Supplies 2 Lead Per Month (E. G. Tens	Non Covered: Procedure/service not covered by BCBSOK. Not			
N=333	Nmes)	subject to utilization review.	-	-	-
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A4596	Ces system monthly supp	Coding Policy titled: Non-Reimbursable Experimental,	4/1/2023	_	_
		Investigational and/or Unproven Services (EIU).			

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		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A4600	Sleeve inter limb comp dev	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
A4630	Repl bat t.e.n.s. own by pt	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
	Replacement Battery For Patient-Owned Ear Pulse	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A4638	Generator Each	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A4639	Infrared ht sys replcmnt pad	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		, , ,			
		Unlisted or Undefined: Procedure/service not otherwise			
A4641	Radiopharm dx agent noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
A4649	Surgical supplies	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
A4660	Sphygmomanometer/Blood Pressure Apparatus With Cuff	Non Covered: Procedure/service not covered by BCBSOK. Not			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	And Stethoscope	subject to utilization review.	_	-	-
A4663	Blood Pressure Cuff Only	Non Covered: Procedure/service not covered by BCBSOK. Not			
, , , , ,	5.00a	subject to utilization review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
A4913	Misc dialysis supplies noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
A4930	Gloves Sterile Per Pair	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
A4931	Reusable oral thermometer	Non Covered: Procedure/service not covered by BCBSOK. Not			
711301	neadable erai thermometer	subject to utilization review.	_	-	-
A4932	Reusable rectal thermometer	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
A5507	Modification diabetic shoe	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A6000	Wound warming wound cover	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		Unlisted or Undefined: Procedure/service not otherwise			
A6261	Wound filler gel/paste /oz	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			

		Unlisted or Undefined: Procedure/service not otherwise			
A6262	Wound filler dry form / gram	defined or classified, and may be subject to benefit and/or	_	-	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
A6512	Compres burn garment noc	defined or classified, and may be subject to benefit and/or	_	-	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
A6549	G compression stocking	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A6550	Neg pres wound ther drsg set	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Interface For Cough Stimulating Device Includes All	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A7020	Interface For Cough Stimulating Device Includes All	submitting a Recommended Clinical Review (Predetermination)	_	_	
	Components Replacement Only	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	High Farmer Charles Well Carillelian Carles West	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A7025	High Frequency Chest Wall Oscillation System Vest Replacement For Use With Patient Owned Equipment Each	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A7026	High Frequency Chest Wall Oscillation System Hose	submitting a Recommended Clinical Review (Predetermination)			
	Replacement For Use With Patient Owned Equipment Each	request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A7047	Oral Interface Used With Respiratory Suction Pump Each	submitting a Recommended Clinical Review (Predetermination)			
	The state of the s	request if it is unclear if the service meets BCBSOK Medical	_	-	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
A7049	Epap Nasal Valve	to utilization review. Please see the Clinical Payment and	9/1/2023		
7.7.5.15	Zpap Masar Varie	Coding Policy titled: Non-Reimbursable Experimental,	3, 1, 2020	_	_
		Investigational and/or Unproven Services (EIU).			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
A9150	Misc/exper non-prescript dru	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
A9152	Single vitamin nos	subject to utilization review.			
	5 ₀ .0dililii 1103	Unlisted or Undefined	_	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
A9153	Multi-vitamin nos	subject to utilization review.			
V3133	ividiti-vitaiiiii 1105	Unlisted or Undefined	-	-	-
		Onlisted of Onderlined			

10100	Pediculosis (Lice Infestation) Treatment Topical For	Non Covered: Procedure/service not covered by BCBSOK. Not			
A9180	Administration By Patient/Caretaker	subject to utilization review.	_	_	-
40270		Non Covered: Procedure/service not covered by BCBSOK. Not			
A9270	Non-covered item or service	subject to utilization review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
	Maund Sustian Disposable Includes Pressing All	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9272	Wound Suction Disposable Includes Dressing All	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Accessories And Components Any Type Each	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
A9273	Hot/cold botle/cap/col/wrap	Non Covered: Procedure/service not covered by BCBSOK. Not			
A9273	Hot/cold botle/cap/col/wrap	subject to utilization review.	_	_	-
		Unlisted or Undefined: Procedure/service not otherwise			
A9279	Monitoring feature/deviceNOC	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
A9280	Alert device noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
A9281	Reaching/Grabbing Device Any Type Any Length Each	Non Covered: Procedure/service not covered by BCBSOK. Not			
A3201	Redefining, Gradding Device Airy Type Airy Length Lacin	subject to utilization review.	_	-	-
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A9285	Inversion eversion cor devic	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational ana, or onproven services (£10).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
A9291	Pres dig cog behav thera fda	Coding Policy titled: Non-Reimbursable Experimental,	_	_	-
		Investigational and/or Unproven Services (EIU).			
A9300	Exercise equipment	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9515	Choline C-11 Diagnostic Per Study Dose Up To 20	•			
A9515	Millicuries	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. Unlisted or Undefined: Procedure/service not otherwise			
A9579	Gad-base MR contrast NOS 1ml	defined or classified, and may be subject to benefit and/or			
NJ3/3	Gad-base with contrast thos Tilli	clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9580	Sodium Fluoride F-18 Diagnostic Per Study Dose Up To 30	submitting a Recommended Clinical Review (Predetermination)			
A3300	Millicuries	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		i olicy criteria.		1	

		MP Criteria: Procedure/service reviewed to ensure each service			
	Iodine I-123 Iobenguane Diagnostic Per Study Dose Up To	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9582	15 Millicuries	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	15 Millicuries	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9588	Fluciclovine F-18 Diagnostic 1 Millicurie	submitting a Recommended Clinical Review (Predetermination)			
	-	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9596	Gallium Illuccix 1 Millicure	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
A9597	Pet dx for tumor id noc	defined or classified, and may be subject to benefit and/or			
7.5557	of all for tamer a not	clinical review.	_	-	_
		Unlisted or Undefined: Procedure/service not otherwise			
A9598	Pet dx for non-tumor id noc	defined or classified, and may be subject to benefit and/or			
7.5550	The country had the hoe	clinical review.	-	-	_
		MP Criteria: Procedure/service reviewed to ensure each service			
	Flortaucipir Inj 1 Millicuri	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9601		submitting a Recommended Clinical Review (Predetermination)			
A3001		request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
A9602	Fluorodopa f-18 diag per mci	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		Unlisted or Undefined: Procedure/service not otherwise			
A9698	Non-rad contrast materialNOC	defined or classified, and may be subject to benefit and/or			
A3036	Non-lad Contrast materialNOC	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
A9699	Radiopharm rx agent noc	defined or classified, and may be subject to benefit and/or			
AJUJJ	naulophatiii ix agetit iioc	• • • • • • • • • • • • • • • • • • • •	-	-	-
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service			
		la contraction de la contracti			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
A9800	Gallium locametz 1 millicuri	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		Unlisted or Undefined: Procedure/service not otherwise			
A9900	Supply/accessory/service	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			

		Unlisted or Undefined: Procedure/service not otherwise			
A9999	DME supply or accessory nos	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
B4102	EF adult fluids and electro	Non Covered: Procedure/service not covered by BCBSOK. Not			
D4102	Er addit fidids and electro	subject to utilization review.	_	_	-
B4103	EF ped fluid and electrolyte	Non Covered: Procedure/service not covered by BCBSOK. Not			
D4103	Li ped ildid alid electrolyte	subject to utilization review.	-	-	-
B4104	Additive for enteral formula	Non Covered: Procedure/service not covered by BCBSOK. Not			
54104	Additive for efficial formula	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B4105	Enzyme cartridge enteral nut	submitting a Recommended Clinical Review (Predetermination	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
B4149	EF blenderized foods	Non Covered: Procedure/service not covered by BCBSOK. Not			
D4143	Li biendenzed 100ds	subject to utilization review.	-	-	-
B4150	EF complet w/intact nutrient	Non Covered: Procedure/service not covered by BCBSOK. Not			
D4130	Er complet wylintact nathem	subject to utilization review.	-	-	-
B4152	EF calorie dense>/=1.5Kcal	Non Covered: Procedure/service not covered by BCBSOK. Not			
D4132	Li calone dense//-1.3kcai	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B4153	EF hydrolyzed/amino acids	submitting a Recommended Clinical Review (Predetermination	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B4154	EF spec metabolic noninherit	submitting a Recommended Clinical Review (Predetermination	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B4155	EF incomplete/modular	submitting a Recommended Clinical Review (Predetermination	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B4157	EF special metabolic inherit	submitting a Recommended Clinical Review (Predetermination	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B4158	EF ped complete intact nut	submitting a Recommended Clinical Review (Predetermination	_	_	_
ı		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4159	FF and complete cay based	· · · · · · · · · · · · · · · · · · ·	
B4159	EF ped complete soy based	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4160	EF ped caloric dense>/=0.7kc	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4161	EF ped hydrolyzed/amino acid	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4162	EF ped specmetabolic inherit	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4164	Parenteral 50% dextrose solu	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4168	Parenteral sol amino acid 3.	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4172	Parenteral sol amino acid 5.	submitting a Recommended Clinical Review (Predetermination)	
51172	r dienterar sor annio dela s.	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4176	Parenteral sol amino acid 7-	submitting a Recommended Clinical Review (Predetermination)	
54170	a denteral soi annino aciu 7-	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
D4170	Derenteral callers in a said t	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4178	Parenteral sol amino acid >	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4180	Deventoral cal early > FOO/	·	
B418U	Parenteral sol carb > 50%	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4185	Pn soln nos 10 grams lipids	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4193	Parenteral sol 52-73 gm prot	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4197	Parenteral sol 74-100 gm pro	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4199	Parenteral sol > 100gm prote	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	- <u>-</u>
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4216	Parenteral nutrition additiv	submitting a Recommended Clinical Review (Predetermination)	
	a chick and the	request if it is unclear if the service meets BCBSOK Medical	- -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4220	Parenteral supply kit premix	submitting a Recommended Clinical Review (Predetermination)	
D4220	Falenceial Supply Kit premix	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
D4333	De sentenal aurali, little en ensi	·	
B4222	Parenteral supply kit homemi	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
B4224	Parenteral administration ki	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

	T. T	I		T	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B5000	Parenteral sol renal-amirosy	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B5100	Parenteral solution hepatic	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B5200	Parenteral sol hepatic fream	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B9004	Parenteral Nutrition Infusion Pump Portable	submitting a Recommended Clinical Review (Predetermination)	_		
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
B9006	Parenteral Nutrition Infusion Pump Stationary	submitting a Recommended Clinical Review (Predetermination)			
	·	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
B9998	Enteral supp not otherwise c	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	-
		Unlisted or Undefined: Procedure/service not otherwise			
B9999	Parenteral supp not othrws c	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	<u> </u>	-
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
C1052	Hemostatic agent gi topic	to utilization review. Please see the Clinical Payment and			
01001	The most and agent g. topic	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1062	Intravertebral body fracture augmentation with implant	submitting a Recommended Clinical Review (Predetermination)			
02302	(e.g., metal, polymer)	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1726	Cath Bal Dil Non-Vascular	· ·			
C1/20	Cati Dai Dii NUII-VaSCUIdi	submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical	-	-	-
		·			
		Policy criteria.		<u> </u>	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1761	Cath trans intra litho/coro	submitting a Recommended Clinical Review (Predetermination)		
C1701	Catif transmitia intro/coro	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
C17C1	Count recorded soudies	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1764	Event recorder cardiac	submitting a Recommended Clinical Review (Predetermination)	- -	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1767	Generator neuro non-recharg	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1776	Joint device (implantable)	submitting a Recommended Clinical Review (Predetermination) _	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1778	Lead Neurostimulator	submitting a Recommended Clinical Review (Predetermination)	_ _	=
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1783	Ocular imp aqueous drain de	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1787	Patient Progr Neurostim	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1816	Receiver/Transmitter Neuro	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
C1817	Septal defect imp sys	submitting a Recommended Clinical Review (Predetermination)		
		reguest if it is unclear if the service meets BCBSOK Medical	- -	-
		Policy criteria.		
		i oncy citteria.		

		NAD Criteria. Durandone / comica na deconda a como casa ha comica			
		MP Criteria: Procedure/service reviewed to ensure each service			
C1010	Internated houston weathersin	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1818	Integrated keratoprosthesis	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1020	Generator Neurostimulator (Implantable) With	·			
C1820	Rechargeable Battery And Charging System	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1021	Interchineus Praeses Distraction Device (Implentable)	·			
C1821	Interspinous Process Distraction Device (Implantable)	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
C1823	Gen neuro trans sen/stim	to utilization review. Please see the Clinical Payment and			
C1623	den neuro trans senystim	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1825	Gen neuro carot sinus baro	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1826	Gen Neuro Clo Loop Rechg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023		
	·	request if it is unclear if the service meets BCBSOK Medical		_	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
C1827	Gen, Neuro, Imp Led, Ex Cntr	·	9/1/2023	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1831	Personalized Interbody Cage	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
C1832	Auto cell process sys	submitting a Recommended Clinical Review (Predetermination)	_	5/14/2024	05/14/2024
		request if it is unclear if the service meets BCBSOK Medical			03/ 14/ 2024
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		·			
04000		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1833	Cardiac monitor sys	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1883	Adapt/Ext Pacing/Neuro Lead	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
C1889	Implant/insert device noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C2614	Probe Percutaneous Lumbar Discectomy	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C2616	Brachytx Source Yttrium-90 "Non-Stranded"	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C2623	Cath translumin drug-coat	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C2624	Wireless pressure sensor	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
C2698	Brachytx stranded NOS	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
C2699	Brachytx non-stranded NOS	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5271	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023		
032/1	2011 COSt Skill Substitute app	request if it is unclear if the service meets BCBSOK Medical	7, 1, 2023	-	-
		· ·			
	<u>I</u>	Policy criteria.		l	l .

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5272	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023		
C3272	Low cost skill substitute app	,	4/1/2023	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5273	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5274	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5275	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023		
	· · ·	request if it is unclear if the service meets BCBSOK Medical	• •	_	<u> </u>
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5276	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _		
C3270	Low cost skin substitute upp	request if it is unclear if the service meets BCBSOK Medical		-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
CE 2.7.7	Lancack all to a feether and	·	4/4/2022		
C5277	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C5278	Low cost skin substitute app	submitting a Recommended Clinical Review (Predetermination)	4/1/2023 _	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
C9151	Inj pegcetacoplan 1 mg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	9/30/2023	09/30/2023
		request if it is unclear if the service meets BCBSOK Medical			03/30/2023
		Policy criteria.			
		EILL Procedure (conject not reimburged by DCDCOV, Net authors			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
C9354	Veritas collagen matrix cm2	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_		
		Investigational and/or Unproven Services (EIU).			

C9356	TenoGlide tendon prot cm2	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
C9358	Dermal substitute native non-denatured collagen fetal bovine origin (SurgiMend Collagen Matrix) per 0.5 square centimeters	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
C9360	SurgiMend neonatal	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9363	Integra Meshed Bil Wound Mat	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9364	Porcine implant Permacol	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9399	unclassified drugs or biologicals	Unlisted Procedure; May require Prior Authorization per contract agreement.	_	_	_
C9734	U/S trtmt not leiomyomata	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
C9739	Cystoscopy prostatic imp 1-3	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
C9740	Cysto impl 4 or more	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
C9757	Spine/lumbar disk surgery	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-

		MP Criteria: Procedure/service reviewed to ensure each service			
C07C4	Day and interconnel lith atriage.	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C9764	Revasc intravasc lithotripsy	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		· · · · · · · · · · · · · · · · · · ·			
00765		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C9765	Revasc intra lithotrip-stent	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C9766	Revasc intra lithotrip-ather	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
ı		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C9767	Revasc lithotrip-stent-ather	submitting a Recommended Clinical Review (Predetermination)	-	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
C9768	Endo us-guide hep porto grad	Coding Policy titled: Non-Reimbursable Experimental,	-	_	_
		Investigational and/or Unproven Services (EIU).			
		, , , , , , , , , , , , , , , , , , ,			
ı		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C9769	Cysto w/temp pros implant	submitting a Recommended Clinical Review (Predetermination) _	=	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
C9770	Vitrec/mech pars subret inj	submitting a Recommended Clinical Review (Predetermination) _	_	12/31/2023	12/31/2023
		request if it is unclear if the service meets BCBSOK Medical			12/31/2023
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			Retire effective
C9771	NsI/sins cryo post nasal tis	Coding Policy titled: Non-Reimbursable Experimental,	-	12/31/2023	12/31/2023
					12/31/2023
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
C9772	Revasc lithotrip tibi/perone	to utilization review. Please see the Clinical Payment and		_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			

C9773	Revasc lithotr-stent tib/per	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9774	Revasc lithotr-ather tib/per	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9775	Revasc lith-sten-ath tib/per	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9777	Esophag muc integ w/eso egd	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
C9780	Insert cv cath inf & sup app	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
C9898	Inpnt stay radiolabeled item	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
C9899	Inpt implant pros dev no cov	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
D0999	unspecified diagnostic procedure by report	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
D1705	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
D1706	Sarscov2 Covid-19 Vac Rs-Chadox1 5X1010 Vp/.5Ml Im Dose 2	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-	_
D1999	unspecified preventive procedure by report	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
D2999	unspecified restorative procedure by report	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	_
D3999	unspecified endodontic procedure by report	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-

		Unlisted or Undefined: Procedure/service not otherwise			
5.4000		•			
D4999	unspecified periodontal procedure by report	defined or classified, and may be subject to benefit and/or	_	_	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
D5899	unspecified removable prosthodontic procedure by report	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
D5999	unspecified maxillofacial prosthesis by report	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
D6199	unspecified implant procedure by report	defined or classified, and may be subject to benefit and/or		_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
D6999	unspecified fixed prosthodontic procedure by report	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
D7999	unspecified oral surgery procedure by report	defined or classified, and may be subject to benefit and/or			
2,333	anspeamed ordinatingery procedure by report	clinical review.	_	-	_
		Unlisted or Undefined: Procedure/service not otherwise			
D8999	unspecified orthodontic procedure by report	defined or classified, and may be subject to benefit and/or			
D8333	unspecified orthodoritic procedure by report	clinical review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
D9999	unspecified adjunctive procedure by report	defined or classified, and may be subject to benefit and/or			
D3333	unspecified adjunctive procedure by report	clinical review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50101	Powered Pressure Reducing Mattress Overlay/Pad	·			
E0181	Alternating With Pump Includes Heavy Duty	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0182	Pump For Alternating Pressure Pad For Replacement Only	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0183	Press underlay alter w/pump	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0184	Dry Pressure Mattress	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
	I .	i oney criteria.		<u> </u>	<u> </u>

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		MP Criteria: Procedure/service reviewed to ensure each service			
	Gel Or Gel-Like Pressure Pad For Mattress Standard	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0185	Mattress Length And Width	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	That is a second in the second	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0186	Air Pressure Mattress	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0187	Water pressure mattress	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
E0190	Positioning cushion	Non Covered: Procedure/service not covered by BCBSOK. Not			
10130	1 ositioning cashion	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0193	Powered Air Flotation Bed (Low Air Loss Therapy)	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	Air Fluidized Bed	MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0194		submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0196	Gel Pressure Mattress	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0217	Water circ heat pad w pump	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0218	Fluid circ cold pad w pump	submitting a Recommended Clinical Review (Predetermination)	_		_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0221	Infrared heating pad system	to utilization review. Please see the Clinical Payment and	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			

E0225	Hydrocollator Unit Includes Pads	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical	-	-
E0231	Wound warming device	Policy criteria. EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
E0232	Warming card for NWT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-
E0236	Pump for water circulating p	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
E0239	Hydrocollator Unit Portable	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-
E0240	Bath/shower chair	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_
E0241	Bath tub wall rail	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-
E0242	Bath tub rail floor	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_
E0243	Toilet rail	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-
E0244	Toilet seat raised	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-
E0245	Tub stool or bench	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-
E0246	Transfer tub rail attachment	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-
E0247	Trans bench w/wo comm open	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_
E0248	HDtrans bench w/wo comm open	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_

		MD Criteria. Dress dura /samisa varianted to annua anch samisa			
		MP Criteria: Procedure/service reviewed to ensure each service			
500.40		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0249	Pad water circulating heat u	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hospital Bed Fixed Height With Any Type Side Rails With	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0250	Mattress	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Width C33	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hospital Bed Fixed Height With Any Type Side Rails	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0251	Without Mattress	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Without Mattless	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Harrifel Bad Wastable Hataba Hilla Mith Acad Tara Cida	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0255	Hospital Bed Variable Height Hi-Lo With Any Type Side	submitting a Recommended Clinical Review (Predetermination)	_		_
	Rails With Mattress	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hospital Bed Variable Height Hi-Lo With Any Type Side Rails Without Mattress	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0256		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0260	Hospital Bed Semi-Electric (Head And Foot Adjustment)	submitting a Recommended Clinical Review (Predetermination)			
20200	With Any Type Side Rails With Mattress	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0261	Hospital Bed Semi-Electric (Head And Foot Adjustment)	submitting a Recommended Clinical Review (Predetermination)			
L0201	With Any Type Side Rails Without Mattress	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0265	Hospital Bed Total Electric (Head Foot And Height	submitting a Recommended Clinical Review (Predetermination)			
E0205	Adjustments) With Any Type Side Rails With Mattress	,	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		·			
F0266	Hospital Bed Total Electric (Head Foot And Height	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0266	Adjustments) With Any Type Side Rails Without Mattress	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MD Critoria: Procedure /coming reviewed to ensure each coming			
		MP Criteria: Procedure/service reviewed to ensure each service			
E0270	Hospital Bed Institutional Type Includes: Oscillating	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
	Circulating And Stryker Frame With Mattress	submitting a Recommended Clinical Review (Predetermination)	_	-	_
	,	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0271	Mattress Innerspring	submitting a Recommended Clinical Review (Predetermination) _	_	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0272	Mattress Foam Rubber	submitting a Recommended Clinical Review (Predetermination) _	_		_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0273	Bed board	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0274	Over-bed table	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-		-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0277	Powered Pressure-Reducing Air Mattress	submitting a Recommended Clinical Review (Predetermination)			
20277	Towered Tressure Reddenig / III Mattress	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0280	Bed cradle	submitting a Recommended Clinical Review (Predetermination)			
L0280	bed cradie	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
F0200	Hospital Bed Fixed Height Without Side Rails With	·			
E0290	Mattress	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0291	Hosp bed fx ht w/o rail w/o	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		140000000000000000000000000000000000000		1	
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hospital Bed Variable Height Hi-Lo Without Side Rails With	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0292	Mattress	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0293	Hosp bed var ht no sr no mat	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Heavital Dad Carri Floatric (Head And Foot Adjustment)	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0294	Hospital Bed Semi-Electric (Head And Foot Adjustment)	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Without Side Rails With Mattress	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0295	Hospital Bed Semi-Electric (Head And Foot Adjustment)	submitting a Recommended Clinical Review (Predetermination)			
	Without Side Rails Without Mattress	request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hospital Bed Total Electric (Head Foot And Height Adjustments). Without Side Rails With Mattress	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0296		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0297	Hospital Bed Total Electric (Head Foot And Height	submitting a Recommended Clinical Review (Predetermination)			
20237	Adjustments) Without Side Rails Without Mattress	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
50300	Pediatric Crib Hospital Grade Fully Enclosed With Or	ŕ			
E0300	Without Top Enclosure	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
50204		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0301	Greater Than 350 Pounds But Less Than Or Equal To 600	submitting a Recommended Clinical Review (Predetermination)	_	_	-
	Pounds With Any Type Side Rails Without Mattress	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hospital Bed Extra Heavy Duty Extra Wide With Weight	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0302		submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Without Mattress	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

Hospital Bed Heavy Duty Extra Wide With Weight Capacity Greater Than 350 Pounds But Less Than Or Equal To 600 Pounds With Any Type Side Rails With Mattress Hospital Bed Extra Heavy Duty Extra Wide With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress Hospital Bed Extra Heavy Duty Extra Wide With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress Hospital Bed Extra Heavy Duty Extra Wide With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. E0305 Bed Side Rails Half Length MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
Greater Than 350 Pounds But Less Than Or Equal To 600 Pounds With Any Type Side Rails With Mattress Hospital Bed Extra Heavy Duty Extra Wide With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress E0304 E0305 Bed Side Rails Half Length Greater Than 350 Pounds But Less Than Or Equal To 600 Pounds With Mattress submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
Pounds With Any Type Side Rails With Mattress request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
Policy criteria. Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. BCBSOK Medical Policy criteria. MP Criteria: Procedure/service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. BCBSOK Medical Policy criteria.	
Hospital Bed Extra Heavy Duty Extra Wide With Weight E0304 Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress Policy criteria. BCBSOK Medical Policy criteria. BCBSOK Medical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
Hospital Bed Extra Heavy Duty Extra Wide With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress E0304 E0305 Hospital Bed Extra Heavy Duty Extra Wide With Weight Capacity Greater Than 600 Pounds With Any Type Side Rails Submitting a Recommended Clinical Review (Predetermination)	
E0304 Capacity Greater Than 600 Pounds With Any Type Side Rails With Mattress submitting a Recommended Clinical Review (Predetermination) Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
With Mattress request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends E0305 Bed Side Rails Half Length submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
meets BCBSOK Medical Policy criteria. BCBSOK recommends E0305 Bed Side Rails Half Length submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
Bed Side Rails Half Length submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
request if it is unclear if the service meets BCBSOK Medical Policy criteria.	La contraction of the contractio
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E0310 Bed Side Rails Full Length submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E0315 Bed accessory brd/tbl/supprt submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
Hospital Bed Pediatric Manual 360 Degree Side Enclosures Manual 360 Degree Side Enclosures Manual	
Submitting a Recommended Clinical Review (Predetermination) Top Of Headboard Submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
Hospital Bed Pediatric Electric Or Semi-Electric 360 Degree meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Side Enclosures Side Enclo	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E0373 Nonpowered Advanced Pressure Reducing Mattress submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	

		Unlisted or Undefined: Procedure/service not otherwise			
E0446	Topical Ox Deliver sys nos	defined or classified, and may be subject to benefit and/or			
20	Topical ox Deliver sys thes	clinical review.	_	_	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0471	RAD w/backup non inv intrfc	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0481	Intrapulmonary Percussive Ventilation System And Related	submitting a Recommended Clinical Review (Predetermination)			
	Accessories	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0482	Cough Stimulating Device Alternating Positive And Negative	submitting a Recommended Clinical Review (Predetermination)			
	Airway Pressure	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	High Frequency Chest Wall Oscillation System Includes All Accessories And Supplies Each	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0483		submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Oscillatory Positive Expiratory Pressure Device Non-Electric	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0484		submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Any Type Each	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0485	Oral device/appliance prefab	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0486	Oral device/appliance cusfab	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
E0487	Electronic spirometer	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
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		MD Critoria, Procedure (comice reviewed to ensure each comice		
		MP Criteria: Procedure/service reviewed to ensure each service		
50646		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0616	Cardiac event recorder	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0617	Automatic ext defibrillator	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0618	Apnea Monitor Without Recording Feature	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0619	Apnea Monitor With Recording Feature	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
E0620	Cap bld skin piercing laser	Non Covered: Procedure/service not covered by BCBSOK. Not		
E0020	cap bid skill piercing laser	subject to utilization review.	_	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
E0625	Patient lift bathroom or toi	request if it is unclear if the service meets BCBSOK Medical		
EU025	Patient int bathroom or to	Policy criteria.	-	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0627	Seat Lift Mechanism Electric Any Type	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0629	Seat Lift Mechanism Non-Electric Any Type	submitting a Recommended Clinical Review (Predetermination)		
	· · · ·	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E0635	Patient Lift Electric With Seat Or Sling	submitting a Recommended Clinical Review (Predetermination)		
	. State Ene Electric With Seat of Sining	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		Folicy Criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service			
	Multipositional Patient Support System With Integrated Lift	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0636	Patient Accessible Controls	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	T GALLET AGGESSIONE CONTAINED	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Combination Sit To Stand Frame/Table System Any Size	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0637	Including Pediatric With Seat Lift Feature With Or Without	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Wheels	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Standing Frame/Table System One Position (E.G. Upright	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0638	Supine Or Prone Stander) Any Size Including Pediatric With	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Or Without Wheels	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Patient Lift Moveable From Room To Room With	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0639	Disassembly And Reassembly Includes All	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Components/Accessories	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Patient Lift Fixed System Includes All	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0640	Components/Accessories	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Components/Accessories	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Standing Frame/Table System Multi-Position (E.G. Three-	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0641	Way Stander) Any Size Including Pediatric With Or Without	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Wheels	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Standing Frame/Table System Mobile (Dynamic Stander)	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0642	Any Size Including Pediatric	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Any Size including rediatric	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0650	Pneuma compresor non-segment	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0651	Pneum compressor segmental	submitting a Recommended Clinical Review (Predetermination)	_		_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		. oney enterior	1	L	

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0652	Pneum compres w/cal pressure	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0655	Pneumatic appliance half arm	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0656	Segmental pneumatic trunk	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0657	Segmental pneumatic chest	submitting a Recommended Clinical Review (Predetermination)		_	
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0660	Pneumatic appliance full leg	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		,			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0665	Pneumatic appliance full arm	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0666	Pneumatic appliance half leg	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		·			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0667	Seg pneumatic appl full leg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service	1		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0668	Seg pneumatic appl full arm	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical		_	_
		Policy criteria			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0669	Seg pneumatic appli half leg	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0670	Seg pneum int legs/trunk	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0671	Pressure pneum appl full leg	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical		_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0672	Pressure pneum appl full arm	submitting a Recommended Clinical Review (Predetermination)			
	· · · ·	request if it is unclear if the service meets BCBSOK Medical		_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0673	Pressure pneum appl half leg	submitting a Recommended Clinical Review (Predetermination)			
		reguest if it is unclear if the service meets BCBSOK Medical		_	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0675	Pneumatic compression device	to utilization review. Please see the Clinical Payment and			
20073	Theumatic compression device	Coding Policy titled: Non-Reimbursable Experimental,		_	-
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
E0676	Inter limb compress dev NOS	Policy criteria.		_	_
		Unlisted or Undefined: Procedure/service not otherwise			
		· · · · · · · · · · · · · · · · · · ·			
		defined or classified, and may be subject to benefit and/or			
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0677	Non Proum Sog Comp Trumb	·	4/4/2022		
E0677	Non Pneum Seq Comp Trunk	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0691	Uvl pnl 2 sq ft or less	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0692	Uvl sys panel 4 ft	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0693	Uvl sys panel 6 ft	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0694	Uvl md cabinet sys 6 ft	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
E0705	Transfer Device Any Type Each	Non Covered: Procedure/service not covered by BCBSOK. Not			
E0705	Transfer Device Ally Type Each	subject to utilization review.	_	-	_
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) Device	Non Covered: Procedure/service not covered by BCBSOK. Not			
E0720	Two Lead Localized Stimulation	subject to utilization review.	_	-	_
	Transcutaneous Electrical Nerve Stimulation (Tens) Device	Non Covered: Procedure/service not covered by BCBSOK. Not			
E0730	· · ·	·	_	_	_
	Four Or More Leads For Multiple Nerve Stimulation	subject to utilization review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Form Fitting Conductive Garment For Delivery Of Tens Or	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0731	Nmes (With Conductive Fibers Separated From The Patient'S	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Skin By Layers Of Fabric)	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
E0740	Non-implant pelv flr e-stim	· ·	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0744	Neuromuscular Stimulator For Scoliosis	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0746	Electromyograph biofeedback	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	<u></u>	-
		Policy criteria.			

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		MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0747	Elec osteogen stim not spine	submitting a Recommended Clinical Review (Predetermination)			
EU/4/	Elec osteogen still not spille	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0760	Osteogen ultrasound stimltor	submitting a Recommended Clinical Review (Predetermination)			
E0760	Osteogen uitrasound stillitor	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0761	Nontherm electromgntc device	submitting a Recommended Clinical Review (Predetermination)			
EU/01	Nontherm electronightc device	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		· ·			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0762	Trans aloc it stim day sys	to utilization review. Please see the Clinical Payment and			
E0702	Trans elec jt stim dev sys	Coding Policy titled: Non-Reimbursable Experimental,	_	-	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0764	Functional neuromuscularstim	to utilization review. Please see the Clinical Payment and			
20701	T arretterial rical erradication still	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0766	Elec stim cancer treatment	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
E0769	Electric wound treatment dev	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		, ,			
		Investigational and/or Unproven Services (EIU).			
		Unlisted or Undefined: Procedure/service not otherwise			
E0770	Functional electric stim NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Infusion Pump Implantable Non-Programmable (Includes	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0782		submitting a Recommended Clinical Review (Predetermination)	_	_	_
	All Components E. G. Pump Catheter Connectors Etc.)	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

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		MP Criteria: Procedure/service reviewed to ensure each service			
	Infusion Pump System Implantable Programmable	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0783	(Includes All Components E. G. Pump Catheter	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Connectors Etc.)	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0784	External Ambulatory Infusion Pump Insulin	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Implantable Intraspinal (Epidural/Intrathecal) Catheter Used	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0785		submitting a Recommended Clinical Review (Predetermination)	_	_	_
	With Implantable Infusion Pump Replacement	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0786	Implantable Programmable Infusion Pump Replacement	submitting a Recommended Clinical Review (Predetermination)			
	(Excludes Implantable Intraspinal Catheter)	request if it is unclear if the service meets BCBSOK Medical	_	<u> </u>	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0830	Ambulatory traction device	to utilization review. Please see the Clinical Payment and			
20000		Coding Policy titled: Non-Reimbursable Experimental,	_	<u> </u>	_
		Investigational and/or Unproven Services (EIU).			
		511 D			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0840	Tract frame attach headboard	to utilization review. Please see the Clinical Payment and			
	Trace frame accasi freadboard	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		FILL Described to the second second by DCDCOV Net subject			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0849	Cervical pneum trac equip	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	<u> </u>	_
		Investigational and/or Unproven Services (EIU).			
		FILL Dropodure (comice not rain burned by DCDCOV Not a bird			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0850	Traction stand free standing	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E0855	Cervical traction equipment	to utilization review. Please see the Clinical Payment and	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			

E0856	Cervic collar w air bladders	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
E0860	Tract equip cervical tract	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
E0890	Traction frame attach pelvic	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU). MP Criteria: Procedure/service reviewed to ensure each service	-	-	-
E0920	Fracture frame attached to b	meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0930	Fracture frame free standing	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0935	Continuous Passive Motion Exercise Device For Use On Knee Only	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0936	CPM device other than knee	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
E0941	Gravity assisted traction de	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0942	Cervical head harness/halter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-

E0944	Pelvic belt/harness/boot	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
E0946	Fracture frame dual w cross	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
E0947	Fracture Frame Attachments For Complex Pelvic Traction	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0948	Fracture frame attachmnts ce	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0950	Тгау	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0953	W/c lateral thigh/knee sup	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0954	Foot box any type each foot	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0955	Cushioned headrest	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
E0969	Wheelchair narrowing device	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

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		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0981	Seat upholstery replacement	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0982	Back upholstery replacement	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0983	Add pwr joystick	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0984	Add pwr tiller	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0985	W/c seat lift mechanism	submitting a Recommended Clinical Review (Predetermination)			
20303	W/ c scat int internation	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0986	Man w/c push-rim powr system	submitting a Recommended Clinical Review (Predetermination)			
E0980	ivian w/c push-rim powr system	, ,,,	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	MANUAL WHEELCHAIR ACCESSORY LEVER-ACTIVATED	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0988	WHEEL DRIVE PAIR	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0990	Wheelchair elevating leg res	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0992	Wheelchair solid seat insert	submitting a Recommended Clinical Review (Predetermination)	_		_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
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		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1002	Pwr seat tilt	submitting a Recommended Clinical Review (Predetermination)		
1002	Wi Seat the	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1003	Pwr seat recline	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1004	Pwr seat recline mech	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1005	Pwr seat recline pwr	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1006	Pwr seat combo w/o shear	submitting a Recommended Clinical Review (Predetermination)		
1000	Wi seat combo w/o snear	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1007	Pwr seat combo w/shear	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
E4000	D	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1008	Pwr seat combo pwr shear	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
54000		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1009	Add mech leg elevation	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1010	Add pwr leg elevation	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria		<u> </u>

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1012	Ctr mount pwr elev leg rest	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_		_
		Policy criteria MP Criteria: Procedure/service reviewed to ensure each service			
		·			
54000		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1028	W/c manual swingaway	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1031	Rollabout Chair Any And All Types With Castors 5 Or	submitting a Recommended Clinical Review (Predetermination)			
11001	Greater	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Multi-Positional Patient Transfer System With Integrated	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1035	Seat Operated By Care Giver Patient Weight Capacity Up To	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	And Including 300 Lbs	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Multi-Positional Patient Transfer System Extra-Wide With	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1036	Integrated Seat Operated By Caregiver Patient Weight	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Capacity Greater Than 300 Lbs	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1037	Transport Chair Dadiatria Siza	·			
E1037	Transport Chair Pediatric Size	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1038	Transport Chair Adult Size Patient Weight Capacity Up To	submitting a Recommended Clinical Review (Predetermination)			
11036	And Including 300 Pounds	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1039	Transport Chair Adult Size Heavy Duty Patient Weight	submitting a Recommended Clinical Review (Predetermination)			
11039	Capacity Greater Than 300 Pounds	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1050	Fully-Reclining Wheelchair Fixed Full Length Arms Swing	submitting a Recommended Clinical Review (Predetermination)			
21030	Away Detachable Elevating Leg Rests	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		i oncy criteria.		1	

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		MP Criteria: Procedure/service reviewed to ensure each service			
	Fully-Reclining Wheelchair Detachable Arms Desk Or Full	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1060	Length Swing Away Detachable Elevating Legrests	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Fully-Reclining Wheelchair Detachable Arms (Desk Or Full	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1070	Length) Swing Away Detachable Footrest	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	zengun, emma pendenden reen est	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1083	Hemi-wheelchair fixed arms	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hami Whaalahair Datashahla Arms Dack Or Full Langth	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1084	Hemi-Wheelchair Detachable Arms Desk Or Full Length	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Arms Swing Away Detachable Elevating Leg Rests	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1085	Hemi-wheelchair fixed arms	submitting a Recommended Clinical Review (Predetermination)	_		
		request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1086	Hemi-Wheelchair Detachable Arms Desk Or Full Length	submitting a Recommended Clinical Review (Predetermination)			
	Swing Away Detachable Footrests	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1087	Wheelchair lightwt fixed arm	submitting a Recommended Clinical Review (Predetermination)			
21007	Wheelenan ilghtwenzea arm	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	High Strength Lightweight Wheelchair Detachable Arms	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1088	Desk Or Full Length Swing Away Detachable Elevating Leg	submitting a Recommended Clinical Review (Predetermination)			
	Rests	request if it is unclear if the service meets BCBSOK Medical	_	-	-
	Resis	·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		·			
F1000	High Strength Lightweight Wheelchair Fixed Length Arms	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1089	Swing Away Detachable Footrest	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.		1	

		MP Criteria: Procedure/service reviewed to ensure each service			
	High Strength Lightweight Wheelchair Detachable Arms	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1090	Desk Or Full Length Swing Away Detachable Foot Rests	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	best of Full Length Swing / Way Betachasie Foot Kests	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Wide Heavy Duty Wheel Chair Detachable Arms (Desk Or	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1092	· · ·	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Full Length) Swing Away Detachable Elevating Leg Rests	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	W. L. W. L. L. D. L. L. D.	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1093	Wide Heavy Duty Wheelchair Detachable Arms Desk Or Full	submitting a Recommended Clinical Review (Predetermination)			
	Length Arms Swing Away Detachable Footrests	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1100	Semi-Reclining Wheelchair Fixed Full Length Arms Swing	submitting a Recommended Clinical Review (Predetermination)			
	Away Detachable Elevating Leg Rests	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Semi-Reclining Wheelchair Detachable Arms (Desk Or Full Length) Elevating Leg Rest	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1110		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1130	Standard Wheelchair Fixed Full Length Arms Fixed Or Swing	submitting a Recommended Clinical Review (Predetermination)			
11130	Away Detachable Footrests	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
F1140	Wheelchair Detachable Arms Desk Or Full Length Swing	·			
E1140	Away Detachable Footrests	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
54450	Wheelchair Detachable Arms Desk Or Full Length Swing	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1150	Away Detachable Elevating Legrests	submitting a Recommended Clinical Review (Predetermination)	_	_	-
	, , , , , , , , , , , , , , , , , , , ,	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Wheelchair Fixed Full Length Arms Swing Away Detachable	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1160	Elevating Legrests	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1161	Manual Adult Size Wheelchair Includes Tilt In Space	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1170	Whichr ampu fxd arm leg rest	submitting a Recommended Clinical Review (Predetermination) _	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1171	Wheelchair amputee w/o leg r	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1172	Wheelchair amputee detach ar	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1180	Wheelchair amputee w/ foot r	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
	Amputee Wheelchair Detachable Arms (Desk Or Full	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1190	· ·	submitting a Recommended Clinical Review (Predetermination) _	_	_
	Length) Swing Away Detachable Elevating Legrests	request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1195	Wheelchair amputee heavy dut	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1200	Wheelchair amputee fixed arm	submitting a Recommended Clinical Review (Predetermination)		
	· ·	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
E1220	Whlchr special size/constrc	submitting a Recommended Clinical Review (Predetermination)		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		. 6.16, 6.166.16.		

MP Criteria: Procedure/service reviewed to ensure each service
meets BCBSOK Medical Policy criteria. BCBSOK recommends
submitting a Recommended Clinical Review (Predetermination)
request if it is unclear if the service meets BCBSOK Medical
Policy criteria.
MP Criteria: Procedure/service reviewed to ensure each service
meets BCBSOK Medical Policy criteria. BCBSOK recommends
submitting a Recommended Clinical Review (Predetermination)
request if it is unclear if the service meets BCBSOK Medical
Policy criteria.
MP Criteria: Procedure/service reviewed to ensure each service
meets BCBSOK Medical Policy criteria. BCBSOK recommends
submitting a Recommended Clinical Review (Predetermination)
request if it is unclear if the service meets BCBSOK Medical
Policy criteria.
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meets BCBSOK Medical Policy criteria. BCBSOK recommends
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request if it is unclear if the service meets BCBSOK Medical
Policy criteria.
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meets BCBSOK Medical Policy criteria. BCBSOK recommends
submitting a Recommended Clinical Review (Predetermination)
request if it is unclear if the service meets BCBSOK Medical
Policy criteria.
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meets BCBSOK Medical Policy criteria. BCBSOK recommends
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Policy criteria.
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Policy criteria.
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meets BCBSOK Medical Policy criteria. BCBSOK recommends
submitting a Recommended Clinical Review (Predetermination)
request if it is unclear if the service meets BCBSOK Medical
Policy criteria.
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		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
E1229	Pediatric wheelchair NOS	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1230	Power operated vehicle	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1231	Rigid ped w/c tilt-in-space	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Wheelshair Redistric City Tilt In Chase Folding Adjustable	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1232	Wheelchair Pediatric Size Tilt-In-Space Folding Adjustable	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	With Seating System	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	M/haalahain Badistuis Cias Tilt In Cuasa Binid Adii atabla	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1233	Wheelchair Pediatric Size Tilt-In-Space Rigid Adjustable	submitting a Recommended Clinical Review (Predetermination)	_	_	
	Without Seating System	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	M/haalahain Badistuis Cias Tilt In Cuasa Faldina Adinatahla	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1234	Wheelchair Pediatric Size Tilt-In-Space Folding Adjustable	submitting a Recommended Clinical Review (Predetermination)			
	Without Seating System	request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1235	Wheelchair Pediatric Size Rigid Adjustable With Seating	submitting a Recommended Clinical Review (Predetermination)			
	System	request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1236	Wheelchair Pediatric Size Folding Adjustable With Seating	submitting a Recommended Clinical Review (Predetermination)			
	System	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
	l .	i oney criteria.		1	<u> </u>

		MP Criteria: Procedure/service reviewed to ensure each service			
	Wheelchair Pediatric Size Rigid Adjustable Without	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1237	Seating System	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Seating System	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Wheelchair Pediatric Size Folding Adjustable Without	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1238		submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Seating System	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
E1239	Dod nower wheelsheir NOC	request if it is unclear if the service meets BCBSOK Medical			
E1239	Ped power wheelchair NOS	Policy criteria.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Lightweight Wheelchair Detachable Arms (Desk Or Full Length) Swing Away Detachable Elevating Legrest	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1240		submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Light weight Mike alabaig Fired Full Lanath Ages Criss Arras	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1250	Lightweight Wheelchair Fixed Full Length Arms Swing Away	submitting a Recommended Clinical Review (Predetermination)			
	Detachable Footrest	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Lightweight Wheelchair Detachable Arms (Desk Or Full	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1260	, i	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Length) Swing Away Detachable Footrest	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Lightweight Wheelchair Fixed Full Length Arms Swing Away	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1270		submitting a Recommended Clinical Review (Predetermination)		_	_
	Detachable Elevating Legrests	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Hanny Duty Mika alahain Data ahahia Ayyaa (Dayl O. 5. II	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1280	Heavy Duty Wheelchair Detachable Arms (Desk Or Full	submitting a Recommended Clinical Review (Predetermination)	_		
	Length) Elevating Legrests	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1285	Wheelchair heavy duty fixed	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1290	Heavy Duty Wheelchair Detachable Arms (Desk Or Full	submitting a Recommended Clinical Review (Predetermination)			
	Length) Swing Away Detachable Footrest	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1295	Wheelchair heavy duty fixed	submitting a Recommended Clinical Review (Predetermination)			
E1293	Wheelchair heavy duty fixed	,	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1296	Special Wheelchair Seat Height From Floor	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Special Wheelchair Seat Depth By Upholstery	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1297		submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Special Wheelchair Seat Depth And/Or Width By	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1298		submitting a Recommended Clinical Review (Predetermination)			
	Construction	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
E1300	Whirlpool portable	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
E1310	Whirlpool non-portable		_	_	_
		subject to utilization review.			
		Unlisted or Undefined: Procedure/service not otherwise			
E1399	Durable medical equipment mi	defined or classified, and may be subject to benefit and/or	_	_	-
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1629	Tablo for dialysis service	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E1632	Wearable artificial kidney	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			

		Unlisted or Undefined: Procedure/service not otherwise			
F1 C00	Dielusia assuirant nas				
E1699	Dialysis equipment noc	defined or classified, and may be subject to benefit and/or	_	-	-
		clinical review.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
E1700	Jaw motion rehab system	Coding Policy titled: Non-Reimbursable Experimental,	_	_	-
		Investigational and/or Unproven Services (EIU).			
		massignamina, or empression (200).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
E1701	Repl cushions for jaw motion	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		(.,			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
E4702	Deal access and a few and the	to utilization review. Please see the Clinical Payment and			
E1702	Repl measr scales jaw motion	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
	Communication Board Non-Electronic Augmentative Or	Non Covered: Procedure/service not covered by BCBSOK. Not			
E1902	Alternative Communication Device	subject to utilization review.	_	_	_
	Alternative communication bevice	MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E1905	Vr Cbt Therapy	submitting a Recommended Clinical Review (Predetermination)	4/1/2023		
11303	· · · · · · · · · · · · · · · · · · ·	request if it is unclear if the service meets BCBSOK Medical	., _, _	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2120	Pulse Generator System For Tympanic Treatment Of Inner	submitting a Recommended Clinical Review (Predetermination)			
	Ear Endolymphatic Fluid	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2201	Man w/ch acc seat w>=20<24	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2202	Seat width 24-27 in	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2203	Frame depth less than 22 in	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MD Critoria, Dragadura / camina varianted to ancura analysis and	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2204	Frame depth 22 to 25 in	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2206	Man wc whl lock comp repl ea	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2207	Crutch and cane holder	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2209	Arm trough each	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2211	Pneumatic propulsion tire	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2212	Pneumatic prop tire tube	submitting a Recommended Clinical Review (Predetermination)	
	Theumatic prop the tube	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
F2242	Danisantia assautisa isaassa	·	
E2213	Pneumatic prop tire insert	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
50044		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2214	Pneumatic caster tire each	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2215	Pneumatic caster tire tube	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
F221C	Faces filled agencylates time	· · · · · · · · · · · · · · · · · · ·	
E2216	Foam filled propulsion tire	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2217	Foam filled caster tire each	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2218	Foam propulsion tire each	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2219	Foam caster tire any size ea	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2220	Solid propuls tire repl ea	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2221	Solid caster tire repleach	submitting a Recommended Clinical Review (Predetermination)	
	·	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2222	Solid caster integ whl repl	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2228	Mwc acc wheelchair brake	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2230	Manual standing system	submitting a Recommended Clinical Review (Predetermination)	
12230	Thanda standing system	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		profity criteria.	

		MD Critoria, Dragodura (continue ravious de progres and continu	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2231	Solid seat support base	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2291	Planar back for ped size wc	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2292	Planar seat for ped size wc	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2293	Contour back for ped size wc	submitting a Recommended Clinical Review (Predetermination)	
	· ·	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2294	Contour seat for ped size wc	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2295	Ped dynamic seating frame	submitting a Recommended Clinical Review (Predetermination)	
12233	red dynamic seating frame	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
F3200	Dur seet elevation sus		
E2300	Pwr seat elevation sys	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2301	Pwr standing	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2310	Electro connect btw control	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	1
50044	51	meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2311	Electro connect btw 2 sys	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	1
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	1
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2312	Mini-prop remote joystick	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	1
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2313	PWC harness expand control	submitting a Recommended Clinical Review (Predetermination)	
	· ·	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	1
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2321	Hand interface joystick	submitting a Recommended Clinical Review (Predetermination)	1
	,	request if it is unclear if the service meets BCBSOK Medical	=
		Policy criteria.	1
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2322	Mult mech switches	submitting a Recommended Clinical Review (Predetermination)	1
L2322	With meen switches	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	1
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
F2222	Considia, etial, bandla		1
E2323	Special joystick handle	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	1
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	1
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2324	Chin cup interface	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	1
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2325	Sip and puff interface	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2326	Breath tube kit	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	1

		MD Critaria, Pracadura/saniaa ravioused to ansura and coming	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2327	Head control interface mech	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2328	Head/extremity control inter	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2329	Head control nonproportional	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2330	Head control proximity switc	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2331	Attendant control	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2340	W/c wdth 20-23 in seat frame	submitting a Recommended Clinical Review (Predetermination)	
12310	W/ C Wath 20 23 in Seat Haine	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2341	W/c wdth 24-27 in seat frame	submitting a Recommended Clinical Review (Predetermination)	
12541	w/c wath 24 27 in scat frame	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2342	W/c dpth 20-21 in seat frame	submitting a Recommended Clinical Review (Predetermination)	
E2342	w/c uptil 20-21 ill seat frame	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
522.42	W/s dath 22 25 is seed for me	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2343	W/c dpth 22-25 in seat frame	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

				1	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2351	Electronic SGD interface	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	POWER WHEELCHAIR ACCESSORY GROUP 34 NON-SEALED	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2358	LEAD ACID BATTERY EACH	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	LEAD ACID BATTERT EACH	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	DOWED WHEELCHAID ACCESSORY CROLID 24 SEALED LEAD	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2359	POWER WHEELCHAIR ACCESSORY GROUP 34 SEALED LEAD	submitting a Recommended Clinical Review (Predetermination)	_		
	ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2360	22nf nonsealed leadacid	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2361	22nf sealed leadacid battery	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2362	Gr24 nonsealed leadacid	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2363	Gr24 sealed leadacid battery	submitting a Recommended Clinical Review (Predetermination)			
	o.z. roducu redudola batter,	request if it is unclear if the service meets BCBSOK Medical	_	-	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2364	U1nonsealed leadacid battery	submitting a Recommended Clinical Review (Predetermination)			
12304	o Thorisearea readacia battery	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2365	U1 sealed leadacid battery	submitting a Recommended Clinical Review (Predetermination)			
12303	or sealed leadacid pattery	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		· ·			
		Policy criteria.		1	

		MP Criteria: Procedure/service reviewed to ensure each service	
F2266	5	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2366	Battery charger single mode	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2367	Battery charger dual mode	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2371	Gr27 sealed leadacid battery	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2372	Gr27 non-sealed leadacid	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2373	Hand/chin ctrl spec joystick	submitting a Recommended Clinical Review (Predetermination)	
L2373	riand/chiri cur spec joystick	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
F2274	Hand falsin and statistics.	·	
E2374	Hand/chin ctrl std joystick	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2375	Non-expandable controller	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2376	Expandable controller repl	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2377	Expandable controller initl	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		, see a see	

MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends E2397 Pwc acc lith-based battery submitting a Recommended Clinical Review (Predetermination) _ request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends Submitting a Recommended Clinical Review (Predetermination) _ request if it is unclear if the service meets BCBSOK Medical Policy criteria. Policy criteria. MP Criteria: Precedure (service meets BCBSOK Medical Policy criteria.	_
E2397 Pwc acc lith-based battery submitting a Recommended Clinical Review (Predetermination) _ request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends E2402 Neg press wound therapy pump submitting a Recommended Clinical Review (Predetermination) _ request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_
request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_
Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_
MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends E2402 Neg press wound therapy pump submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-
meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_
E2402 Neg press wound therapy pump submitting a Recommended Clinical Review (Predetermination) _ request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_
request if it is unclear if the service meets BCBSOK Medical Policy criteria.	_
Policy criteria.	
MD Critoria, Procedure (comica review of the answer coch comica	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	1
E2500 SGD digitized pre-rec <=8min submitting a Recommended Clinical Review (Predetermination)	ı <u> </u>
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2502 SGD prerec msg >8min <=20min submitting a Recommended Clinical Review (Predetermination)	_
request if it is unclear if the service meets BCBSOK Medical	_
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2504 SGD prerec msg>20min <=40min submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	_
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2506 SGD prerec msg > 40 min submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	_
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
	_
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2510 SGD w multi methods msg/accs submitting a Recommended Clinical Review (Predetermination)	_
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2511 SGD sftwre prgrm for PC/PDA submitting a Recommended Clinical Review (Predetermination)	ı -
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	ı

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2512	SGD accessory mounting sys	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
E2599	SGD accessory noc	Policy criteria.	_
		Unlisted or Undefined: Procedure/service not otherwise	
		defined or classified, and may be subject to benefit and/or	
		clinical review.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2602	Gen w/c cushion wdth >=22 in	submitting a Recommended Clinical Review (Predetermination)	
	, , , , , , , , , , , , , , , , , , , ,	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2603	Skin protect wc cus wd <22in	submitting a Recommended Clinical Review (Predetermination) _	
	·	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2604	Skin protect wc cus wd>=22in	submitting a Recommended Clinical Review (Predetermination)	_
	·	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2605	Position wc cush wdth <22 in	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2606	Position wc cush wdth>=22 in	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2607	Skin pro/pos wc cus wd <22in	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
F2.600	Climate Assessment 221	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2608	Skin pro/pos wc cus wd>=22in	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2609	Custom fabricate w/c cushion	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2610	Wheelchair Seat Cushion Powered	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2611	Gen use back cush wdth <22in	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2612	Gen use back cush wdth>=22in	submitting a Recommended Clinical Review (Predetermination)	
	Con use such cush much	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2613	Position back cush wd <22in	submitting a Recommended Clinical Review (Predetermination)	
12013	1 OSICIOTI DACK CUSIT WU \ZZIII	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
F2C14	Position back cush wd>=22in		
E2614	Position back cush wd>=22in	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2615	Pos back post/lat wdth <22in	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
E2616	Pos back post/lat wdth>=22in	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
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		NAD Cuitaria. Durando na las marias na isonadas anomas anala samiira			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2617	Custom fab w/c back cushion	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2620	WC planar back cush wd <22in	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2621	WC planar back cush wd>=22in	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2622	Adj skin pro w/c cus wd<22in	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	-	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2623	Adj skin pro wc cus wd>=22in	submitting a Recommended Clinical Review (Predetermination)			
22023	Adj Skiri pro we cus wux-22m	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
F2C24	A di alia ana /a ao ana (22ia	·			
E2624	Adj skin pro/pos cus<22in	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.		-	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2625	Adj skin pro/pos wc cus>=22	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2626	SUPPORT ATTACHED TO WHEELCHAIR BALANCED	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	ADJUSTABLE	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2627	SUPPORT ATTACHED TO WHEELCHAIR BALANCED	submitting a Recommended Clinical Review (Predetermination)	_		_
	ADJUSTABLE RANCHO TYPE	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
				•	

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2628	SUPPORT ATTACHED TO WHEELCHAIR BALANCED	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	RECLINING	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM	MP Criteria: Procedure/service reviewed to ensure each service			
	SUPPORT ATTACHED TO WHEELCHAIR BALANCED	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2629	FRICTION ARM SUPPORT (FRICTION DAMPENING TO	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	· ·	request if it is unclear if the service meets BCBSOK Medical			
	PROXIMAL AND DISTAL JOINTS)	Policy criteria.			
	WHITELCHAID ACCESSORY SHOULDED ELDOW MODILE ADM	MP Criteria: Procedure/service reviewed to ensure each service			
	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2630	SUPPORT MONOSUSPENSION ARM AND HAND SUPPORT	submitting a Recommended Clinical Review (Predetermination)			
	OVERHEAD ELBOW FOREARM HAND SLING SUPPORT YOKE	request if it is unclear if the service meets BCBSOK Medical	_	_	_
	TYPE SUSPENSION SUPPORT	Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2631	WHEELCHAIR ACCESSORY ADDITION TO MOBILE ARM	submitting a Recommended Clinical Review (Predetermination)			
	SUPPORT ELEVATING PROXIMAL ARM	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	WHEELCHAIR ACCESSORY ADDITION TO MOBILE ARM	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2632	SUPPORT OFFSET OR LATERAL ROCKER ARM WITH ELASTIC	·			
12032	BALANCE CONTROL	request if it is unclear if the service meets BCBSOK Medical	_	-	-
	BALAINCE CONTROL	Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service		+	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E2633	WHEELCHAIR ACCESSORY ADDITION TO MOBILE ARM	submitting a Recommended Clinical Review (Predetermination)			
L2033	SUPPORT SUPINATOR	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		 	
C0427	Titural or Of District Note Assault or Novel	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0127	Trimming Of Dystrophic Nails Any Number	submitting a Recommended Clinical Review (Predetermination)	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Physical Therapist In The	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0151	Home Health Or Hospice Setting Each 15 Minutes	submitting a Recommended Clinical Review (Predetermination)	_	_	-
	,	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Occupational Therapist In	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0152	The Home Health Or Hospice Setting Each 15 Minutes	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	The Home Health of Hospice Setting Lacit 15 Williates	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	· · · · · · · · · · · · · · · · · · ·	, one, enterior		L	

		NAD 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
		MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Speech-Language	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0153	Pathologist In The Home Health Or Hospice Setting Each 15	,	_	_	_
	Minutes	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Physical Therapist	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0157	Assistant In The Home Health Or Hospice Setting Each 15	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Minutes	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Occupational Therapist	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0158	Assistant In The Home Health Or Hospice Setting Each 15	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Minutes	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	Comittee Designment But A Qualified Division The service In The	MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Physical Therapist In The	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0159	Home Health Setting In The Establishment Or Delivery Of A	submitting a Recommended Clinical Review (Predetermination)			
	Safe And Effective Physical Therapy Maintenance Program	request if it is unclear if the service meets BCBSOK Medical	_		
	Each 15 Minutes	Policy criteria.			
	C : D (10 to 10 to 10 to 17 to 17	MP Criteria: Procedure/service reviewed to ensure each service			
	Services Performed By A Qualified Occupational Therapist In	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0160	The Home Health Setting In The Establishment Or Delivery	submitting a Recommended Clinical Review (Predetermination)			
	Of A Safe And Effective Occupational Therapy Maintenance	request if it is unclear if the service meets BCBSOK Medical	-	_	_
	Program Each 15 Minutes	Policy criteria.			
	Services Performed By A Qualified Speech-Language	MP Criteria: Procedure/service reviewed to ensure each service			
	Pathologist In The Home Health Setting In The	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0161	Establishment Or Delivery Of A Safe And Effective Speech-	submitting a Recommended Clinical Review (Predetermination)			
00101	Language Pathology Maintenance Program Each 15	request if it is unclear if the service meets BCBSOK Medical	_	_	_
	Minutes	Policy criteria.			
	THIRDCC3	MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0166	External Counterpulsation Per Treatment Session	submitting a Recommended Clinical Review (Predetermination)			
00100	External counterparation 1 cr Treatment 30331011	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0176	OPPS/PHP;activity therapy	submitting a Recommended Clinical Review (Predetermination)			
001/0	OFF 3/FITF, activity therapy	request if it is unclear if the service meets BCBSOK Medical	_	-	_
		1 .			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			-
	Training And Educational Convices Belated To The Core And	· ·			
60177	Training And Educational Services Related To The Care And	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0177	Treatment Of Patient'S Disabling Mental Health Problems	submitting a Recommended Clinical Review (Predetermination)	_	-	-
	Per Session (45 Minutes Or More)	request if it is unclear if the service meets BCBSOK Medical			'
		Policy criteria.			

G0235	Pet imaging any site not otherwise specified	Unlisted Procedure; May require Prior Authorization per contract agreement.	-	-	-
G0255	Current percep threshold tst	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
G0276	Pild/placebo control clin tr	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	-
G0281	Elec stim unattend for press	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
G0282	Elect stim wound care not pd	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
G0283	Electrical Stimulation (Unattended) To One Or More Areas For Indication(S) Other Than Wound Care As Part Of A Therapy Plan Of Care	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
G0293	Non-cov surg proc clin trial	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-	_
G0294	Non-cov proc clinical trial	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-	_
G0295	Electromagnetic therapy onc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	_	_
G0302	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs Complete Course Of Services To Include A Minimum Of 16 Days Of Services	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
G0303	Pre-Operative Pulmonary Surgery Services For Preparation For Lvrs 10 To 15 Days Of Services	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

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		MP Criteria: Procedure/service reviewed to ensure each service			
	Pre-Operative Pulmonary Surgery Services For Preparation	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0304	For Lyrs 1 To 9 Days Of Services	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	101 2013 2 10 3 Buys 01 301 1003	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Post-Discharge Pulmonary Surgery Services After Lyrs	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0305	Minimum Of 6 Days Of Services	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	William Of 6 Days Of Services	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
G0310	Immunize counsel 5-15 min	Non Covered: Procedure/service not covered by BCBSOK. Not			
00310	illillidilize codiisei 3-13 illilli	subject to utilization review.	_	_	-
G0311	Immunize counsel 16-30 mins	Non Covered: Procedure/service not covered by BCBSOK. Not			
00311	inimunize counsel 10-30 mins	subject to utilization review.	_	-	-
G0312	Immunize couns < 21yr 5-15 m	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0312	inimunize couns < 21yr 5-15 m	subject to utilization review.	_	-	-
C0212	Immunica cours < 21 m 6 20 m	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0313	Immunize couns < 21yr 6-30 m	subject to utilization review.	-	-	-
C0214	Causard incressing (21.16.20 m)	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0314	Counsel immune <21 16-30 m	subject to utilization review.	-	-	-
C021F	Causas Linearuma (21 E 15 m	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0315	Counsel immune <21 5-15 m	subject to utilization review.	-	-	-
C024.C	D. d	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0316	Prolong inpt eval add15 m	subject to utilization review.	-	-	-
60247	Durlance with free and 45 to	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0317	Prolong nursin fac eval 15m	subject to utilization review.	-	-	-
C0240	Duda a ha u a a dadd 45 u	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0318	Prolong home eval add 15m	subject to utilization review.	-	-	-
		FULL Broad and /comittee and animals aread by DCDCOV. Not as biggs			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
G0329	Electromagntic tx for ulcers	to utilization review. Please see the Clinical Payment and	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
60220	Estillian adaptat adapt	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0330	Facility svs dental rehab	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0333	Pharmacy Dispensing Fee For Inhalation Drug(S); Initial 30-	submitting a Recommended Clinical Review (Predetermination)			
	Day Supply As A Beneficiary	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0341	Percutaneous islet celltrans	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		i oney enteria.		1	

		140011 1 0 1 1 1 1 1 1 1 1			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0342	Laparoscopy islet cell trans	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0343	Laparotomy islet cell transp	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	Physician Service Required To Establish And Document The	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0372	Need For A Power Mobility Device (Use In Addition To	subject to utilization review.	_	_	_
	Primary Evaluation And Management Code)	subject to utilization review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Intensive Cardias Robabilitation: With Or Without	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0422	Intensive Cardiac Rehabilitation; With Or Without	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	Continuous Ecg Monitoring With Exercise Per Session	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring; Without Exercise Per Session	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0423		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
G0428	Collagen Meniscus Implant procedure for filling meniscal	to utilization review. Please see the Clinical Payment and			
	defects (e.g. CMI collagen scaffold Menaflex)	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Dermal Filler injection(s) for the treatment of facial	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0429	lipodystrophy syndrome (LDS) (e.g. as a result of highly	submitting a Recommended Clinical Review (Predetermination)			
00.25	active antiretroviral therapy.)	request if it is unclear if the service meets BCBSOK Medical	_	-	_
	detive difficultivital therapy.)	Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Insertion Or Replacement Of A Permanent Pacing	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0448	Cardioverter-Defibrillator System With Transvenous Lead(S)	submitting a Recommended Clinical Review (Predetermination)			
00440	Single Or Dual Chamber With Insertion Of Pacing Electrode	request if it is unclear if the service meets BCBSOK Medical	_	_	-
	Cardiac Venous System For Left Ventricular Pacing	l · ·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
COAFF	Secolarios historopa instil	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
G0455	Fecal microbiota prep instil	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

G0460	Autolog prp not diab ulcer	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
G0465	Autolog prp diab wound ulcer	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
G0516	insert drug del implant >=4	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
G0517	Removal Of Non-Biodegradable Drug Delivery Implants 4 Or More (Services For Subdermal Implants)	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
G0518	Remove w insert drug implant	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
G2011	Alcohol And/Or Substance (Other Than Tobacco) Misuse Structured Assessment (E.G. Audit Dast) And Brief Intervention 5-14 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
G2082	Visit esketamine 56m or less	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
G2083	Visit esketamine > 56m	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		_	-
G3002	Chronic pain mgmt 30 mins	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	_
G3003	Chronic pain mgmt addl 15m	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
G8395	LVEF>=40% doc normal or mild	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	-
G8396	LVEF not performed	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	_

		New Coursed Brassed as Assessed to DCDCOV, Net			
G8397	Dil macula/fundus exam/w doc	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G8399	Pt w/dxa results document	·	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G8400	Pt w/dxa no results doc	· · · · · · · · · · · · · · · · · · ·	_		_
		subject to utilization review.			
G8404	Low extemity neur exam docum	Non Covered: Procedure/service not covered by BCBSOK. Not			_
	·	subject to utilization review.			_
G8405	Low extemity neur not perfor	Non Covered: Procedure/service not covered by BCBSOK. Not			
	<u> </u>	subject to utilization review.		_	_
G8410	Eval on foot documented	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	-
G8415	Eval on foot not performed	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.		_	-
G8416	Pt inelig footwear evaluatio	Non Covered: Procedure/service not covered by BCBSOK. Not			
00.120	Temeng roothed crandatio	subject to utilization review.	_	-	-
G8417	Calc bmi abv up param f/u	Non Covered: Procedure/service not covered by BCBSOK. Not			
G0417	calc bill aby up paramiyu	subject to utilization review.	-	-	-
G8418	Calc bmi blw low param f/u	Non Covered: Procedure/service not covered by BCBSOK. Not			
00410	Calc billi biw low paraili i/u	subject to utilization review.	_	-	-
G8419	Calabrai aut nem naram naf/u	Non Covered: Procedure/service not covered by BCBSOK. Not			
G8419	Calc bmi out nrm param nof/u	subject to utilization review.	-	-	-
C0420	Calabari a area a area atare	Non Covered: Procedure/service not covered by BCBSOK. Not			
G8420	Calc bmi norm parameters	subject to utilization review.	-	-	-
60434	Deci est este deted	Non Covered: Procedure/service not covered by BCBSOK. Not			
G8421	Bmi not calculated	subject to utilization review.	-	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8427	Docrev cur meds by elig clin	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8428	Cur meds not document	subject to utilization review.	-	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8430	Doc med rsn no medrec	subject to utilization review.	-	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8431	Pos clin depres scrn f/u doc	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8432	Dep scr not doc rng	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8433	Scr for dep not cpt doc rsn	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8450	Beta-bloc rx pt w/abn lvef		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G8451	Pt w/abn lvef inelig b-bloc	· · · · · · · · · · · · · · · · · · ·	_		_
		subject to utilization review.			
G8452	Pt w/abn lvef b-bloc no rx	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	-	_	_
G8465	High risk recurrence pro ca	Non Covered: Procedure/service not covered by BCBSOK. Not			
	0 · · · · · · · · · · · · · · · · · · ·	subject to utilization review.	_	_	_

G8473	ACE/ARB thxpy rx?d	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		· ·			
G8474	Ace/arb not rx'd; doc reas	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8475	ACE/ARB thxpy not rx?d	subject to utilization review.	_	_	_
60476	D	Non Covered: Procedure/service not covered by BCBSOK. Not			
G8476	Bp sys <140 and dias <90	subject to utilization review.	-	-	-
00477	2 440 1/ 1/ 00	Non Covered: Procedure/service not covered by BCBSOK. Not			
G8477	Bp sys>=140 and/or dias >=90	subject to utilization review.	-	-	-
00470	20 . (Non Covered: Procedure/service not covered by BCBSOK. Not			
G8478	BP not performed/doc	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8482	Flu immunize order/admin	subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8483	Flu imm no admin doc rea	subject to utilization review.	-	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G8484	Flu immunize no admin	subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
G9012	Other Specified Case Mgmt	defined or classified, and may be subject to benefit and/or			
G5012	Other Specified Case Might	clinical review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9050	Oncology work-up evaluation	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9051	Oncology tx decision-mgmt	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9052	Onc surveillance for disease	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9053	Onc expectant management pt	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9054	Onc supervision palliative	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
G9055	Onc visit unspecified NOS	subject to utilization review.			
3333		Unlisted or Undefined	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9056	Onc prac mgmt adheres guide	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9057	Onc pract mgmt differs trial	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9058	Onc prac mgmt disagree w/gui	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		 	
G9059	Onc prac mgmt pt opt alterna	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9060	Onc prac mgmt dif pt comorb	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9061	Onc prac cond noadd by guide	subject to utilization review.	_	_	_
		Subject to utilization review.			

		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9062	Onc prac guide differs nos	subject to utilization review.	_	_	_
00000		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9063	Onc dx nsclc stgl no progres	subject to utilization review.	_	-	-
C00C4		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9064	Onc dx nsclc stg2 no progres	subject to utilization review.	-	-	-
COOCE	One dy peole sta2A no progra	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9065	Onc dx nsclc stg3A no progre	subject to utilization review.	-	-	-
G9066	Onc dx nsclc stg3B-4 metasta	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9000	Offic dx fiscic stg5b-4 filetasta	subject to utilization review.	-	-	-
G9067	Onc dx nsclc dx unknown nos	Non Covered: Procedure/service not covered by BCBSOK. Not			
G3007	One ax fiscie ax afficient files	subject to utilization review.	-	-	-
G9068	Onc dx sclc/nsclc limited	Non Covered: Procedure/service not covered by BCBSOK. Not			
45000	One ax selection in the ca	subject to utilization review.	-	-	-
G9069	Onc dx sclc/nsclc ext at dx	Non Covered: Procedure/service not covered by BCBSOK. Not			
43003	One an selectiscic ext at an	subject to utilization review.	-	-	-
G9070	Onc dx sclc/nsclc ext unknwn	Non Covered: Procedure/service not covered by BCBSOK. Not			
43070	one ax sery risere ext arrangement	subject to utilization review.	-	-	-
G9071	Onc dx brst stg1-2B HR nopro	Non Covered: Procedure/service not covered by BCBSOK. Not			
03071	one an aleesty 25 throught	subject to utilization review.	-	-	-
G9072	Onc dx brst stg1-2 noprogres	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	-	-
G9073	Onc dx brst stg3-HR no pro	Non Covered: Procedure/service not covered by BCBSOK. Not			
	, , , , , , , , , , , , , , , , , , ,	subject to utilization review.	-	_	-
G9074	Onc dx brst stg3-noprogress	Non Covered: Procedure/service not covered by BCBSOK. Not			_
		subject to utilization review.			
G9075	Onc dx brst metastic/ recur	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G9077	Onc dx prostate T1no progres		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G9078	Onc dx prostate T2no progres	•	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G9079	Onc dx prostate T3b-T4noprog	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9080	Onc dx prostate w/rise PSA	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9083	Onc dx prostate unknwn nos	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9084	Onc dx colon t1-3 n1-2 no pr	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9085	Onc dx colon T4 N0 w/o prog	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9086	Onc dx colon T1-4 no dx prog	subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9087	Onc dx colon metas evid dx	subject to utilization review.	_	_	_
		Sawjest to administration			

		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9088	Onc dx colon metas noevid dx	subject to utilization review.	_	_	-
C0000	Over the color of the color of the color	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9089	Onc dx colon extent unknown	subject to utilization review.	-	-	-
C0000	0	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9090	Onc dx rectal T1-2 no progr	subject to utilization review.	-	_	_
G9091	Onc dx rectal T3 N0 no prog	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9091	One ax rectains no no prog	subject to utilization review.	-	-	-
G9092	Onc dx rectal T1-3 N1-2noprg	Non Covered: Procedure/service not covered by BCBSOK. Not			
G3032	One ax rectal 11-5 W1-2hopig	subject to utilization review.	-	-	-
G9093	Onc dx rectal T4 N M0 no prg	Non Covered: Procedure/service not covered by BCBSOK. Not			
43033	One ax rectal 14 Will no prg	subject to utilization review.	-	-	-
G9094	Onc dx rectal M1 w/mets prog	Non Covered: Procedure/service not covered by BCBSOK. Not			
G5051	one an rectal W1 W/ mets prog	subject to utilization review.	-	-	-
G9095	Onc dx rectal extent unknwn	Non Covered: Procedure/service not covered by BCBSOK. Not			
	One and restal extent annum	subject to utilization review.	-	-	-
G9096	Onc dx esophag T1-T3 noprog	Non Covered: Procedure/service not covered by BCBSOK. Not			
	one an esophiag 12 to hoping	subject to utilization review.	-	-	-
G9097	Onc dx esophageal T4 no prog	Non Covered: Procedure/service not covered by BCBSOK. Not			
	and an each region	subject to utilization review.	_	-	-
G9098	Onc dx esophageal mets recur	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	-	-	_
G9099	Onc dx esophageal unknown	Non Covered: Procedure/service not covered by BCBSOK. Not			
	, ,	subject to utilization review.	_	_	_
G9100	Onc dx gastric no recurrence	Non Covered: Procedure/service not covered by BCBSOK. Not			_
		subject to utilization review.			
G9101	Onc dx gastric p R1-R2noprog	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G9102	Onc dx gastric unresectable	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9103	Onc dx gastric recurrent	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9104	Onc dx gastric unknown NOS	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9105	Onc dx pancreatc p R0 res no	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9106	Onc dx pancreatc p R1/R2 no	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9107	Onc dx pancreatic unresectab	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9108	Onc dx pancreatic unknwn NOS	subject to utilization review.	-	-	-
00400	0 1 1 1/ 1 74 70	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9109	Onc dx head/neck T1-T2no prg	subject to utilization review.	-	-	-
00440	0 11 1/ 1704	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9110	Onc dx head/neck T3-4 noprog	subject to utilization review.	_	-	-

G9111	Onc dx head/neck M1 mets rec	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
G9112	Onc dx head/neck ext unknown	Non Covered: Procedure/service not covered by BCBSOK. Not			
G5112	one ax neady neek ext anknown	subject to utilization review.	-	-	-
G9113	Onc dx ovarian stg1A-B no pr	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9114	Onc dx ovarian stg1A-B or 2	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9115	Onc dx ovarian stg3/4 noprog	subject to utilization review.	_	-	_
G9116	Onc dx ovarian recurrence	Non Covered: Procedure/service not covered by BCBSOK. Not			
G9110	One ax ovarian recurrence	subject to utilization review.	_	-	_
G9117	Onc dx ovarian unknown NOS	Non Covered: Procedure/service not covered by BCBSOK. Not			
03117	one ax ovarian analown nos	subject to utilization review.	_	-	-
G9123	Onc dx CML chronic phase	Non Covered: Procedure/service not covered by BCBSOK. Not			
	· ·	subject to utilization review.	_	-	_
G9124	Onc dx CML acceler phase	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
G9125	Onc dx CML blast phase	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
G9126	Onc dx CML remission	subject to utilization review.	_	_	_
	Oncology; Disease Status; Limited To Multiple Myeloma				
G9128	Systemic Disease; Smoldering Stage I (For Use In A	Non Covered: Procedure/service not covered by BCBSOK. Not	_		
	Medicare-Approved Demonstration Project)	subject to utilization review.			
G9129	Onc dx mult myeloma stg2 hig	Non Covered: Procedure/service not covered by BCBSOK. Not			
03123	One ax mait myeloma stg2 mg	subject to utilization review.	-	-	-
G9130	Onc dx multi myeloma unknown	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	-	-
G9140	Frontier extended stay demo	Non Covered: Procedure/service not covered by BCBSOK. Not			
	Outpatient Intravenous Insulin Treatment (OIVIT) either	subject to utilization review.		_	
	pulsatile or continuous by any means guided by the results	EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
G9147	of measurements for:respiratory quotient; and/or urine	to utilization review. Please see the Clinical Payment and			
G3147	urea nitrogen (UUN); and/or arterial venous or capillary	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
	glucose; and/or potassium concentration	Investigational and/or Unproven Services (EIU).			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H0031	Mental Health Assessment By Non-Physician	subject to utilization review.	_	-	_
H0032	Montal Health Convice Plan Davidonment By Non Physician	Non Covered: Procedure/service not covered by BCBSOK. Not			
П0032	Mental Health Service Plan Development By Non-Physician	subject to utilization review.	_	-	_
H0038	Self-Help/Peer Services Per 15 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not			
110000		subject to utilization review.	-	-	-
H0039	Assertive Community Treatment Face-To-Face Per 15	Non Covered: Procedure/service not covered by BCBSOK. Not			
	Minutes	subject to utilization review.	_	_	_
H0040	Assertive Community Treatment Program Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.			

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H0041	Foster Care Child Non-Therapeutic Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H0042	Foster Care Child Non-Therapeutic Per Month	subject to utilization review.	_	_	_
110042	Constant Harrison Des Diese	Non Covered: Procedure/service not covered by BCBSOK. Not			
H0043	Supported Housing Per Diem	subject to utilization review.	-	-	-
H0044	Supported Housing Per Month	Non Covered: Procedure/service not covered by BCBSOK. Not			
110044	Supported Housing Fer Month	subject to utilization review.	_	_	-
H0045	Respite Care Services Not In The Home Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
П0045	Respite Care Services (Not III The Home Per Dieni	subject to utilization review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
H0046	Mental health service nos	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
H0047	Alcohol/drug abuse svc nos	defined or classified, and may be subject to benefit and/or			_
		clinical review.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H1010	Non-Medical Family Planning Education Per Session	subject to utilization review.	_	_	-
	Family Assessment By Licensed Behavioral Health	Non Covered: Procedure/service not covered by BCBSOK. Not			
H1011	Professional For State Defined Purposes	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2000	Comprehensive Multidisciplinary Evaluation	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2011	Crisis Intervention Service Per 15 Minutes	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2012	Behavioral Health Day Treatment Per Hour	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2013	Psychiatric Health Facility Service Per Diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2014	Skills Training And Development Per 15 Minutes	subject to utilization review.	_	_	_
	Comprehensive Community Support Services Per 15	Non Covered: Procedure/service not covered by BCBSOK. Not			
H2015	Minutes	subject to utilization review.	_	_	_
	ivilitutes	Non Covered: Procedure/service not covered by BCBSOK. Not			
H2016	Comprehensive Community Support Services Per Diem		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
H2021	Community-Based Wrap-Around Services Per 15 Minutes	· ·	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
H2022	Community-Based Wrap-Around Services Per Diem	· ·	_	_	_
		subject to utilization review.			
H2023	Supported Employment Per 15 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not			_
	<u> </u>	subject to utilization review.			_
H2024	Supported Employment Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
	· · · · · ·	subject to utilization review.	_	_	-
H2025	Ongoing Support To Maintain Employment Per 15 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not			
	5 5 - FF	subject to utilization review.	_	_	_
H2026	Ongoing Support To Maintain Employment Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
,=,	- G. G. G. F. F. C.	subject to utilization review.	_	_	-
		·			

H2027	Psychoeducational Service Per 15 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2028	Sexual Offender Treatment Service Per 15 Minutes	subject to utilization review.	_	_	-
H2029	Sexual Offender Treatment Service Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
H2030	Mental Health Clubhouse Services Per 15 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not			
112030	Wentar Health Clubhouse Services 1 er 13 Minutes	subject to utilization review.	_	_	-
H2031	Mental Health Clubhouse Services Per Diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
112031	Weiltai Health Clubhouse Services Fer Diem	subject to utilization review.	_	_	-
112022	Activity Thorony, Dor 15 Minutes	Non Covered: Procedure/service not covered by BCBSOK. Not			
H2032	Activity Therapy Per 15 Minutes	subject to utilization review.	_	_	-
112022	Ad his standard Theory Factors the David Station	Non Covered: Procedure/service not covered by BCBSOK. Not			
H2033	Multisystemic Therapy For Juveniles Per 15 Minutes	subject to utilization review.	_	_	-
	Alcohol And/Or Drug Abuse Halfway House Services Per	Non Covered: Procedure/service not covered by BCBSOK. Not			
H2034	Diem	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
H2037	Of Client Per 15 Minutes	subject to utilization review.	_	_	_
	Of Cheffe Fee 13 Williams	MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J0129	Abatacept injection	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		· ·			
		Policy criteria.			
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service			
		· ·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0172	Inj aducanumab-avwa 2 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0178	Injection Aflibercept 1 Mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
10202	Initiation alone work	submitting a Recommended Clinical Review (Predetermination)			
J0202	Injection alemtuzumab	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0215	Injection Alefacept 0.5 Mg	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		i olicy criteria.	l	1	

	1	1.000			
		MP Criteria: Procedure/service reviewed to ensure each service			
J0218		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
	Inj Olipudase Alfa-Rpcp 1Mg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0219	Initiated also need that	submitting a Recommended Clinical Review (Predetermination)			
30219	Inj aval alfa-nqpt 4mg	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
J0220	Alglucosidase alfa injection	Policy criteria.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
	Inj. patisiran 0.1 mg	submitting a Recommended Clinical Review (Predetermination)			
J0222		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J0223	Inj givosiran 0.5 mg	1	_	_	_
	1	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		The state of the s			
J0224	Inj. lumasiran 0.5 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
	Inj vutrisiran 1 mg	MP Criteria: Procedure/service reviewed to ensure each service			
J0225		meets BCBSOK Medical Policy criteria. BCBSOK recommends	4 /4 /0		
		submitting a Recommended Clinical Review (Predetermination)	1/1/2023	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
J0256	Alpha 1 proteinase inhibitor	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			

		MD Critaria Presedure (conice reviewed to ensure each conice	
		MP Criteria: Procedure/service reviewed to ensure each service	
J0270		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
	Alprostadil for injection	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J0275	Alprostadil urethral suppos	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J0470	Injection Dimercaprol Per 100 Mg	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
J0490	INJECTION BELIMUMAB 10 MG	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J0491	Inj anifrolumab-fnia 1mg	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J0517	Inj. benralizumab 1 mg	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J0565	Inj bezlotoxumab 10 mg	submitting a Recommended Clinical Review (Predetermination)	
10303	ing beziotoxumab 10 mg	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
J0567	Inj. cerliponase alfa 1 mg	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		Thor Authorization may be required per contract agreement.	

		MP Criteria: Procedure/service reviewed to ensure each service			
J0584		·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
	Injection burosumab-twza 1m	submitting a Recommended Clinical Review (Predetermination)	_		
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0585	Injection onabotulinumtoxinA	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0586	AbobotulinumtoxinA	submitting a Recommended Clinical Review (Predetermination)			
30300	7 Sobotamum toxin / 1	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
	Inj rimabotulinumtoxinB	MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0587		submitting a Recommended Clinical Review (Predetermination)		1/31/2024	Retire effective
30387		request if it is unclear if the service meets BCBSOK Medical	_		01/31/2024
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	submitting a Recommended Clinical Review (Predetermination)		1/31/2024	Retire effective
10300	INJECTION INCOBOTOLINOWITOXINA TONIT	request if it is unclear if the service meets BCBSOK Medical	-	1/31/2024	01/31/2024
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0600	Edetate calcium disodium inj	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0717	Certolizumab pegol inj 1mg	submitting a Recommended Clinical Review (Predetermination)			
30717	Certolizarilab pegorilij Tilig	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
10775	Collegeness elect hist ini	submitting a Recommended Clinical Review (Predetermination)			
J0775	Collagenase clost hist inj	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		·			
J0791	Inj crizanlizumab-tmca 5mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0881	Darbepoetin alfa non-esrd	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J0895	Injection Deferoxamine Mesylate 500 Mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Injection Testosterone Cypionate 1Mg	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1071		submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Injection edaravone 1 mg	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1301		submitting a Recommended Clinical Review (Predetermination)			
11301		request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1302		submitting a Recommended Clinical Review (Predetermination)			
J1302	Inj sutimlimab-jome 10 mg	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1303	Ini rawdizumah cung 10 mg	submitting a Recommended Clinical Review (Predetermination)			
J1303	Inj. ravulizumab-cwvz 10 mg	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
	Literature and death force	submitting a Recommended Clinical Review (Predetermination)			
J1305	Inj evinacumab-dgnb 5mg	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		, in the second			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
J1306	Injection inclisiran 1 mg	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1325	Epoprostenol injection	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1411	Inj Hemgenix Per Tx Dose	submitting a Recommended Clinical Review (Predetermination) 4/1/2023 _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1426	Injection casimersen 10 mg	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1427	Inj. viltolarsen	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1428	Inj eteplirsen 10 mg	submitting a Recommended Clinical Review (Predetermination)	
J1420	ing etephisen 10 mg	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1429	Inj golodirsen 10 mg	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J1440	Fecal microbiota jslm 1 ml	submitting a Recommended Clinical Review (Predetermination) 7/1/2023	
		request if it is unclear if the service meets BCBSOK Medical	[-
		Policy criteria.	
		1. Sincy Griterion	

		MP Criteria: Procedure/service reviewed to ensure each service			
		· ·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1551	Inj cutaquig 100 mg	submitting a Recommended Clinical Review (Predetermination)		_	
		request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1554	Inj. asceniv	submitting a Recommended Clinical Review (Predetermination)			
31331	mj. docemv	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
14.5.62	No. and the state	submitting a Recommended Clinical Review (Predetermination)			
J1562	Vivaglobin inj	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		Thor Addionization may be required per contract agreement.			
11566	Immuno alabulia novudor	Unlisted Procedure; May require Prior Authorization per			
J1566	Immune globulin powder	contract agreement.	_	-	-
		AAD Citatia David and a state of the state o			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1576	Inj panzyga 500 mg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
11500	Ivia non hanbilized NOC	Unlisted Procedure; May require Prior Authorization per			
J1599	Ivig non-lyophilized NOS	contract agreement.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1620	Injection Gonadorelin Hydrochloride Per 100 Mcg	submitting a Recommended Clinical Review (Predetermination)			
11111	,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
14.633	lai bassandan dan	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1632	Inj. brexanolone 1 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			1
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J1675	Histrelin acetate	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J1746	Inj. ibalizumab-uiyk 10 mg	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1747	Ini Chacalimah Chao 1 Ma	· ·	F /1 /2022		
J1/4/	Inj Spesolimab-Sbzo 1 Mg	submitting a Recommended Clinical Review (Predetermination)	5/1/2023	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
11 01 1	Fiasp for insulin pump use	· ·	7/1/2022		
J1811		submitting a Recommended Clinical Review (Predetermination)	//1/2023	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
11012	Ini inculia (ficen)	submitting a Recommended Clinical Review (Predetermination)	7/1/2022		
J1812	Inj. insulin (fiasp)	,	//1/2023	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
11013	Lumiou for inculia auma uso	· ·	7/1/2022		
J1813	Lyumjev for insulin pump use	submitting a Recommended Clinical Review (Predetermination)	//1/2023	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
14.04.4	Let the Red County A	meets BCBSOK Medical Policy criteria. BCBSOK recommends	7/4/2022		
J1814	Inj. insulin (lyumjev)	submitting a Recommended Clinical Review (Predetermination)	//1/2023	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1823	Inj. inebilizumab-cdon 1 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			

		MD Citatia December Institute in the Citatian Company			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1932	Inj lanreotide (cipla) 1mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1951	Inj fensolvi 0.25 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J1954	Inj lutrate depot 7.5 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
J1961	Inj lenacapavir 1 mg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	6/30/2024	
		request if it is unclear if the service meets BCBSOK Medical			06/30/2024
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Injection mepolizumab 1mg	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
124.02		submitting a Recommended Clinical Review (Predetermination)			
J2182		request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J2278	Ziconotide injection	request if it is unclear if the service meets BCBSOK Medical	-	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J2320	Injection Nandrolone Decanoate Up To 50 Mg	submitting a Recommended Clinical Review (Predetermination)			
32320	injection randrolone secundate op 10 50 mg	request if it is unclear if the service meets BCBSOK Medical	_		_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J2329	Inj ublituximab-xiiy 1 mg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023		
1222	, 4247	request if it is unclear if the service meets BCBSOK Medical	., 1, 2023	-	-
		Policy criteria.			
	<u> </u>	i oney criteria.		1	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
J2356	Inj tezepelumab-ekko 1mg	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		Prior Authorization may be required per contract agreement.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
J2440	Injection Papaverine Hcl Up To 60 Mg	submitting a Recommended Clinical Review (Predetermination)		
32440	injection rupaverme her op to oo wig	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
J2502	Inj pasireotide long acting	request if it is unclear if the service meets BCBSOK Medical	-	_
		Policy criteria.		
		Prior Authorization may be required per contract agreement.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
J2777	Inj faricimab-svoa 0.1mg	submitting a Recommended Clinical Review (Predetermination)		
32777		request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
J2778	Injection Ranibizumab 0.1 Mg	submitting a Recommended Clinical Review (Predetermination)		
	,	request if it is unclear if the service meets BCBSOK Medical	<u> </u>	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
J2779	Inj susvimo 0.1 mg	submitting a Recommended Clinical Review (Predetermination)	_	
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
J2787	Riboflavin 5'Phos opth<=3ml	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
J3032	Inj. eptinezumab-jjmr 1 mg	submitting a Recommended Clinical Review (Predetermination)		
13032	inj. eptinezumab-jjim i mg	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		Prior Authorization may be required per contract agreement.		

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Price Authorization may be required per contract agreement.				
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Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Injection Urofollitropin 75 lu Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)	33203	Treprostilii injection	request if it is unclear if the service meets BCBSOK Medical	
MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. Jass5			Policy criteria.	
Inj xipere 1 mg Inj xi			Prior Authorization may be required per contract agreement.	
J3299 Inj xipere 1 mg submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. J3355 Injection Urofollitropin 75 lu Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)			MP Criteria: Procedure/service reviewed to ensure each service	
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Policy criteria. Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)	J3299	Inj xipere 1 mg	submitting a Recommended Clinical Review (Predetermination) _	_
Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)			request if it is unclear if the service meets BCBSOK Medical	
subject to utilization review. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)			Policy criteria.	
Subject to utilization review.	12255	Injection Urofallitrania 75 lu		
meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination)	15555	injection orolollitropin 75 lu		
submitting a Recommended Clinical Review (Predetermination)			MP Criteria: Procedure/service reviewed to ensure each service	
13380 Injection vedolizumah	12200		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
JOSOU INJECTION VEUONIZUMIND		Injection vadalizumah	submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets bubble in viedical	13380	injection vedolizumab	request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.			Policy criteria.	
Prior Authorization may be required per contract agreement.				

		MD C that's December 1 to the control of the contro			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J3396	Verteporfin injection	submitting a Recommended Clinical Review (Predetermination)	_		_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
12200	Let La Lance A letter and a	submitting a Recommended Clinical Review (Predetermination)			
J3398	Inj luxturna 1 billion vec g	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J3399	Inj onase abepar-xioi treat		_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
J3490	Drugs unclassified injection	Unlisted Procedure; May require Prior Authorization per			
11 11	To the state of th	contract agreement.		_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J3520	Edetate disodium per 150 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
12570	Last the association to DAT	Non Covered: Procedure/service not covered by BCBSOK. Not			
J3570	Laetrile amygdalin vit B17	subject to utilization review.	-	-	-
12500	Hardwarff ad brahadaa	Unlisted Procedure; May require Prior Authorization per			
J3590	Unclassified biologics	contract agreement.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
J3591	Esrd on dialysi drug/bio noc	defined or classified, and may be subject to benefit and/or			
33331	Lista off dialysi drug/bio floc	clinical review.	-	-	-
		cliffical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7177	Inj. fibryga 1 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
J7178					
	Inj human fibrinogen con nos	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			

	I				
		Unlisted or Undefined: Procedure/service not otherwise			
J7192	Factor viii recombinant NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
J7195	Factor ix recombinant nos	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
J7199	Hemophilia clot factor noc	defined or classified, and may be subject to benefit and/or	_		_
	·	clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7213	Inj ixinity 1 i.u.	submitting a Recommended Clinical Review (Predetermination)	7/1/2023		
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	Aminolevulinic Acid Hcl For Topical Administration 20% Single Unit Dosage Form (354 Mg)	MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7308		submitting a Recommended Clinical Review (Predetermination)	_		
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		IVIP Criteria: Procedure/service reviewed to ensure each service			
	Methyl Aminolevulinate (Mal) For Topical Administration	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7309	16.8% 1 Gram	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7311	Inj. retisert 0.01 mg	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7312	Injection Dexamethasone Intravitreal Implant 0.1 Mg	submitting a Recommended Clinical Review (Predetermination)			
	, , , , , , , , , , , , , , , , , , , ,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7313	Inj. iluvien 0.01 mg	submitting a Recommended Clinical Review (Predetermination)			
	, , , , , ,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
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			1	1	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7316	Injection Ocriplasmin 0.125 Mg	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. IMP Criteria: Procedure/service reviewed to ensure each service			
	Aminolevulinic Acid Hcl For Topical Administration 10% Gel	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7345	10 Mg	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	10 IVIG	,			
		request if it is unclear if the service meets BCRSOK Medical mercures and the service meets and the service me			
J7351	Inj bimatoprost itc imp1mcg	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
	,	submitting a Recommended Clinical Review (Predetermination)		_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
17400	Manual and a state of the state	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J7402	Mometasone sinus sinuva	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCRSOK Medical			
		Unlisted or Undefined: Procedure/service not otherwise			
J7599	Immunosuppressive drug noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		FILL Procedure (comics not raimbureed by DCDSOK Net subject			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
J7604	Acetylcysteine comp unit	to utilization review. Please see the Clinical Payment and	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		EIO: Procedure/service not reimbursed by BCBSOK. Not subject			
J7607	Levalbuterol comp con	to utilization review. Please see the Clinical Payment and	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
J7609	Albuterol comp unit	to utilization review. Please see the Clinical Payment and			_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
.=		ETO. Procedure/service not reimbursed by BCBSOK. Not subject			
J7610	Albuterol comp con	to utilization review. Please see the Clinical Payment and	_	-	-
		Ending Believ titled: Non Beimhursbla By BeiBOR: Not subject			
J7615	Levalbuterol comp unit	to utilization review. Please see the Clinical Payment and	_	_	-
		Coding Dalicy titlad: Non Daimhurcahla Evnarimental			
		FILL Procedure (service not reimbursed by PCRSOV, Not subject			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
J7622	Beclomethasone comp unit	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			

J7624	Betamethasone comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7627	Budesonide comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7628	Bitolterol mesylate comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7629	Bitolterol mesylate comp unt	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7632	Cromolyn sodium comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7634	Budesonide comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7635	Atropine comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7636	Atropine comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
J7637	Dexamethasone comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

J7638	Dexamethasone comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7640	Formoterol comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7641	Flunisolide comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7642	Glycopyrrolate comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7643	Glycopyrrolate comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7645	Ipratropium bromide comp	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7647	Isoetharine comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7650	Isoetharine comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7657	Isoproterenol comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

J7660	Isoproterenol comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7667	Metaproterenol comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7670	Metaproterenol comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7676	Pentamidine comp unit dose	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7680	Terbutaline sulf comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7681	Terbutaline sulf comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7683	Triamcinolone comp con	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7684	Triamcinolone comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
J7685	Tobramycin comp unit	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

		Unlisted or Undefined: Procedure/service not otherwise			
		· ·			
J7699	Inhalation solution for DME	defined or classified, and may be subject to benefit and/or	_	_	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
J7799	Non-inhalation drug for DME	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
J7999	Compounded drug noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
J8498	Antiemetic rectal/supp NOS	defined or classified, and may be subject to benefit and/or			
		clinical review.		_	_
		Unlisted or Undefined: Procedure/service not otherwise			
J8499	Oral prescrip drug non chemo	defined or classified, and may be subject to benefit and/or			
30433	oral preserip arag non enemo	clinical review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
10507	Autionatia duna aral NOS				
J8597	Antiemetic drug oral NOS	defined or classified, and may be subject to benefit and/or	-	_	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
J8999	Oral prescription drug chemo	defined or classified, and may be subject to benefit and/or	_	_	-
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
J9020	Asparaginase NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J9029	Inj adstiladrin per tx dos	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
J9063	Inj elahere 1 mg	request if it is unclear if the service meets BCBSOK Medical	7/1/2023	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service			
		· ·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J9247	Inj melphalan flufenami 1mg	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J9274	Ini tahantafuan taha 1 meg	submitting a Recommended Clinical Review (Predetermination)			
192/4	Inj tebentafusp-tebn 1 mcg	request if it is unclear if the service meets BCBSOK Medical	-	-	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			

		Non Covered: Procedure/service not covered by BCBSOK. Not	
J9285	Inj olaratumab 10 mg	subject to utilization review.	_
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
J9331	Inj sirolimus prot part 1 mg	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
J9332	Inj efgartigimod 2mg	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCRSOK Medical Policy criteria, BCRSOK recommends	
		submitting a Recommended Clinical Review (Predetermination) 7/1/2023	
J9347	Inj tremelimumab-actl 1 mg	request if it is unclear if the service meets BCBSOK Medical 7/1/2023	-
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J9350	Inj mosunetuzumab-axgb 1 mg	submitting a Recommended Clinical Review (Predetermination) 7/1/2023	
33330	inj mosunetazamas angs 1 mg	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination) 7/1/2023	
J9380	Inj teclistamab cqyv 0.5 mg	request if it is unclear if the service meets BCBSOK Medical 7/1/2023	_
		Policy criteria.	
		Prior Authorization may be required per contract agreement.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J9381	Inj teplizumab mzwv 5 mcg	submitting a Recommended Clinical Review (Predetermination) 7/1/2023	
33301	ing tepheamas meters a meg	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
J9600	Porfimer sodium injection	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		Unlisted Procedure; May require Prior Authorization per	
<mark>J9999</mark>	Chemotherapy drug	contract agreement.	_
		contract agreement.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0002	Stnd hemi (low seat) whlchr	submitting a Recommended Clinical Review (Predetermination)	
KUUU2	Strid riemi (low seat) which		-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0003	Lightweight wheelchair	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0004	High strength Itwt whlchr	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0005	Ultralightweight wheelchair	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
к0006	Heavy duty wheelchair	submitting a Recommended Clinical Review (Predetermination)	
	·	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
К0007	Extra heavy duty wheelchair	submitting a Recommended Clinical Review (Predetermination)	
	zata neary daty uncelonal	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
кооов	Cstm manual wheelchair/base	submitting a Recommended Clinical Review (Predetermination)	
K0008	Cstill illalidal Wileelchall/base	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
V0000	Other many alm health sig/hear		
K0009	Other manual wheelchair/base	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0010	Stnd wt frame power whichr	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0011	Stnd wt pwr whichr w control	submitting a Recommended Clinical Review (Predetermination)		
ROOTI	Strid We pwi Willelii W control	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0012	Ltwt portbl power whichr	submitting a Recommended Clinical Review (Predetermination)		
KOO12	Liwit portor power writern	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0013	Custom power whichr base	submitting a Recommended Clinical Review (Predetermination)		
K0013	custom power which base	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0014	Other power whichr base	submitting a Recommended Clinical Review (Predetermination)		
K0014	Other power which base		_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
K0053	Elevate footrest articulate	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
KUU55	Elevate lootrest articulate	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
KOOEC	Cont. by 147 and 24 by the con-	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0056	Seat ht <17 or >=21 ltwt wc	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
waase		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0065	Spoke protectors	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
K0108	W/c component-accessory NOS	request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.	<u></u>	
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		

		NAD Called a December 1 and 1			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0455	Pump uninterrupted infusion	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0669	Seat/back cus no dmepdac ver	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	CUCTION DUMP HOME MODEL PORTABLE FOR HEE ON	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0743	SUCTION PUMP HOME MODEL PORTABLE FOR USE ON	submitting a Recommended Clinical Review (Predetermination)		_	_
	WOUNDS	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0744	PUMP HOME MODEL PORTABLE PAD SIZE 16 SQUARE	submitting a Recommended Clinical Review (Predetermination)			
	INCHES OR LESS	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Absorptive Wound Dressing For Use With Suction Pump,	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0745	Home Model, Portable, Pad Size More Than 16 Square	submitting a Recommended Clinical Review (Predetermination)			
	Inches But Less Than Or Equal To 48 Square Inches	request if it is unclear if the service meets BCBSOK Medical	_	-	_
	There's but 2000 man of 2qual to 10 oquale mones	Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0746	PUMP HOME MODEL PORTABLE PAD SIZE GREATER THAN	submitting a Recommended Clinical Review (Predetermination)			
K0740	48 SQUARE INCHES	request if it is unclear if the service meets BCBSOK Medical	_	-	-
	46 SQUARE INCITES	Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
V0000	DOV graves 1 and on to 2001ha	·			
K0800	POV group 1 std up to 300lbs	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0801	POV group 1 hd 301-450 lbs	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0802	POV group 1 vhd 451-600 lbs	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0806	POV group 2 std up to 300lbs	submitting a Recommended Clinical Review (Predetermination)	
	a company of the contract	request if it is unclear if the service meets BCBSOK Medical	·
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
К0807	POV group 2 hd 301-450 lbs	submitting a Recommended Clinical Review (Predetermination)	
	1 0 1 8.0 up 2 110 001 150 155	request if it is unclear if the service meets BCBSOK Medical	· -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
к0808	POV group 2 vhd 451-600 lbs	submitting a Recommended Clinical Review (Predetermination)	
ROOOO	1 OV group 2 VIII 431-000 Ib3	request if it is unclear if the service meets BCBSOK Medical	· _
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
		submitting a Recommended Clinical Review (Predetermination)	
K0812	Power operated vehicle NOC	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		Unlisted or Undefined: Procedure/service not otherwise	
		defined or classified, and may be subject to benefit and/or	
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service	
		· ·	
W0040	2010	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0813	PWC gp 1 std port seat/back	submitting a Recommended Clinical Review (Predetermination)	· _
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0814	PWC gp 1 std port cap chair	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0815	PWC gp 1 std seat/back	submitting a Recommended Clinical Review (Predetermination)	- <u>-</u>
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0816	PWC gp 1 std cap chair	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0820	PWC gp 2 std port seat/back	submitting a Recommended Clinical Review (Predetermination)	
KU82U	PWC gp 2 Stu port Seat/back		-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0821	PWC gp 2 std port cap chair	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0822	PWC gp 2 std seat/back	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0823	PWC gp 2 std cap chair	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0824	PWC gp 2 hd seat/back	submitting a Recommended Clinical Review (Predetermination)	
	,	request if it is unclear if the service meets BCBSOK Medical	<u> </u>
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0825	PWC gp 2 hd cap chair	submitting a Recommended Clinical Review (Predetermination)	
	. We Sh I was safe silan	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0826	PWC gp 2 vhd seat/back	submitting a Recommended Clinical Review (Predetermination)	
K0820	r we gp 2 viid seat/ back	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
V0027	DIAC an albal age albain	· · · · · · · · · · · · · · · · · · ·	
K0827	PWC gp vhd cap chair	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0828	PWC gp 2 xtra hd seat/back	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0829	PWC gp 2 xtra hd cap chair	submitting a Recommended Clinical Review (Predetermination)	
KU829	PWC gp 2 xtra nu cap chair		- -
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0830	PWC gp2 std seat elevate s/b	submitting a Recommended Clinical Review (Predetermination) _	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0831	PWC gp2 std seat elevate cap	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0835	PWC gp2 std sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0836	PWC gp2 std sing pow opt cap	submitting a Recommended Clinical Review (Predetermination)	
	of the state	request if it is unclear if the service meets BCBSOK Medical	- -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0837	PWC gp 2 hd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	
10037	1 We Sp 2 ha ship pow ope 5/ 5	request if it is unclear if the service meets BCBSOK Medical	- -
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0838	DWC an 2 hd sing now ont can		
NU030	PWC gp 2 hd sing pow opt cap	submitting a Recommended Clinical Review (Predetermination)	- -
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0839	PWC gp2 vhd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	- -
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0840	PWC gp2 xhd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination) _	_ _
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MD Criteria, Procedure (continue reviewed to ensure each continu	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0841	PWC gp2 std mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0842	PWC gp2 std mult pow opt cap	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0843	PWC gp2 hd mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0848	PWC gp 3 std seat/back	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0849	PWC gp 3 std cap chair	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0850	PWC gp 3 hd seat/back	submitting a Recommended Clinical Review (Predetermination)	
	. The Sp o the seaty seath	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0851	PWC gp 3 hd cap chair	submitting a Recommended Clinical Review (Predetermination)	
10031	TWO SP 3 Ha cap chair	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0852	PWC gp 3 vhd seat/back	submitting a Recommended Clinical Review (Predetermination)	
10032	1 AAC Bh 2 Alia seath pack	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
K08E3	DIA/C an 2 whole can about	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0853	PWC gp 3 vhd cap chair	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0854	PWC gp 3 xhd seat/back	submitting a Recommended Clinical Review (Predetermination)		
K0834	r We gp 3 kild seat/ back		-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
		·		
KOOFF	DMC as 2 shallow that	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0855	PWC gp 3 xhd cap chair	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0856	PWC gp3 std sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination) _	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0857	PWC gp3 std sing pow opt cap	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0858	PWC gp3 hd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0859	PWC gp3 hd sing pow opt cap	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
К0860	PWC gp3 vhd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)		L
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0861	PWC gp3 std mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
K0862	PWC gp3 hd mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)		
	Or a contract of the contract	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0863	DWC and yeld mult now ont a/b	· · · · · · · · · · · · · · · · · · ·	
KU803	PWC gp3 vhd mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	·
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0864	PWC gp3 xhd mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0868	PWC gp 4 std seat/back	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0869	PWC gp 4 std cap chair	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0870	PWC gp 4 hd seat/back	submitting a Recommended Clinical Review (Predetermination)	
	S OF	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0871	PWC gp 4 vhd seat/back	submitting a Recommended Clinical Review (Predetermination)	
10071	TWO SP TWING SCULL BUCK	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0877	DIVIC and staking now out s/h		
NU877	PWC gp4 std sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	·
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0878	PWC gp4 std sing pow opt cap	submitting a Recommended Clinical Review (Predetermination)	. <u>–</u>
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
K0879	PWC gp4 hd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		I	
		·			
W0000	DIAIC and a lad standard and la	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0880	PWC gp4 vhd sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0884	PWC gp4 std mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0885	PWC gp4 std mult pow opt cap	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
к0886	PWC gp4 hd mult pow s/b	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
к0890	PWC gp5 ped sing pow opt s/b	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0891	PWC gp5 ped mult pow opt s/b	submitting a Recommended Clinical Review (Predetermination)			
KU891	PWC gps ped mult pow opt s/b	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		· ·			
		Policy criteria. Unlisted or Undefined: Procedure/service not otherwise			
W0000	De considerate la	·			
K0898	Power wheelchair NOC	defined or classified, and may be subject to benefit and/or	_	-	-
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K0899	Pow mobil dev no dmepdac	submitting a Recommended Clinical Review (Predetermination)	_	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			Retire effective
K1002	Ces system	Coding Policy titled: Non-Reimbursable Experimental,	_	12/31/2023	12/31/2023
		Investigational and/or Unproven Services (EIU).			22, 31, 2023
		Thresagational and or onproven services (Elo).			

K1004	Lo freq us diathermy device	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
K1007	Bil hkaf pc s/d micro sensor	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
K1009	Speech volume modulation sys	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
K1013	Enema tube, any, replac only	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	12/31/2023	Retire effective 12/31/2023
K1018	Ext up limb tremor stim wris	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
K1019	Supp ext up limb tremor stim	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023
K1020	Non-invasive vagus nerv stim	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		12/31/2023	Retire effective 12/31/2023
K1021	Exsuff belt incl all sup acc	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		12/31/2023	Retire effective 12/31/2023
K1022	Endoskel posit rotat unit	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		12/31/2023	Retire effective 12/31/2023
K1023	Trans elec nerv periph nerv	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	12/31/2023	Retire effective 12/31/2023

		AAD O II			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
K1024	Non pneum comp control cal	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	12/31/2023	12/31/2023
		request if it is unclear if the service meets BCBSOK Medical			12/31/2023
		Policy criteria			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
K1025	Non pneum compress full arm	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	12/31/2023	
		request if it is unclear if the service meets BCBSOK Medical			12/31/2023
		Policy criteria			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K1027	Oral dev without fix mech	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	•	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
I		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K1028	Control Unit Neuromuscul Osa	submitting a Recommended Clinical Review (Predetermination)		12/31/2023	Retire effective
	Control of the New Control	request if it is unclear if the service meets BCBSOK Medical	•	12, 51, 2525	12/31/2023
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
ı		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K1029	Oral Dv/App Neuromus Mouthpi	submitting a Recommended Clinical Review (Predetermination)		12/31/2023	Retire effective
K1029	Oral DV/App Neuromus Wouthpi	request if it is unclear if the service meets BCBSOK Medical		12/31/2023	12/31/2023
		l ·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		· · · · · · · · · · · · · · · · · · ·			
K1030	Fut week area het werde een ent	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
K1030	Ext recharge bat replacement	submitting a Recommended Clinical Review (Predetermination)		_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	- / . /	/ /	Retire effective
K1031	Non pneu comp control w/o ca	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	12/31/2023	12/31/2023
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
K1032	Non pneum seq comp full leg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	12/31/2023	12/31/2023
		request if it is unclear if the service meets BCBSOK Medical			,,
		Policy criteria			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			Retire effective
K1033	Non pneum seq comp half leg	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	12/31/2023	12/31/2023
		request if it is unclear if the service meets BCBSOK Medical			12/31/2023
		Policy criteria			
K1034	Covid tost salf adver / !!t	Non Covered: Procedure/service not covered by the Plan. Not	/12/2022		
K1034	Covid test self-admn/collect	subject to utilization review.	/12/2023	-	-

		N C		1	
K1035	Mol Diag Reader Self-Admn	Non Covered: Procedure/service not covered by BCBSOK. Not	4/1/2023		
		subject to utilization review.	, ,	_	_
L0120	Cerv flex n/adj foam pre ots	Non Covered: Procedure/service not covered by BCBSOK. Not			
10120	Cerv nex nyauj toant pre ots	subject to utilization review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
L0999	Add to spinal orthosis NOS	defined or classified, and may be subject to benefit and/or			
20333	rad to spinal orthosis 1403	clinical review.	_	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
14400	Satural and heads NOS	· ·			
L1499	Spinal orthosis NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L1834	Ko w/0 joint rigid molded to	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
11040	Va danat aut au sista anatana	· ·			
L1840	Ko derot ant cruciate custom	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L1844	Ko w/adj jt rot cntrl molded	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L1846	Ko w adj flex/ext rotat mold	submitting a Recommended Clinical Review (Predetermination)			
11040	ko w auj nezyext rotat molu		_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L1860	Ko supracondylar socket mold	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L2005	KAFO sng/dbl mechanical act	submitting a Recommended Clinical Review (Predetermination)			
122003	NATO SIIB) asi meenamea aec	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		·			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
L2999	Lower extremity orthosis NOS	defined or classified, and may be subject to benefit and/or	_	-	-
		clinical review.			
L3001	Foot insert remov molded spe	Non Covered: Procedure/service not covered by BCBSOK. Not			
13001	Tool insert removimolaed spe	subject to utilization review.	-	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3002	Foot insert plastazote or eq	subject to utilization review.	_	-	-
		,			

		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3003	Foot insert silicone gel eac	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3010	Foot longitudinal arch suppo	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3020	Foot longitud/metatarsal sup	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3030	Foot arch support remov prem	· · · · · · · · · · · · · · · · · · ·	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not		
L3031	Foot lamin/prepreg composite		_	_
		subject to utilization review.		
L3040	Ft arch suprt premold longit	Non Covered: Procedure/service not covered by BCBSOK. Not		_
		subject to utilization review.		
L3050	Foot arch supp premold metat	Non Covered: Procedure/service not covered by BCBSOK. Not		
	· · · ·	subject to utilization review.		
L3060	Foot arch supp longitud/meta	Non Covered: Procedure/service not covered by BCBSOK. Not		
	., .	subject to utilization review.	_	_
L3070	Arch suprt att to sho longit	Non Covered: Procedure/service not covered by BCBSOK. Not		
	, ,	subject to utilization review.	_	
L3080	Arch supp att to shoe metata	Non Covered: Procedure/service not covered by BCBSOK. Not		
		subject to utilization review.	_	-
L3090	Arch supp att to shoe long/m	Non Covered: Procedure/service not covered by BCBSOK. Not		
20000		subject to utilization review.	-	-
L3100	Hallus-valgus nt dyn pre ots	Non Covered: Procedure/service not covered by BCBSOK. Not		
20100	Trailus-vaigus fit uyri pre ots	subject to utilization review.	-	_
L3140	Abduction rotation bar shoe	Non Covered: Procedure/service not covered by BCBSOK. Not		
23110	Abduction Foldition but Since	subject to utilization review.	-	-
L3150	Abduct rotation bar w/o shoe	Non Covered: Procedure/service not covered by BCBSOK. Not		
13130	Abduct Totation but W/O Shoc	subject to utilization review.	-	-
L3160	Shoe styled positioning dev	Non Covered: Procedure/service not covered by BCBSOK. Not		
13100	Shoe styled positioning dev	subject to utilization review.	-	_
L3170	Foot plas heel stabi pre ots	Non Covered: Procedure/service not covered by BCBSOK. Not		
13170	Toot plas fleet stabl pre ots	subject to utilization review.	-	-
L3201	Oxford w supinat/pronat inf	Non Covered: Procedure/service not covered by BCBSOK. Not		
13201	Oxioid w supiliat/profiat iiii	subject to utilization review.	_	-
L3202	Outard w/ supingst/propostor a	Non Covered: Procedure/service not covered by BCBSOK. Not		
L3202	Oxford w/ supinat/pronator c	subject to utilization review.	-	-
12202	O family described and the control of	Non Covered: Procedure/service not covered by BCBSOK. Not		
L3203	Oxford w/ supinator/pronator	subject to utilization review.	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3204	Hightop w/ supp/pronator inf	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3206	Hightop w/ supp/pronator chi	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3207	Hightop w/ supp/pronator jun	subject to utilization review.	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
L3212	Benesch boot pair infant	subject to utilization review.	-	-

L3213	Benesch boot pair child	Non Covered: Procedure/service not covered by BCBSOK. Not			
	The state of the s	subject to utilization review.	_	_	-
L3214	Benesch boot pair junior	Non Covered: Procedure/service not covered by BCBSOK. Not			
13214	Benesen boot pan junior	subject to utilization review.	-	_	-
L3215	Orthopedic ftwear ladies oxf	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3213	Of thopedic reweal ladies oxi	subject to utilization review.	_	_	-
12216	Outh and ladice share dath:	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3216	Orthoped ladies shoes dpth i	subject to utilization review.	-	-	-
12247	Ladra di cari braha a da albar	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3217	Ladies shoes hightop depth i	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3219	Orthopedic mens shoes oxford	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3221	Orthopedic mens shoes dpth i	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3222	Mens shoes hightop depth inl	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3224	Woman's shoe oxford brace	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3225	Man's shoe oxford brace	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3230	Custom shoes depth inlay		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
L3250	Custom mold shoe remov prost			_	_
		subject to utilization review.			
L3251	Shoe molded to pt silicone s	Non Covered: Procedure/service not covered by BCBSOK. Not		_	
	·	subject to utilization review.			_
L3252	Shoe molded plastazote cust	Non Covered: Procedure/service not covered by BCBSOK. Not			
	· · · · · · · · · · · · · · · · · · ·	subject to utilization review.		_	_
L3253	Shoe molded plastazote cust	Non Covered: Procedure/service not covered by BCBSOK. Not			
	· ·	subject to utilization review.	_		_
L3254	Orth foot non-stndard size/w	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	
L3255	Orth foot non-standard size/	Non Covered: Procedure/service not covered by BCBSOK. Not			
13233	Other foot from Standard Sizey	subject to utilization review.	_	_	-
L3257	Orth foot add charge split s	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3237	Of thi loot add charge spires	subject to utilization review.	-	_	_
L3265	Plastazote sandal each	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3203	Plastazote sallual eacil	subject to utilization review.	_	_	_
12200	Cha lift tonor to mototorcal	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3300	Sho lift taper to metatarsal	subject to utilization review.	-	-	-
12240	Charaltinate about the large	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3310	Shoe lift elev heel/sole neo	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3320	Shoe lift elev heel/sole cor	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3330	Lifts elevation metal extens	subject to utilization review.	-	-	-

L3332	Shoe lifts tapered to one-ha	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3332	Shoe lifts tapered to one-ha	subject to utilization review.	_	-	-
L3334	Shoe lifts elevation heel /i	Non Covered: Procedure/service not covered by BCBSOK. Not			
13334	Silve lifts elevation fleel /1	subject to utilization review.	_	_	-
L3340	Shoe wedge sach	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3340	Silve wedge sacii	subject to utilization review.	_	_	-
12250	Chao haaladaa	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3350	Shoe heel wedge	subject to utilization review.	_	-	-
12260	Chan and a sundan autoide and	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3360	Shoe sole wedge outside sole	subject to utilization review.	_	-	-
12270	Chan and a warden hat warm and a	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3370	Shoe sole wedge between sole	subject to utilization review.	_	_	-
12200	Shoe clubfoot wedge	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3380	Snoe clubroot wedge	subject to utilization review.	_	-	-
	el el	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3390	Shoe outflare wedge	subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3400	Shoe metatarsal bar wedge ro	subject to utilization review.	_	_	_
	Shoe metatarsal bar between	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3410		subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3420	Full sole/heel wedge btween	subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3430	Sho heel count plast reinfor	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3440	Heel leather reinforced	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3450	Shoe heel sach cushion type	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3455	Shoe heel new leather standa	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3460	Shoe heel new rubber standar	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3465	Shoe heel thomas with wedge	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3470	Shoe heel thomas extend to b	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3480	Shoe heel pad & depress for	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		+	
L3485	Shoe heel pad removable for	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3500	Ortho shoe add leather insol	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3510	Orthopedic shoe add rub insl		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
L3520	O shoe add felt w leath insl		_	_	_
		subject to utilization review.			

L3530	Ortho shoe add half sole	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_		_
L3540	Ortho shoe add full sole	Non Covered: Procedure/service not covered by BCBSOK. Not			
200 10	0.000 000 000 000	subject to utilization review.	_	_	-
L3550	O shoe add standard toe tap	Non Covered: Procedure/service not covered by BCBSOK. Not			
15550	O silve add stalldard toe tap	subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3560	O shoe add horseshoe toe tap	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3570	O shoe add instep extension	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3580	O shoe add instep velcro clo		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
L3590	O shoe convert to sof counte	· · · · · · · · · · · · · · · · · · ·			
		subject to utilization review.			
L3595	95 Ortho shoe add march bar	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
L3600	Trans shoe calip plate exist	Non Covered: Procedure/service not covered by BCBSOK. Not			
13000	Trails slide cally place exist	subject to utilization review.	_	_	_
12640	- L " L	Non Covered: Procedure/service not covered by BCBSOK. Not			
L3610	Trans shoe caliper plate new	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3620	Trans shoe solid stirrup exi	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3630	Trans shoe solid stirrup new	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
L3640	Shoe dennis browne splint bo		_	_	_
		subject to utilization review.			
		Non Covered: Procedure/service not covered by the Plan. Not			
L3649	Orthopedic shoe modifica NOS	subject to utilization review.	_	_	_
		Unlisted or Undefined			
		Unlisted or Undefined: Procedure/service not otherwise			
L3999	Upper limb orthosis NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L5610	Above knee hydracadence	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_		_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
15611	Ale A har link wifein awing	·			
L5611	Ak 4 bar link w/fric swing	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L5613	Ak 4 bar ling w/hydraul swig	submitting a Recommended Clinical Review (Predetermination)	_	_	_
					The second secon
		request if it is unclear if the service meets BCBSOK Medical			

	I	MP Criteria: Procedure/service reviewed to ensure each service	
15644		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5614	4-bar link above knee w/swng	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5616	Ak univ multiplex sys frict	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5620	Test socket below knee	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5624	Test socket above knee	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5629	Below knee acrylic socket	submitting a Recommended Clinical Review (Predetermination)	
13023	below knee acrylic socket	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15624	Al./Iva and discretic and discretic	· · · · · · · · · · · · · · · · · · ·	
L5631	Ak/knee disartic acrylic soc	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5638	Below knee leather socket	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5639	Below knee wood socket	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5640	Knee disarticulat leather so	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
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		NAD Critoria: Dragodura (coming ravious) to ansura and coming	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5642	Above knee leather socket	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5644	Above knee wood socket	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5645	Bk flex inner socket ext fra	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5646	Below knee cushion socket	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5647	Below knee suction socket	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5648	Above knee cushion socket	submitting a Recommended Clinical Review (Predetermination)	
15046	Above knee cusmon socket	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
LECE4	Ak flex inner socket ext fra		
L5651	AK HEX IIIITET SOCKEL EXT ITA	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
15650		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5652	Suction susp ak/knee disart	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5670	Bk molded supracondylar susp	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Nedical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. L5704 Custom shape cover BK submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. L5705 Custom shape cover AK submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. L5706 Custom shape cover knee disart Submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
L5704 Bk knee joints single axis p submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. ESTION Kne-shin exo sng axi mnl loc submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	
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meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5711 Knee-shin exo mnl lock ultra submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5712 Knee-shin exo frict swg & st submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5714 Knee-shin exo variable frict submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5716 Knee-shin exo mech stance ph submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5718	Knoo shin aya fret sug 9 sta	· · · · · · · · · · · · · · · · · · ·	
L3/18	Knee-shin exo frct swg & sta	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5722	Knee-shin pneum swg frct exo	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5724	Knee-shin exo fluid swing ph	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5726	Knee-shin ext jnts fld swg e	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5728	Knee-shin fluid swg & stance	submitting a Recommended Clinical Review (Predetermination)	
	· ·	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5780	Knee-shin pneum/hydra pneum	submitting a Recommended Clinical Review (Predetermination)	
23700	inter simi pricani, nyara pricani	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5785	Exoskeletal bk ultralt mater	submitting a Recommended Clinical Review (Predetermination)	
13703	Exoskeletal by altrait mater	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15700	Evockolotal ak ultra liaht m	· · · · · · · · · · · · · · · · · · ·	
L5790	Exoskeletal ak ultra-light m	submitting a Recommended Clinical Review (Predetermination)	- -
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
l		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5795	Exoskel hip ultra-light mate	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		NAD Critoria: Dragodura (comica ravioued to angura coch comica	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5810	Endoskel knee-shin mnl lock	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5811	Endo knee-shin mnl lck ultra	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5812	Endo knee-shin frct swg & st	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5814	Endo knee-shin hydral swg ph	submitting a Recommended Clinical Review (Predetermination)	
	,	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5816	Endo knee-shin polyc mch sta	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5818	Endo knee-shin frct swg & st	submitting a Recommended Clinical Review (Predetermination)	
13010	Lituo kilee-siiii ii et swg & st	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15022	Enda knoo shin naaym suga fra		
L5822	Endo knee-shin pneum swg frc	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5824	Endo knee-shin fluid swing p	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5826	Miniature knee joint	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
	_ , , , , , , , , , , , , , , , , , , ,	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5828	Endo knee-shin fluid swg/sta	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5830	Endo knee-shin pneum/swg pha	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5840	Multi-axial knee/shin system	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5848	Knee-shin sys hydraul stance	submitting a Recommended Clinical Review (Predetermination)	
	' '	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5856	Elec knee-shin swing/stance	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5857	Elec knee-shin swing only	submitting a Recommended Clinical Review (Predetermination)	
15057	Liet kilee-still swilig offly	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
15050	Charles whose early		
L5858	Stance phase only	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5859	Knee-shin pro flex/ext cont	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5961	Endo poly hip pneu/hyd/rot	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

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		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5962	Below knee flex cover system	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5964	Above knee flex cover system	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5966	Hip flexible cover system	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5968	Multiaxial ankle w dorsiflex	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5969	Ak/ft power asst incl motors	submitting a Recommended Clinical Review (Predetermination)	
	,	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5970	Foot external keel sach foot	submitting a Recommended Clinical Review (Predetermination)	
15570	Tool external keer sach foot	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5972	Florible keel foot	·	
L5972	Flexible keel foot	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
. 5070		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5973	Ank-foot sys dors-plant flex	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5974	Foot single axis ankle/foot	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	
15076		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5976	Energy storing foot	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5978	Ft prosth multiaxial ankl/ft	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5979	Multi-axial ankle/ft prosth	submitting a Recommended Clinical Review (Predetermination)	_
	·	request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5980	Flex foot system	submitting a Recommended Clinical Review (Predetermination)	
	i ion iootojate	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5981	Flex-walk sys low ext prosth	submitting a Recommended Clinical Review (Predetermination)	
13901	riex-walk sys low ext prostii		-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		· · · · · · · · · · · · · · · · · · ·	
. 5000		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5982	Exoskeletal axial rotation u	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5984	Endoskeletal axial rotation	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5985	Lwr ext dynamic prosth pylon	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L5986	Multi-axial rotation unit	submitting a Recommended Clinical Review (Predetermination)	
	-	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		i oney criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L5987	Shank ft w vert load pylon	submitting a Recommended Clinical Review (Predetermination)			
25507	Shank te w vere load pylon	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
L5999	Lowr extremity prosthes NOS	defined or classified, and may be subject to benefit and/or			
L3333	Lowi extremity prostnes 1403	clinical review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L6026	Part hand myo exclu term dev	submitting a Recommended Clinical Review (Predetermination)			
10020	Part Hand Hiyo excluteriii dev	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
16611	Additional quitab out namer	•			
L6611	Additional switch ext power	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
1,0004	Floring to the first of	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L6621	Flex/ext wrist w/wo friction	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	Terminal Device Multiple Articulating Digit Includes	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L6715	Motor(S) Initial Issue Or Replacement	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	· ·	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
	ELECTRIC HAND SWITCH OR MYOLELECTRIC CONTROLLED	MP Criteria: Procedure/service reviewed to ensure each service			
	INDEPENDENTLY ARTICULATING DIGITS ANY GRASP	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L6880	PATTERN OR COMBINATION OF GRASP PATTERNS	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	INCLUDES MOTOR(S)	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L6882	Microprocessor control uplmb	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L6920	Wrist disarticul switch ctrl	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		
		· ·		
1.005		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6925	Wrist disart myoelectronic c	submitting a Recommended Clinical Review (Predetermination)	-	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6930	Below elbow switch control	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6935	Below elbow myoelectronic ct	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6940	Elbow disarticulation switch	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6945	Elbow disart myoelectronic c	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6950	Above elbow switch control	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6955	Above elbow myoelectronic ct	submitting a Recommended Clinical Review (Predetermination)		
20000	nisore eisem myodiestromo se	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6960	Shldr disartic switch contro	submitting a Recommended Clinical Review (Predetermination)		
20300	Smar disartie switch contro	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
L6965	Shldr disartic myoelectronic	submitting a Recommended Clinical Review (Predetermination)		
10303	Sinul disartic myoelectronic	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	[-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L6970	laterace viles the same vitels at	·	
10970	Interscapular-thor switch ct	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L6975	Interscap-thor myoelectronic	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7007	Adult electric hand	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7008	Pediatric electric hand	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7009	Adult electric hook	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7040	Prehensile actuator	submitting a Recommended Clinical Review (Predetermination)	
		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7045	Pediatric electric hook	submitting a Recommended Clinical Review (Predetermination)	
27043	rediatife electric floor	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7170	Electronic elbow hosmer swit	submitting a Recommended Clinical Review (Predetermination)	
L/1/U	FIECTIONIC GIDOM HOSHIEL SWIL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
17400	Electrical de alle conservation	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7180	Electronic elbow sequential	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

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L7181 Electronic elbo simultaneous submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. BCBSOK Medical	
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L7185 Electron elbow adolescent sw submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK Medical Policy criteria. Elbow adolescent myoelectron Elbow adolescent myoelectron Elbow child myoelectronic ct MP Criteria: Procedure/service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
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L7259 Electronic wrist rotator any submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
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Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7362 Battery chrgr six volt otto submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	
MP Criteria: Procedure/service reviewed to ensure each service	
meets BCBSOK Medical Policy criteria. BCBSOK recommends	
L7364 Twelve volt battery utah/equ submitting a Recommended Clinical Review (Predetermination)	
request if it is unclear if the service meets BCBSOK Medical	
Policy criteria.	

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		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L7366	Battery chrgr 12 volt utah/e	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L7367	Replacemnt lithium ionbatter	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L7368	Lithium ion battery charger	submitting a Recommended Clinical Review (Predetermination)			
	, , , , , ,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
L7499	Upper extremity prosthes NOS	defined or classified, and may be subject to benefit and/or			
L/ 433	opper extremity prostnes was	clinical review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
17000	Nata va suvus susstiaus sustaus	·			
L7900	Male vacuum erection system	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L7902	Tension Ring Vac Erect Dev	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
L8039	Breast prosthesis NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
L8048	Unspec maxillofacial prosth	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
L8499	Unlisted misc prosthetic ser	defined or classified, and may be subject to benefit and/or			
	· ·	clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8604	Dextranomer/hyaluronic acid	submitting a Recommended Clinical Review (Predetermination)			
	Description of the dela	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		·			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
LOCOE	Inithalling agent and and	to utilization review. Please see the Clinical Payment and			
L8605	Inj bulking agent anal canal	Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
		, , , , , , , , , , , , , , , , , , , ,			

		MP Criteria: Procedure/service reviewed to ensure each service			1
		· · · · · · · · · · · · · · · · · · ·			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8606	Synthetic implnt urinary 1ml	submitting a Recommended Clinical Review (Predetermination)		_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8607	Inj vocal cord bulking agent	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
L8608	Arg ii ext com/sup/acc misc	Coding Policy titled: Non-Reimbursable Experimental,		_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8609	Artificial cornea	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8612	Aqueous shunt prosthesis	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8678	Ext Sply Implt Neurostim	submitting a Recommended Clinical Review (Predetermination)	4/1/2023	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8679	Imp neurosti pls gn any type	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8680	Implt neurostim elctr each	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8681	Pt prgrm for implt neurostim	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		1.40 C ::			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8682	Implt neurostim radiofq rec	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8689	External recharg sys intern	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8694	Aoi transducer/actuator repl	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8695	External recharg sys extern	submitting a Recommended Clinical Review (Predetermination)			
20033	External recharg sys extern	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8698	Misc used with tot art heart	submitting a Recommended Clinical Review (Predetermination)			
10030	Wisc used with tot art fleart	-	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
10000	Described to the standard NOS	Unlisted or Undefined: Procedure/service not otherwise			
L8699	Prosthetic implant NOS	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8701	Ewh s/d uprt micro sensor	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8702	Ewhf s/d uprt micro sensor	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
M0001	Advancing cancer care mun	Non Covered: Procedure/service not covered by BCBSOK. Not			
MINIOUT	Advancing cancer care mvp	subject to utilization review.	-	-	-
140000	Out and this white are	Non Covered: Procedure/service not covered by BCBSOK. Not			
M0002	Opt care kidney hlth mvp	subject to utilization review.	-	-	-
140000	0.1	Non Covered: Procedure/service not covered by BCBSOK. Not			
M0003	Opt care episod neuro mvp	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M0004	Support care neur cond mvp	subject to utilization review.	-	-	-

M0005	Promot wellness mvp	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	-
M0075	Cellular therapy	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
M0076	Prolotherapy	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
M0100	Intragastric hypothermia	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	-
M0240	Casiri and imdev repeat	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
M0241	Casiri and imdev repeat hm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
M0243	Casirivi and imdevi inj	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
M0244	Casirivi and imdevi inj hm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
M0245	bamlan and etesev infusion	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
M0246	Bamlan and etesev infus home	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	-	-
М0300	IV chelationtherapy	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1150	Lvef <=40% or mod/sev I vsf	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1151	Pt w/ hx trnsplt or lvad	subject to utilization review.	_	_
	/i	Non Covered: Procedure/service not covered by BCBSOK. Not		
M1152	Pt w/ hx trnsplt or lvad	subject to utilization review.	-	_
44450	5. / 1	Non Covered: Procedure/service not covered by BCBSOK. Not		
M1153	Pt w/ dx osteo doe	subject to utilization review.	-	_
44454		Non Covered: Procedure/service not covered by BCBSOK. Not		
И1154	Hospc serv dur meas pd	subject to utilization review.	-	_
44455	Discrete des la como	Non Covered: Procedure/service not covered by BCBSOK. Not		
M1155	Pt anphx due to pneum	subject to utilization review.	-	_
44456	St. and advis the area of the	Non Covered: Procedure/service not covered by BCBSOK. Not	42/24/2022	Retire effective
M1156	Pt recd actv chemo any time	subject to utilization review.	12/31/2023	12/31/2023
	5. 11	Non Covered: Procedure/service not covered by BCBSOK. Not	42/24/2022	Retire effective
M1157	Pt recd bone mar trnsplt	subject to utilization review.	12/31/2023	12/31/2023
		Non Covered: Procedure/service not covered by BCBSOK. Not	10 (0) (0 0 0	Retire effective
M1158	Pt hx immcomp prior/dur pd	subject to utilization review.	12/31/2023	12/31/2023
		Non Covered: Procedure/service not covered by BCBSOK. Not		, , , ,
M1159	Hospc serv dur meas pd	subject to utilization review.	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
И1160	Pt anphx due to mengb bef 13	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1161	Pt anphx due to dtp bef 13	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1162	Pt enceph due to dtp bef 13	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1163	Pt anphx due to hpv bef 13	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
Л1164	Pt w/ dementia any time	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
И1165	Pt use hspc dur meas pd	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1166	Path rpt tis spec wle/reexc	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
M1167	Hspc dur meas pd	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
И1168	Pt recd flu vax 7/1-6/30	· · · · · · · · · · · · · · · · · · ·	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not		
И1169	Doc med rsn no flu vax		_	_
		subject to utilization review.		
И1170	Pt w/o flu vax 7/1-6/30	Non Covered: Procedure/service not covered by BCBSOK. Not		_
		subject to utilization review.		
И1171	Pt recd 1 td/tdap 9yrs prior	Non Covered: Procedure/service not covered by BCBSOK. Not		
		subject to utilization review.	_	_
И1172	Doc med rsn no td/tdap	Non Covered: Procedure/service not covered by BCBSOK. Not		
		subject to utilization review.	_	_

M1173	Pt no rec td/tdap 9yrs prior	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
M1174	Pt w/ 1 hzv lv or 2 hzv recm	Non Covered: Procedure/service not covered by BCBSOK. Not			
	1 (11) 1 1121 11 (1 2 1121 123	subject to utilization review.	-	-	-
M1175	Doc med rsn no hzv	Non Covered: Procedure/service not covered by BCBSOK. Not			
1011175	Doc med 1311110 112V	subject to utilization review.	_	_	_
M1176	Pt w/o hzv on/aft age 50	Non Covered: Procedure/service not covered by BCBSOK. Not			
IVIII/O	Pt w/o lizv oil/ait age 50	subject to utilization review.	_	-	-
NA1177	Dt wood now on left CO	Non Covered: Procedure/service not covered by BCBSOK. Not			
M1177	Pt recd pcv on/aft 60	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1178	Doc med rsn no pcv	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1179	No pcv recd	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1180	Pt imm ckpt inhib therapy	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1181	Gr 2 or> dia or gr2 or> col	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1182	Not elg pre ex ibd/uc/crohn	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1183	Doc imm ckpt inhib hld	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1184	Doc med rsn no cst/ist rx		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
M1185	Imm ckpt inhib not hld no rx		_	_	_
		subject to utilization review.			
M1186	Pt w/ rx for hspc/plltv care	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.			
M1187	Pt w/ esrd	Non Covered: Procedure/service not covered by BCBSOK. Not	_		
		subject to utilization review.			
M1188	Pt w/ ckd stg 5	Non Covered: Procedure/service not covered by BCBSOK. Not			
	<u> </u>	subject to utilization review.	_	_	_
M1189	Doc khe pef w/efgr/uacr	Non Covered: Procedure/service not covered by BCBSOK. Not			
	7.07	subject to utilization review.	_	_	_
M1190	Doc khe not pef w/efgr/uacr	Non Covered: Procedure/service not covered by BCBSOK. Not			
2250	Doo tale hot per try engly date.	subject to utilization review.	-	-	_
M1191	Hspc svc any time in meas pd	Non Covered: Procedure/service not covered by BCBSOK. Not			
1411131	rispe sve uny time in meas pa	subject to utilization review.	_	_	_
M1192	Pt w/ dx sq cell ca of esoph	Non Covered: Procedure/service not covered by BCBSOK. Not			
IVITIDE	T t wy dx 3d cen ca or esoph	subject to utilization review.	_	-	-
M1193	Rpts w/ imp/con mmr/msi	Non Covered: Procedure/service not covered by BCBSOK. Not			
1411133	Apts w/ IIIIp/con IIIIII/IIIsi	subject to utilization review.	_	_	-
M1104	Med rsn no imp/con mmr/msi	Non Covered: Procedure/service not covered by BCBSOK. Not			
M1194	ivied (St) no imp/con mmr/msi	subject to utilization review.	-	-	-
N4110F	Dat we implement the sign of t	Non Covered: Procedure/service not covered by BCBSOK. Not			
M1195	Rpt wo imp/con mmr/msi	subject to utilization review.	-	-	-

M1196	lxv nrs vrs iqa >=4	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1197	Isa red >=2 fr ixv	subject to utilization review.	_	-	_
14400		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1198	Isa not red 2pts fr ixv	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1199	Pt rec'g rrt	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1200	Ace-i/arb rx	·	_	_	_
		subject to utilization review.			
M1201	Med rsn no ace-i/arb rx	Non Covered: Procedure/service not covered by BCBSOK. Not			
	·	subject to utilization review.		_	_
M1202	Pt rsn no ace-i/arb rx	Non Covered: Procedure/service not covered by BCBSOK. Not			
255	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	subject to utilization review.	_	_	-
M1203	No rsn ace-i/arb rx	Non Covered: Procedure/service not covered by BCBSOK. Not			
IVI1203	INO ISH dee-i/dib ix	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1204	lxv nrs vrs iqa >=4	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1205	Isa red >=2 fr ixv	•	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
M1206	Isa not red 2pts fr ixv	· ·			
		subject to utilization review.			
M1207	#pts scrn sdoh	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	-
M1208	#pts no scrn sdoh	Non Covered: Procedure/service not covered by BCBSOK. Not			
1011200	mpts no sem suon	subject to utilization review.	-	-	-
141200	2	Non Covered: Procedure/service not covered by BCBSOK. Not			
M1209	>=2 same hi-rsk med w/o diag	subject to utilization review.	-	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
M1210	>=2 same meds tbl4 not ord	subject to utilization review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
P2031	Hair analysis	submitting a Recommended Clinical Review (Predetermination)			
P2031	Hair analysis	, , ,	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
P9020	Plaelet rich plasma unit	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		Unlisted or Undefined: Procedure/service not otherwise			
P9099	Blood component/product noc	defined or classified, and may be subject to benefit and/or			
		clinical review.		_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
Q0035	Cardiokymography	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
Q0114	Fern test	subject to utilization review.	_	_	_
		Subject to utilization review.			

Q0115	Post-coital mucous exam	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-	_
Q0240	Casirivi and imdevi 600mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	6/1/2023	_	-
Q0477	Pwr module pt cable lvad rpl	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	-	-	-
Q0478	Power adapter combo vad	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		_	-
Q0479	Power module combo vad rep	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q0480	Driver pneumatic vad rep	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q0481	Microprcsr cu elec vad rep	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q0482	Microprcsr cu combo vad rep	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q0483	Monitor elec vad rep	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q0484	Monitor elec or comb vad rep	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service		
		·		
00405	March and the classed and	meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0485	Monitor cable elec vad rep	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0486	Mon cable elec/pneum vad rep	submitting a Recommended Clinical Review (Predetermination)	-	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0487	Leads any type vad rep only	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0488	Pwr pack base elec vad rep	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0489	Pwr pck base combo vad rep	submitting a Recommended Clinical Review (Predetermination)	_	
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0490	Emr pwr source elec vad rep	submitting a Recommended Clinical Review (Predetermination)		
	p	request if it is unclear if the service meets BCBSOK Medical	[-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0491	Emr pwr source combo vad rep	submitting a Recommended Clinical Review (Predetermination)		
ζο .52	Ziiii piii ssaise ssiise taa rep	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0492	Emr pwr cbl elec vad rep	submitting a Recommended Clinical Review (Predetermination)		
Q0 132	Em pw objecte vad rep	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
	 	MP Criteria: Procedure/service reviewed to ensure each service		+
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0493	Emr pwr cbl combo vad rep	submitting a Recommended Clinical Review (Predetermination)		
Q0433	Lini pwi cui comuo vau Tep	` 'I=	-	-
		request if it is unclear if the service meets BCBSOK Medical		
	1	Policy criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
00404	Farmed area also/sombs ass	·	
Q0494	Emr hd pmp elec/combo rep	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0495	Charger elec/combo vad rep	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0496	Battery elec/combo vad rep	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0497	Bat clps elec/comb vad rep	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0498	Holster elec/combo vad rep	submitting a Recommended Clinical Review (Predetermination)	
20.000		request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0499	Belt/vest elec/combo vad rep	submitting a Recommended Clinical Review (Predetermination)	
Q0433	berry vest elecy combo vad rep	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
00500	Filters elec/combo vad rep		
Q0500	Filters elec/combo vad Tep	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0501	Shwr cov elec/combo vad rep	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
Q0502	Mobility cart pneum vad rep	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		· · · · · · · · · · · · · · · · · · ·	

		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0503	Battery pneum vad replacemnt	submitting a Recommended Clinical Review (Predetermination)		
Q0503	battery priediri vad replacemint	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0504	Pwr adpt pneum vad rep veh	submitting a Recommended Clinical Review (Predetermination)		
Q0504	Pwr aupt pheum vau Tep ven	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service		
00506		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q0506	Lith-ion batt elec/pneum VAD	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
Q0507	Misc sup/acc ext VAD	request if it is unclear if the service meets BCBSOK Medical		
Quodo,	whise supy dee ext will	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
Q0508	Misc sup/acc imp VAD	request if it is unclear if the service meets BCBSOK Medical		
Q0308	iviise supy ace imp VAD	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
		submitting a Recommended Clinical Review (Predetermination)		
00500	/	request if it is unclear if the service meets BCBSOK Medical		
Q0509	Mis sup/ac imp VAD nopay med	Policy criteria.	_	-
		Unlisted or Undefined: Procedure/service not otherwise		
		defined or classified, and may be subject to benefit and/or		
		clinical review.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
Q2026	Radiesse injection	submitting a Recommended Clinical Review (Predetermination)		
	, , , , , , , , , , , , , , , , , , ,	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
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MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends			NAD Cuitaria. Durandura / annian raviourad ta annua anala annian			
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request if it is unclear if the service meets BCBSOK Medical Policy criteria.			·			
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Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review. Clinical review.			request if it is unclear if the service meets BCBSOK Medical			
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Q2054 Lisocabtagene mara car pos t MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.						
Q2054 Lisocabtagene mara car pos t meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.			MP Criteria: Procedure/service reviewed to ensure each service			
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Policy criteria.	Q2054			_	_	_
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meets BCBSOK Medical Policy criteria. BCBSOK recommends						
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Q2055 Idecabtagene vicleucel car request if it is unclear if the service meets BCBSOK Medical	Q2055	Idecabtagene vicleucel car		_	_	_
Policy criteria.						
Prior Authorization may be required per contract agreement. MP Criteria: Procedure/service reviewed to ensure each service			MR Criteria: Precedure (sorvice reviewed to ensure as the arrive			
meets BCBSOK Medical Policy criteria. BCBSOK recommends						
Q2056 Ciltacabtagene car-pos t submitting a Recommended Clinical Review (Predetermination)	Q2056	Ciltacabtagene car-pos t		_	_	_
request if it is unclear if the service meets BCBSOK Medical						
Policy criteria.						
Prior Authorization may be required per contract agreement.						
Unlisted or Undefined: Procedure/service not otherwise			Unlisted or Undefined: Procedure/service not otherwise			
104050 Cast sunnies unlisted defined or classified and may be subject to benefit and/or						
clinical review.	Q4050	Cast supplies unlisted	defined or classified, and may be subject to benefit and/or	_	-	-

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		MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q4107	Graftjacket	submitting a Recommended Clinical Review (Predetermination)			
Q 1207	Grangaekee	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q4108	Integra matrix	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_		
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
Q4110	Primatrix	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		investigational analy of onproven services (£10).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0.444		to utilization review. Please see the Clinical Payment and			
Q4111	Gammagraft	Coding Policy titled: Non-Reimbursable Experimental,	_	-	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
Q4112	Cymetra injectable	to utilization review. Please see the Clinical Payment and			
		Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
Q4113	Graftjacket xpress	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q4114	Integra flowable wound matri	submitting a Recommended Clinical Review (Predetermination)			
Q4114	integra nowable would matri	request if it is unclear if the service meets BCBSOK Medical	_	-	-
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
Q4115	Alloskin	to utilization review. Please see the Clinical Payment and	_	_	_
		Coding Policy titled: Non-Reimbursable Experimental,			
		Investigational and/or Unproven Services (EIU).			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q4116	Alloderm	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
	<u> </u>	Policy criteria.			

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Q4117	Hyalomatrix	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4118	Matristem micromatrix	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
Q4121	Theraskin	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	_	_
Q4122	Dermacell awm porous sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4125	ARTHROFLEX PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4126	Memoderm/derma/tranz/integup	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4127	TALYMED PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4128	Flexhd/allopatchhd/sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4130	STRATTICE TM PER SQUARE CENTIMETER	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4132	Grafix core grafixpl core	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4133	Grafix stravix prime pl sqcm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4134	hMatrix	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4135	Mediskin	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4136	EZderm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4137	Amnioexcel biodexcel 1sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4138	Biodfence dryflex 1cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4139	Amnio or biodmatrix inj 1cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4140	Biodfence 1cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4141	Alloskin ac 1 cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4142	Xcm biologic tiss matrix 1cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4143	Repriza 1cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4145	Epifix inj 1mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4146	Tensix 1cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4147	Architect ecm px fx 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4148	Neox neox rt or clarix cord	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4149	Excellagen 0.1 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4150	Allowrap ds or dry 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
Q4151	Amnioband guardian 1 sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4152	Dermapure 1 square cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4153	Dermavest plurivest sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4154	Biovance 1 square cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4155	Neoxflo or clarixflo 1 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4156	Neox 100 or clarix 100	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4157	Revitalon 1 square cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4158	Kerecis omega3 per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4159	Affinity1 square cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4160	Nushield 1 square cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	_
Q4161	Bio-connekt per square cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4162	Wndex flw bioskn flw 0.5cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4163	Woundex bioskin per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4164	Helicoll per square cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4165	Keramatrix Kerasorb sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4166	Cytal per square centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4167	Truskin per sq centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4168	Amnioband 1 mg	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4169	Artacent wound per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4170	Cygnus per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4171	Interfyl 1 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4173	Palingen or palingen xplus	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4174	Palingen or promatrx	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4175	Miroderm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4176	Neopatch or therion per square centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4177	Floweramnioflo 0.1 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4178	Floweramniopatch per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4179	Flowerderm per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4180	Revita per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4181	Amnio wound per square cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4182	Transcyte per sq centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4183	Surgigraft 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4184	Cellesta or duo per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4185	Cellesta flowab amnion 0.5cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

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Q4186	Epifix 1 sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical		-	-
Q4187	Epicord 1 sq cm	Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		_	_
Q4188	Amnioarmor 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4189	Artacent ac 1 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4190	Artacent ac 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4191	Restorigin 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4192	Restorigin 1 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4193	Coll-e-derm 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4194	Novachor 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4195	Puraply 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4196	Puraply am 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4197	Puraply xt 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4198	Genesis amnio membrane 1sqcm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4199	Cygnus matrix per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4200	Skin te 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4201	Matrion 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4202	Keroxx (2.5g/cc) 1cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4203	Derma-gide 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4204	Xwrap 1 sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	_
Q4205	Membrane graft or wrap sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4206	Fluid flow or fluid gf 1 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4208	Novafix per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4209	Surgraft per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4210	Axolotl graf dualgraf sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4211	Amnion bio or axobio sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4212	Allogen per cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4213	Ascent 0.5 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4214	Cellesta cord per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4215	Axolotl ambient cryo 0.1 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4216	Artacent cord per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4217	Woundfix biowound plus xplus	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4218	Surgicord per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4219	Surgigraft dual per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4220	Bellacell HD Surederm sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4221	Amniowrap2 per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4222	Progenamatrix per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4224	Hhf10-р per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4225	Amniobind per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4227	Amniocore per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4229	Cogenex amnio memb per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4230	Cogenex flow amnion 0.5 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4231	Corplex p per cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4232	Corplex per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4233	Surfactor /nudyn per 0.5 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4234	Xcellerate per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4235	Amniorepair or altiply sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4236	Carepatch per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	_	-	-
Q4237	Cryo-cord per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4238	Derm-maxx per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4239	Amnio-maxx or lite per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4240	Corecyte topical only 0.5 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4241	Polycyte topical only 0.5cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4242	Amniocyte plus per 0.5 cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4244	Procenta per 200 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4245	Amniotext per cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4246	Coretext or protext per cc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4247	Amniotext patch per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4248	Dermacyte amn mem allo sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4249	Amniply per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4250	Amnioamp-mp per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4251	Vim per square centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4252	Vendaje per square centimet	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4253	Zenith amniotic membrane psc	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-

Q4254	Novafix dl per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4255	Reguard topical use per sq	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4256	Mlg complet per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4257	Relese per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4258	Enverse per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4259	Celera per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4260	Signature apatch per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4261	Tag per square centimeter	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
Q4262	Dual layer impax per sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

Q4263	Surgraft tl per sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.	1/1/2023	-	-
Q4264	Cocoon membrane per sq cm	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
Q4265	Neostim TI Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
Q4266	Neostim Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
Q4267	Neostim DI Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
Q4268	Surgraft Ft Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
Q4269	Surgraft Xt Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
Q4270	Complete SI Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-
Q4271	Complete Ft Per Sq Cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	9/1/2023	-	-

		Unlisted or Undefined: Procedure/service not otherwise			
05000	Hospico caro NOS	The state of the s			
Q5009	Hospice care NOS	defined or classified, and may be subject to benefit and/or	-	_	-
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q5103	Injection inflectra	submitting a Recommended Clinical Review (Predetermination)			
	,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q5109	Injection ixifi 10 mg	submitting a Recommended Clinical Review (Predetermination)			
Q3109	Injection ixin 10 mg	request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q5124	Inj. byooviz 0.1 mg	submitting a Recommended Clinical Review (Predetermination)			
	, ,,,,	request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q5128	Inj Cimerli 0.1 Mg	submitting a Recommended Clinical Review (Predetermination)	4/1/2023		
Q3128	ing cimeni o.1 wg	request if it is unclear if the service meets BCBSOK Medical	4/1/2023	_	-
		·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
05424	Let the de 20 mg	meets BCBSOK Medical Policy criteria. BCBSOK recommends	7/4/2022		
Q5131	Inj idacio 20 mg	submitting a Recommended Clinical Review (Predetermination)	//1/2023	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
Q9004	Va whole health partner serv	Non Covered: Procedure/service not covered by BCBSOK. Not			
-	'	subject to utilization review.	_		-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q9982	flutemetamol f18 diagnostic	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
Q9983	florbetaben f18 diagnostic	submitting a Recommended Clinical Review (Predetermination)	_	_	
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0013	Esketamine nasal spray	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	-
		Policy criteria.			
	l .	i oney enteria.			

S0122	Inj menotropins 75 iu	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0126	Inj follitropin alfa 75 iu	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0128	Inj follitropin beta 75 iu	subject to utilization review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0155	Epoprostenol dilutant	submitting a Recommended Clinical Review (Predetermination)			
30133	Epoprosterior anatarit	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
S0157	Becaplermin gel 1% 0.5 gm	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
S0189	Testosterone pellet 75 mg	request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Prior Authorization may be required per contract agreement.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0194	Dialysis/Stress Vitamin Supplement Oral100 Capsules	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0197	Prenatal vitamins 30 day	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0207	Paramedicintercep nonhospals	subject to utilization review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0209	WC van mileage per mi	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	-	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0215	Nonemerg transp mileage	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0257	End of life counseling	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0315	Disease management program	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0316	Follow-up/reassessment	subject to utilization review.	_	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S0317	Disease mgmt per diem	subject to utilization review.	-	-	-
		Subject to delization review.			

S0320	RN telephone calls to DMP	Non Covered: Procedure/service not covered by BCBSOK. Not			
30320	KIN telephone calls to DIVIP	subject to utilization review.		-	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0390	Rout foot care per visit	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
COE 10	Non manage land	Non Covered: Procedure/service not covered by BCBSOK. Not			
S0510	Non-prscrp lens	subject to utilization review.	•	-	_
COE 1.4	Color cont lens	Non Covered: Procedure/service not covered by BCBSOK. Not			
S0514	Color cont lens	subject to utilization review.	•	-	_
S0516	Safety frames	Non Covered: Procedure/service not covered by BCBSOK. Not			
20210	Safety frames	subject to utilization review.		-	_
S0518	Sunglass frames	Non Covered: Procedure/service not covered by BCBSOK. Not			
30316	Surgiass ridiries	subject to utilization review.		-	_
		Unlisted or Undefined: Procedure/service not otherwise			
S0590	Misc integral lens serv	defined or classified, and may be subject to benefit and/or _		_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0596	Phakic iol refractive error	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
S0622	Phys exam for college	Non Covered: Procedure/service not covered by BCBSOK. Not			
30022	Prilys examinor conlege	subject to utilization review.	-	-	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0800	Laser in situ keratomileusis	submitting a Recommended Clinical Review (Predetermination) _		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
S0810	Photorefractive keratectomy	Non Covered: Procedure/service not covered by BCBSOK. Not			
30010	Thotoremactive keratectomy	subject to utilization review.		-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S0812	Phototherap keratect	submitting a Recommended Clinical Review (Predetermination)		_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
S1001	Deluxe item	defined or classified, and may be subject to benefit and/or		-	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
S1002	Custom item	defined or classified, and may be subject to benefit and/or		_	_
		clinical review.			

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
C1020	Gluc monitor nurchasa	· · · · · · · · · · · · · · · · · · ·	
S1030	Gluc monitor purchase	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
		·	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S1031	Gluc monitor rental	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S1034	Art pancreas system	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S1035	Art pancreas inv disp sensor	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S1036	Art pancreas ext transmitter	submitting a Recommended Clinical Review (Predetermination)	
	1,000	request if it is unclear if the service meets BCBSOK Medical	<u>-</u>
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S1037	Art pancreas ext receiver	submitting a Recommended Clinical Review (Predetermination)	
31037	The purior cus extreceives	request if it is unclear if the service meets BCBSOK Medical	-
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
\$1040	Cranial romolding orthogic	· · · · · · · · · · · · · · · · · · ·	
S1040	Cranial remolding orthosis	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
54004		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S1091	Stent non-coronary propel	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2080	Laup	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MD Critoria, Dragadura/samila, varianted to annua and annua		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2083	Adjustment gastric band	submitting a Recommended Clinical Review (Predetermination)	_	-
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2095	Transcath emboliz microspher	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2102	Islet cell tissue transplant	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2103	Adrenal tissue transplant	submitting a Recommended Clinical Review (Predetermination)		_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2107	Adoptive immunotherapy	submitting a Recommended Clinical Review (Predetermination)		
	· · · · · · · · · · · · · · · · · · ·	request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2112	Knee arthroscp harv	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject		
S2117	Arthroereisis subtalar	to utilization review. Please see the Clinical Payment and		
02217		Coding Policy titled: Non-Reimbursable Experimental,	_	-
		Investigational and/or Unproven Services (EIU).		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2140	Cord blood harvesting	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	-	
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S2142	Cord blood-derived stem-cell	submitting a Recommended Clinical Review (Predetermination)		
·-	30. a 2.33 a 2 2d 3tcm 5cm	request if it is unclear if the service meets BCBSOK Medical	-	-
		Policy criteria.		
		profice criteria.		

		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2150	BMT harv/transpl 28d pkg	submitting a Recommended Clinical Review (Predetermination)	- -
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2202	Echosclerotherapy	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2230	Implant semi-imp hear	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2235	Implant auditory brain imp	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject	
S2300	Arthroscopy shoulder surgi	to utilization review. Please see the Clinical Payment and	_
		Coding Policy titled: Non-Reimbursable Experimental,	
		Investigational and/or Unproven Services (EIU).	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2348	Decompress disc RF lumbar	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2400	Fetal surg congen hernia	submitting a Recommended Clinical Review (Predetermination) _	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2401	Fetal surg urin trac obstr	submitting a Recommended Clinical Review (Predetermination) _	<u> </u>
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S2402	Fetal surg cong cyst malf	submitting a Recommended Clinical Review (Predetermination) _	L
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
	•		· · · · · · · · · · · · · · · · · · ·

		I		_	
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S2403	Fetal surg pulmon sequest	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S2404	Fetal surg myelomeningo	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S2405	Fetal surg sacrococ teratoma	submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical	_	_	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
S2409	Fetal surg noc	· ·	_	_	_
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review. MP Criteria: Procedure/service reviewed to ensure each service			
60444		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S2411	Fetoscop laser ther TTTS	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
S3650	Saliva test hormone level;	Coding Policy titled: Non-Reimbursable Experimental,	_	_	-
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
S3652	Saliva test hormone level;	Coding Policy titled: Non-Reimbursable Experimental,	_	_	_
		Investigational and/or Unproven Services (EIU).			
		· ' '			
S3655	Antisperm antibodies test	Non Covered: Procedure/service not covered by BCBSOK. Not			
33033	ratesperm untibodies test	subject to utilization review.	-	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
	Dose Optimization By Area Under The Curve (Auc) Analysis,	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S3722	For Infusional 5-Fluorouracil	submitting a Recommended Clinical Review (Predetermination)	_	_	_
	i oi iiiusioiidi 3-Fiuoiouracii	request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
-	-	•		•	

S3900	Surface EMG	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental,	-	-	-
		Investigational and/or Unproven Services (EIU).			
S4005	Interim labor facility globa	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	_
S4011	IVF package	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	-
S4013	Compl GIFT case rate	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
S4014	Compl ZIFT case rate	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	_
S4015	Complete IVF nos case rate	Non Covered: Procedure/service not covered by the Plan. Not subject to utilization review.	_	_	_
S4016	Frozen IVF case rate	Unlisted or Undefined Non Covered: Procedure/service not covered by BCBSOK. Not			
S4017	IVF canc a stim case rate	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	_	-	_
S4018	F EMB trns canc case rate	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	_	-	_
S4020	IVF canc a aspir case rate	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	_	-	-
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	_	-	-
S4021	IVF canc p aspir case rate	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	_	-	-
S4022	Asst oocyte fert case rate	subject to utilization review.	_	-	-
S4023	Incompl donor egg case rate	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	-	-
S4025	Donor serv IVF case rate	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	-	_
S4026	Procure donor sperm	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	-
S4027	Store prev froz embryos	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	_
S4028	Microsurg epi sperm asp	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
S4030	Sperm procure init visit	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
S4031	Sperm procure subs visit	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
S4035	Stimulated IUI case rate	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
S4037	Cryo embryo transf case rate	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.			

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S4040	Monit store cryo embryo 30 d	Non Covered: Procedure/service not covered by BCBSOK. Not	_		_
		subject to utilization review.			
S4042	Ovulation mgmt per cycle	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.		_	
S4990	Nicotine patch legend	Non Covered: Procedure/service not covered by BCBSOK. Not			
	' °	subject to utilization review.	_	_	_
S4991	Nicotine patch nonlegend	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
S4995	Smoking cessation gum	Non Covered: Procedure/service not covered by BCBSOK. Not			
0.1555	omening economic gam	subject to utilization review.	-	_	-
S5100	Adult daycare services 15min	Non Covered: Procedure/service not covered by BCBSOK. Not			
33100	Addit dayeare services 15mm	subject to utilization review.	-	-	-
S5101	Adult day care per half day	Non Covered: Procedure/service not covered by BCBSOK. Not			
33101	Addit day care per rian day	subject to utilization review.	-	-	-
S5102	Adult day care nor diam	Non Covered: Procedure/service not covered by BCBSOK. Not			
35102	Adult day care per diem	subject to utilization review.	-	-	-
CE40E	Contact and decreased to	Non Covered: Procedure/service not covered by BCBSOK. Not			
S5105	Centerbased day care perdiem	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5108	Homecare train pt 15 min	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5109	Homecare train pt session	subject to utilization review.	-	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5110	Family homecare training 15m	subject to utilization review.	-	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5111	Family homecare train/sessio	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5115	Nonfamily homecare train/15m	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5116	Nonfamily HC train/session	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5120	Chore services per 15 min	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5121	Chore services per diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5125	Attendant care service /15m	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5126	Attendant care service /diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
S5130	Hamakar carries nos nor 15m	· · · · · · · · · · · · · · · · · · ·			
22120	Homaker service nos per 15m	subject to utilization review.	-	-	-
		Unlisted or Undefined			
CC121	Homomokov somico nos /diama	Non Covered: Procedure/service not covered by the Plan. Not			
S5131	Homemaker service nos /diem	subject to utilization review.	-	-	-
		Unlisted or Undefined			
S5135	Adult companioncare per 15m	Non Covered: Procedure/service not covered by BCBSOK. Not	_		
		subject to utilization review.			

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S5136	Adult companioncare per diem	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5140	Adult foster care per diem	subject to utilization review.	_	_	-
054.44	A 1 1: 6 .	Non Covered: Procedure/service not covered by BCBSOK. Not			
S5141	Adult foster care per month	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5145	Child fostercare th per diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5146	Ther fostercare child /month	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5150	Unskilled respite care /15m	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5151	Unskilled respitecare /diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5160	Emer response sys instal&tst	·	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
S5161	Emer rspns sys serv permonth	· · · · · · · · · · · · · · · · · · ·	_	_	_
		subject to utilization review.			
S5162	Emer rspns system purchase	Non Covered: Procedure/service not covered by BCBSOK. Not			
	<u> </u>	subject to utilization review.		_	_
S5165	Home modifications per serv	Non Covered: Procedure/service not covered by BCBSOK. Not			
	F	subject to utilization review.	_	_	-
S5170	Homedelivered prepared meal	Non Covered: Procedure/service not covered by BCBSOK. Not			
33170		subject to utilization review.	-	_	-
S5175	Laundry serv ext prof /order	Non Covered: Procedure/service not covered by BCBSOK. Not			
33173		subject to utilization review.	_	_	-
	HH respiratory thrpy nos/day	Unlisted or Undefined: Procedure/service not otherwise			
S5181		defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
CE4.0E		Non Covered: Procedure/service not covered by BCBSOK. Not			
S5185	Med reminder serv per month	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by the Plan. Not			
S5199	Personal care item nos each	subject to utilization review.			
		Unlisted or Undefined		_	_
		Unlisted or Undefined: Procedure/service not otherwise			
S5497	HIT cath care noc	defined or classified, and may be subject to benefit and/or			
		clinical review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S8035	Magnetic source imaging	submitting a Recommended Clinical Review (Predetermination)			
30033	iviagnetic source iniagnig	,	-	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
	L	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S8040	Topographic brain mapping	submitting a Recommended Clinical Review (Predetermination)	_	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

\$8080	Scintimammography	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
\$8185	Flutter device	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
S8189	Trach supply noc	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
S8270	Enuresis alarm	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	-	_	_
S8301	Infect control supplies NOS	Unlisted or Undefined: Procedure/service not otherwise defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
S8930	Auricular electrostimulation	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
S8940	Hippotherapy per session	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
S8948	Low-level laser trmt 15 min	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

\$8990	Pt or manip for maint	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
\$9001	Home uterine monitor with or	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
\$9055	Procuren or other growth fac	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
\$9056	Coma stimulation per diem	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
\$9090	Vertebral axial decompressio	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	-	-	-
S9117	Back school visit	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
S9125	Respite care in the home p	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
S9128	Speech therapy in the home	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
S9129	Occupational therapy in the	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-
S9131	PT in the home per diem	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		-	-

		MP Criteria: Procedure/service reviewed to ensure each service	
00445		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9145	Insulin pump initiation	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9335	HT hemodialysis diem	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9340	HIT enteral per diem	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9341	HIT enteral grav diem	submitting a Recommended Clinical Review (Predetermination)	
	ŭ	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9342	HIT enteral pump diem	submitting a Recommended Clinical Review (Predetermination)	
333 12	The enteral parity diem	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9343	HIT enteral bolus nurs	submitting a Recommended Clinical Review (Predetermination)	
39343	Titl efficial bolds fluis	request if it is unclear if the service meets BCBSOK Medical	_
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service	
50255	I DT shalation disc.	meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9355	HIT chelation diem	submitting a Recommended Clinical Review (Predetermination)	-
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9364	HIT tpn total diem	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	
		MP Criteria: Procedure/service reviewed to ensure each service	
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	
S9366	HIT tpn 2 liter diem	submitting a Recommended Clinical Review (Predetermination)	_
		request if it is unclear if the service meets BCBSOK Medical	
		Policy criteria.	

		MP Criteria: Procedure/service reviewed to ensure each service		
		· · · · · · · · · · · · · · · · · · ·		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9367	HIT tpn 3 liter diem	submitting a Recommended Clinical Review (Predetermination)	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9368	HIT tpn over 3l diem	submitting a Recommended Clinical Review (Predetermination) _	_	_
		request if it is unclear if the service meets BCBSOK Medical		
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
S9379	HIT noc per diem	defined or classified, and may be subject to benefit and/or	_	_
		clinical review.		
S9381	HIT high risk/escort	Non Covered: Procedure/service not covered by BCBSOK. Not		
23201	nii nign risk/escort	subject to utilization review.	-	-
CO404	Autiona diniana assista	Non Covered: Procedure/service not covered by BCBSOK. Not		
S9401	Anticoag clinic per session	subject to utilization review.	-	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9430	Pharmacy comp/disp serv	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9432	Med food non inborn err meta	subject to utilization review.	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9434	Mod solid food suppl	subject to utilization review.	-	_
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9435	Medical foods for inborn err	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9436	Lamaze class	subject to utilization review.	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9437	Childbirth refresher class	subject to utilization review.	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9438	Cesarean birth class	subject to utilization review.	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9439	VBAC class	subject to utilization review.	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9441	Asthma education	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9442	Birthing class	subject to utilization review.	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9444	Parenting class		_	_
		subject to utilization review.		

		Non Covered: Procedure/service not covered by the Plan. Not		
S9445	PT education noc individ	subject to utilization review.		
33443	T Cadeation not marvia	Unlisted or Undefined	-	-
		Non Covered: Procedure/service not covered by the Plan. Not		
S9446	PT education noc group	subject to utilization review.		
55 1 10	caacation noo group	Unlisted or Undefined	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9447	Infant safety class	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9449	Weight mgmt class	subject to utilization review.	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9451	Exercise class	subject to utilization review.	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9454	Stress mgmt class	subject to utilization review.	-	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9472	Cardiac rehabilitation progr	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9473	Pulmonary rehabilitation pro	submitting a Recommended Clinical Review (Predetermination)		
55 17 5	a a monary remarkation pro	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		Non Covered: Procedure/service not covered by BCBSOK. Not		
S9482	Family stabilization 15 min	subject to utilization review.	_	-
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9537	HT hem horm inj diem	submitting a Recommended Clinical Review (Predetermination)		
	, .	request if it is unclear if the service meets BCBSOK Medical	_	-
		Policy criteria.		
		Unlisted or Undefined: Procedure/service not otherwise		
S9542	HT inj noc per diem	defined or classified, and may be subject to benefit and/or		
	,	clinical review.	-	_
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9558	HT inj growth horm diem	submitting a Recommended Clinical Review (Predetermination)		
		request if it is unclear if the service meets BCBSOK Medical	_	_
		Policy criteria.		
		MP Criteria: Procedure/service reviewed to ensure each service		
		meets BCBSOK Medical Policy criteria. BCBSOK recommends		
S9560	HT inj hormone diem	submitting a Recommended Clinical Review (Predetermination)		
	, ·	request if it is unclear if the service meets BCBSOK Medical	-	<u></u>
		Policy criteria.		
<u> </u>		1 2 2/ 2 22 2		

		MP Criteria: Procedure/service reviewed to ensure each service			
50550		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S9562	HT inj palivizumab diem	submitting a Recommended Clinical Review (Predetermination)	_	-	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
		submitting a Recommended Clinical Review (Predetermination)			
		request if it is unclear if the service meets BCBSOK Medical			
S9810	HT pharm per hour	Policy criteria.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
		defined or classified, and may be subject to benefit and/or			
		clinical review.			
50000		Non Covered: Procedure/service not covered by BCBSOK. Not			
S9900	Christian Sci Pract visit	subject to utilization review.	_	-	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S9960	Air ambulanc nonemerg fixed	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
S9961	Air ambulan nonemerg rotary	submitting a Recommended Clinical Review (Predetermination)	_	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
S9970	Health club membership yr	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by the Plan. Not			
S9976	Lodging per diem	subject to utilization review.			
33370	Loughig per diem	Unlisted or Undefined	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
S9977	Meals per diem	subject to utilization review.			
		Unlisted or Undefined	_	_	_
50004		Non Covered: Procedure/service not covered by BCBSOK. Not			
S9981	Med record copy admin	subject to utilization review.	_	-	-
50003	Mad record convener nego	Non Covered: Procedure/service not covered by BCBSOK. Not			
S9982	Med record copy per page	subject to utilization review.	_	-	_
S9986	Not medically necessary svc	Non Covered: Procedure/service not covered by BCBSOK. Not			
33360	Not medically necessary sve	subject to utilization review.	-	-	-
S9988	Serv part of phase I trial	Non Covered: Procedure/service not covered by BCBSOK. Not			
	p p	subject to utilization review.	_	-	_
S9989	Services outside US	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.		_	_
S9990	Services provided as part of	Non Covered: Procedure/service not covered by BCBSOK. Not		_	_
		subject to utilization review.			
S9991	Services provided as part of	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.			

S9992	Transportation costs to and	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		·			
S9994	Lodging costs (e.g. hotel ch	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S9996	Meals for clinical trial par	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
S9999	Sales tax	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1005	Respite care service 15 min	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1006	Family/Couple Counseling	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1009	Child Sitting Services	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1010	Meals when Receive Services	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1012	Alcohol/Substance Abuse Skil	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1013	Sign Lang/Oral Interpreter	· ·	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
T1014	Telehealth transmit per min	· ·	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
T1018	School-based IEP ser bundled	· ·	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
T1019	Personal care ser per 15 min	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1029	Dwelling lead investigation	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1032	Sv doula brth wrk per 15 min	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T1033	Sv doula brth wrk per diem	subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
T1505	Elec med comp dev noc				
11202	Elec med comp dev noc	defined or classified, and may be subject to benefit and/or clinical review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
T1999	NOC retail items and supplies	defined or classified, and may be subject to benefit and/or			
11999	NOC retail items and supplies	clinical review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T2001	N-et; patient attend/escort		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
T2002	N-et; per diem		_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
T2003	N-et; encounter/trip	· ·	_	_	_
		subject to utilization review.			
T2004	N-et; commerc carrier pass	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.			

		Non Covered Dragodure Jospies and severed by DCDCOV Mat			
T2005	N-et; stretcher van	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review.			
T2007	Non-emer transport wait time	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
T2012	Habil ed waiver per diem	subject to utilization review.	_	_	_
		Unlisted or Undefined			
		Non Covered: Procedure/service not covered by the Plan. Not			
T2013	Habil ed waiver per hour	subject to utilization review.	_	_	_
		Unlisted or Undefined			
		Non Covered: Procedure/service not covered by the Plan. Not			
T2014	Habil prevoc waiver per d	subject to utilization review.			
		Unlisted or Undefined	-	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
T2015	Habil prevoc waiver per hr	subject to utilization review.			
12013	Trabil prevoe waiver per in	Unlisted or Undefined	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
T2046	Haliff and the first of the second se	·			
T2016	Habil res waiver per diem	subject to utilization review.	_	-	-
		Unlisted or Undefined			
		Non Covered: Procedure/service not covered by the Plan. Not			
T2017	Habil res waiver 15 min	subject to utilization review.	_	_	_
		Unlisted or Undefined			
T2018	Habil sup empl waiver/diem	Non Covered: Procedure/service not covered by the Plan. Not			
12018	Habii sup empi waiver/diem	subject to utilization review.	-	-	-
T2010	Unbillion and anti-order to	Non Covered: Procedure/service not covered by the Plan. Not			
T2019	Habil sup empl waiver 15min	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
T2020	Day habil waiver per diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
T2021	Day habil waiver per 15 min	subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
T2024	Serv asmnt/care plan waiver	defined or classified, and may be subject to benefit and/or			
12024	Serv asimit/care plan waiver	· · · · ·	-	-	-
		clinical review.			
T2025	14/	Unlisted or Undefined: Procedure/service not otherwise			
T2025	Waiver service nos	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
T2026	Special childcare waiver/d	Non Covered: Procedure/service not covered by the Plan. Not			
		subject to utilization review.	_	-	-
T2027	Spec childcare waiver 15 min	Non Covered: Procedure/service not covered by the Plan. Not			
12027	Spec cinideare waiver 15 mm	subject to utilization review.	-	-	-
T2020	Special supply per waiver	Non Covered: Procedure/service not covered by the Plan. Not			
T2028	Special supply nos waiver	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
T2029	Special med equip noswaiver	subject to utilization review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
T2030	Assist living waiver/month	defined or classified, and may be subject to benefit and/or			
12030	ASSIST IN III & WOLVEL/ III OTITI	· · · · ·	-	-	-
		clinical review.			

				1	
		Unlisted or Undefined: Procedure/service not otherwise			
T2031	Assist living waiver/diem	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review. Unlisted or Undefined: Procedure/service not otherwise			
T2032	Res care nos waiver/month	defined or classified, and may be subject to benefit and/or			
12032	nes care nos waiver/month	clinical review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
T2033	Res nos waiver per diem	defined or classified, and may be subject to benefit and/or			
12033	nes nos waiver per dieni	clinical review.	-	-	-
		Non Covered: Procedure/service not covered by the Plan. Not			
T2034	Crisis interven waiver/diem	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
T2035	Utility services waiver	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by the Plan. Not			
T2036	Camp overnite waiver/session	subject to utilization review.	-	_	-
T2027		Non Covered: Procedure/service not covered by the Plan. Not			
T2037	Camp day waiver/session	subject to utilization review.	_	_	_
T2020	Communication to the	Non Covered: Procedure/service not covered by the Plan. Not			
T2038	Comm trans waiver/service	subject to utilization review.	-	-	-
T2039	Vehicle mod waiver/service	Non Covered: Procedure/service not covered by the Plan. Not			
12039	verificie fflod warver/service	subject to utilization review.	_	-	_
T2040	Financial mgt waiver/15min	Non Covered: Procedure/service not covered by the Plan. Not			
12040		subject to utilization review.	-	-	-
T2041	Support broker waiver/15 min	Non Covered: Procedure/service not covered by the Plan. Not			
12041		subject to utilization review.	-	-	-
T2049	N-ET; stretcher van mileage	Non Covered: Procedure/service not covered by BCBSOK. Not			
. 20 . 3	14 21) stretcher van Immedge	subject to utilization review.	-	-	-
T2050	Financial Mgt Waiver/Diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	-	-	-
T2051	Support broker waiver/diem	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
T2101	Breast milk proc/store/dist	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.			
T4521	Adult size brief/diaper sm	Non Covered: Procedure/service not covered by BCBSOK. Not	_	_	_
		subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not			
T4522	Adult size brief/diaper med	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T4523	Adult size brief/diaper lg	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T4524	Adult size brief/diaper xl	subject to utilization review.	_	-	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T4525	Adult size pull-on sm	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T4526	Adult size pull-on med	subject to utilization review.	-	-	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
T4527	Adult size pull-on lg	subject to utilization review.	-	-	-

T.1500		Non Covered: Procedure/service not covered by BCBSOK. Not			
T4528	Adult size pull-on xl	subject to utilization review.	_	-	-
T4520	De della bella (della consentence)	Non Covered: Procedure/service not covered by BCBSOK. Not			
T4529	Ped size brief/diaper sm/med	subject to utilization review.	_	-	-
T4530	Ped size brief/diaper lg	Non Covered: Procedure/service not covered by BCBSOK. Not			
14530	red Size brief/diaper ig	subject to utilization review.	_	-	-
T4531	Ped size pull-on sm/med	Non Covered: Procedure/service not covered by BCBSOK. Not			
14551	red size pull-off stiffflied	subject to utilization review.	_	-	-
T4532	Ped size pull-on lg	Non Covered: Procedure/service not covered by BCBSOK. Not			
14332	red size pull-off ig	subject to utilization review.	_	-	-
T4533	Youth size brief/diaper	Non Covered: Procedure/service not covered by BCBSOK. Not			
14333	Touth size briefy diaper	subject to utilization review.	_	_	-
T4534	Youth size pull-on	Non Covered: Procedure/service not covered by BCBSOK. Not			
14554	Touch size pair on	subject to utilization review.	_	_	-
T4535	Disposable liner/shield/pad	Non Covered: Procedure/service not covered by BCBSOK. Not			
14333	Disposable interysmetay pad	subject to utilization review.	_	_	-
T4536	Reusable pull-on any size	Non Covered: Procedure/service not covered by BCBSOK. Not			
14330	neusuble pull off arry size	subject to utilization review.		-	-
T4537	Reusable underpad bed size	Non Covered: Procedure/service not covered by BCBSOK. Not			
14337	neusubie underpad bed size	subject to utilization review.		-	-
T4538	Diaper serv reusable diaper	Non Covered: Procedure/service not covered by BCBSOK. Not			
1 1330		subject to utilization review.		-	-
T4539	Reuse diaper/brief any size	Non Covered: Procedure/service not covered by BCBSOK. Not			
. 1005	mease diaper, siner any size	subject to utilization review.		_	-
T4540	Reusable underpad chair size	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.		_	-
T4541	Large disposable underpad	Non Covered: Procedure/service not covered by BCBSOK. Not			
	. G	subject to utilization review.	_	_	_
T4542	Small disposable underpad	Non Covered: Procedure/service not covered by BCBSOK. Not			
		subject to utilization review.	_	_	_
T4543	Adult disp brief/diap abv xl	Non Covered: Procedure/service not covered by BCBSOK. Not			
	' ' '	subject to utilization review.	<u>-</u>	_	_
T5001	Position seat spec orth need	Non Covered: Procedure/service not covered by BCBSOK. Not			
	· ·	subject to utilization review.		_	-
		Unlisted or Undefined: Procedure/service not otherwise			
T5999	Supply nos	defined or classified, and may be subject to benefit and/or	_	_	-
		clinical review.			
V2400		Unlisted or Undefined: Procedure/service not otherwise			
V2199	Lens single vision not oth c	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			
V2500	Contact love for all and a	Unlisted or Undefined: Procedure/service not otherwise			
V2599	Contact lens/es other type	defined or classified, and may be subject to benefit and/or	-	-	-
		clinical review.			

		MD Criteria. Dressed are less reviewed to annue and service		1	1
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
V2627	Scleral cover shell	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
V2629	Prosthetic eye other type	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
V2702	Deluxe lens feature	Non Covered: Procedure/service not covered by BCBSOK. Not			
V2702	Delake lelis reacure	subject to utilization review.	_	_	-
V2745	Tint any color/solid/grad	Non Covered: Procedure/service not covered by BCBSOK. Not			
V2743	Till ally color/solid/grad	subject to utilization review.	_	-	_
V27F6	Evo glass case	Non Covered: Procedure/service not covered by BCBSOK. Not			
V2756	Eye glass case	subject to utilization review.	-	_	-
V2764	A4'	Non Covered: Procedure/service not covered by BCBSOK. Not			
V2761	Mirror coating	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
V2762	Polarization any lens	subject to utilization review.	_	_	-
		Non Covered: Procedure/service not covered by BCBSOK. Not			
V2782	Lens 1.54-1.65 p/1.60-1.79g	subject to utilization review.	_	_	_
		Non Covered: Procedure/service not covered by BCBSOK. Not			
V2783	Lens >= 1.66 p/>=1.80 g	subject to utilization review.	_	_	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
V2787	Astigmatism-correct function	submitting a Recommended Clinical Review (Predetermination)			
V2707		request if it is unclear if the service meets BCBSOK Medical	-	_	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
V2788	Presbyopia-correct function	·			
V2700	Presbyopia-correct function	submitting a Recommended Clinical Review (Predetermination)	_	-	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
V2700	A secretaria secondo se se	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
V2790	Amniotic membrane	submitting a Recommended Clinical Review (Predetermination)	_	_	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
V2797	Vis item/svc in other code	Non Covered: Procedure/service not covered by BCBSOK. Not			
	,	subject to utilization review.	_	_	_
		Unlisted or Undefined: Procedure/service not otherwise			
V2799	Misc vision item or service	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
V5090	Hearing aid dispensing fee	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			

		MP Criteria: Procedure/service reviewed to ensure each service			
		•			
VE00E	Insulant usid as a bassing upon	meets BCBSOK Medical Policy criteria. BCBSOK recommends			
V5095	Implant mid ear hearing pros	submitting a Recommended Clinical Review (Predetermination)	_	_	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Unlisted or Undefined: Procedure/service not otherwise			
V5267	Hearing aid sup/access/dev	defined or classified, and may be subject to benefit and/or	-	_	_
		clinical review.			
V5269	Alerting device any type	Non Covered: Procedure/service not covered by BCBSOK. Not			
	5 , ,,	subject to utilization review.	_		
V5270	ALD TV amplifier any type	Non Covered: Procedure/service not covered by BCBSOK. Not			
	. P 7 7P .	subject to utilization review.	_	_	_
V5271	ALD TV caption decoder	Non Covered: Procedure/service not covered by BCBSOK. Not			
102/1	7.25 T Capiton decede.	subject to utilization review.	-	-	_
V5272	Tdd	Non Covered: Procedure/service not covered by BCBSOK. Not			
132,2	144	subject to utilization review.	-	-	_
V5273	ALD for cochlear implant	Non Covered: Procedure/service not covered by BCBSOK. Not			
V3273	ALD for coefficial implant	subject to utilization review.	-	-	-
V5274	ALD unspecified	Non Covered: Procedure/service not covered by the Plan. Not			
VJ274	ALD unspecified	subject to utilization review.	-	-	-
		Unlisted or Undefined: Procedure/service not otherwise			
V5287	Ald fm/dm receiver NOS	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
V5298	Hearing aid noc	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		Unlisted or Undefined: Procedure/service not otherwise			
V5299	Hearing service	defined or classified, and may be subject to benefit and/or	_	_	_
		clinical review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
64575	OPN IMPLTJ NEA PERPH NERVE	submitting a Recommended Clinical Review (Predetermination)	7/15/2023	12/31/2999	
		request if it is unclear if the service meets BCBSOK Medical			_
		Policy criteria.			
		Non Covered: Procedure/service not covered by BCBSOK. Not	_ /. /		
0792T	APPL SLVR DIAMN FLUORIDE 38%	subject to utilization review.	7/1/2023	12/31/2999	_
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
0794T	PT SPEC ALG RX-ONC TX OPTION	submitting a Recommended Clinical Review (Predetermination)	7/1/2023	12/31/2999	
07511	T STECKES IN ONE IX OF HOR	request if it is unclear if the service meets BCBSOK Medical	7,1,2023	12/31/2333	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
C1022	Con neuro hf rocha hat	•	7/15/2022	12/21/2000	
C1822	Gen neuro hf rechg bat	submitting a Recommended Clinical Review (Predetermination)	//15/2023	12/31/2999	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		1	
		·			
00707		meets BCBSOK Medical Policy criteria. BCBSOK recommends	7 /4 /2022	12/21/2000	
C9787	Gastric ep mapg simult pt sx	submitting a Recommended Clinical Review (Predetermination) 7	//1/2023	12/31/2999	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
E0787	Cgs dose adj insulin inf pmp	submitting a Recommended Clinical Review (Predetermination) 7	7/1/2023	12/31/2999	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			
J1726	Makena 10 mg	· 17	7/15/2023	12/31/2999	_
		subject to utilization review.			
14720	Latter described and a second	Non Covered: Procedure/service not covered by BCBSOK. Not	7/45/2022	42/24/2000	
J1729	Inj hydroxyprogst capoat nos	subject to utilization review.	7/15/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J9056	Inj bendamustine 1 mg	submitting a Recommended Clinical Review (Predetermination) 7	7/1/2023	12/31/2999	
	,	request if it is unclear if the service meets BCBSOK Medical		· ·	_
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J9058	Inj apotex/bendamustine 1 mg	submitting a Recommended Clinical Review (Predetermination) 7	7/1/2023	12/31/2999	
33030	ing apotesy bendamastine 1 mg	request if it is unclear if the service meets BCBSOK Medical	7,1,2023	12,31,2333	-
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
J9059	Inj bendamustine baxter 1mg	submitting a Recommended Clinical Review (Predetermination) 7	7/1/2022	12/31/2999	
19039	ing bendamustine baxter ing	request if it is unclear if the service meets BCBSOK Medical	7/1/2023	12/31/2999	-
		·			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
		·			
10350	Dealth and the section of the sectio	meets BCBSOK Medical Policy criteria. BCBSOK recommends	7 /4 /2022	12/21/2000	
J9259	Paclitaxel (american regent)	submitting a Recommended Clinical Review (Predetermination) 7	//1/2023	12/31/2999	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends	- . .		
L8683	Radiofq trsmtr for implt neu	submitting a Recommended Clinical Review (Predetermination) 7	//15/2023	12/31/2999	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8685	Implt nrostm pls gen sng rec	submitting a Recommended Clinical Review (Predetermination) 7	7/15/2023	12/31/2999	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			

		MP Criteria: Procedure/service reviewed to ensure each service		I	I
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
10000	locals access als see as a se	· ·	7/15/2022	12/21/2000	
L8686	Implt nrostm pls gen sng non	submitting a Recommended Clinical Review (Predetermination)	//15/2023	12/31/2999	-
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria. MP Criteria: Procedure/service reviewed to ensure each service			
10007	Leadly and a silvery discourse	meets BCBSOK Medical Policy criteria. BCBSOK recommends	7/45/2022	42/24/2000	
L8687	Implt nrostm pls gen dua rec	submitting a Recommended Clinical Review (Predetermination)	//15/2023	12/31/2999	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		MP Criteria: Procedure/service reviewed against Medical Policy		/ /	
C9786	Echo cad for hf preserved ef	Criteria. Submit for Recommended Clinical Review	8/1/2023	12/31/2999	-
		(Predetermination) to avoid post-service review.			
		MP Criteria: Procedure/service reviewed to ensure each service			
		meets BCBSOK Medical Policy criteria. BCBSOK recommends			
L8688	Implt nrostm pls gen dua non	submitting a Recommended Clinical Review (Predetermination)	7/15/2023	12/31/2999	_
		request if it is unclear if the service meets BCBSOK Medical			
		Policy criteria.			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
Q0243	casirivimab and imdevimab	Coding Policy titled: Non-Reimbursable Experimental,	6/1/2023	12/31/2999	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
Q0244	Casirivi and imdevi 1200 mg	to utilization review. Please see the Clinical Payment and	6/1/2023	12/31/2999	
Q0244	Casilivi and illidevi 1200 mg	Coding Policy titled: Non-Reimbursable Experimental,	0/1/2023	12/31/2999	_
		Investigational and/or Unproven Services (EIU).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			
Q0245	bamlanivimab and etesevima	Coding Policy titled: Non-Reimbursable Experimental,	6/1/2023	12/31/2999	_
		Investigational and/or Unproven Services (EIU).			
		investigational and/or onproven services (EIO).			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
0.420.4	December 1 december 1	to utilization review. Please see the Clinical Payment and	42/4/2022	42/24/2000	
Q4284	Dermabind sl per sq cm	Coding Policy titled: Non-Reimbursable Experimental,	12/1/2023	12/31/2999	-
		Investigational and/or Unproven Services (EIU).			
		, , , , , ,			
		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
Q4283	Biovance tri or 31 sq cm	to utilization review. Please see the Clinical Payment and	12/1/2023	12/31/2999	
Q.200	3.51355 (1) 51 54 (1)	Coding Policy titled: Non-Reimbursable Experimental,	, -, -,	,,,	-
		Investigational and/or Unproven Services (EIU).			
					l

Q4282	Cygnus dual per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4281	Barrera slor dl per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4280	Xcell amnio matrix per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4278	Epieffect per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4277	Woundplus e-grat per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4276	Orion per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4275	Esano aca per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4274	Esano ac per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
Q4273	Esano aaa per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-

Q4272	Esano a per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
K1006	Suct pum ext urine mgmt sys	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	1/1/2023	12/31/2023	Retire effective 12/31/2023
J0179	Inj brolucizumab-dbll 1 mg	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		12/31/2999	-
J0174	Inj lecanemab-irmb 1 mg	MP Criteria: Procedure/service reviewed to ensure each service meets BCBSOK Medical Policy criteria. BCBSOK recommends submitting a Recommended Clinical Review (Predetermination) request if it is unclear if the service meets BCBSOK Medical Policy criteria.		12/31/2999	-
C9785	Endo outlet restrict w/tube	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
C9784	Endo sleeve gastro w/tube	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2999	-
A6591	Urinary cath suc pump	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	4/1/2023	12/31/2999	_
A6590	Urinary cath disp suc pump	Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	4/1/2023	12/31/2999	-
0809Т	ARTHRD SI JT PRQ TFX&IMPLT	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	12/1/2023	12/31/2023	Retire effective 12/31/2023
0545T	TCAT TV ANNULUS RCNSTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		12/31/2023	Retire effective 12/31/2023
0569Т	TTVR PERQ APPR 1ST PROSTH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	9/1/2023	12/31/2999	-
0570T	TTVR PERQ EA ADDL PROSTH	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.		12/31/2999	-

		MP Criteria: Procedure/service reviewed against Medical Policy			
0600T	IRE ABLTJ 1+TUM ORGAN PERQ	Criteria. Submit for Recommended Clinical Review	9/1/2023	12/31/2999	_
		(Predetermination) to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical Policy			
0601T	IRE ABLTJ 1+TUMORS OPEN	Criteria. Submit for Recommended Clinical Review	9/1/2023	12/31/2999	_
		(Predetermination) to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical Policy			
0740T	REM AUTON ALG NSLN CAL SETUP	Criteria. Submit for Recommended Clinical Review	9/1/2023	12/31/2999	
		(Predetermination) to avoid post-service review.			
		MP Criteria: Procedure/service reviewed against Medical Policy			
0741T	REM AUTON ALG NSLN DATA COLL	Criteria. Submit for Recommended Clinical Review		12/31/2999	
		(Predetermination) to avoid post-service review.			_
		MP Criteria: Procedure/service reviewed against Medical Policy			
A4341	Iduc valve pat inst repl	Criteria. Submit for Recommended Clinical Review		12/31/2999	
		(Predetermination) to avoid post-service review.	, , , , ,	, , , , , , , , , , , , , , , , , , , ,	_
		MP Criteria: Procedure/service reviewed against Medical Policy			
A4342	lduc valve sply repl	Criteria. Submit for Recommended Clinical Review		12/31/2999	
7.13.12	Table valve spry repr	(Predetermination) to avoid post-service review.	11/13/2023	12,01,2333	_
		MP Criteria: Procedure/service reviewed against Medical Policy			
J7183	INJECTION VON WILLEBRAND FACTOR COMPLEX (HUMAN)	Criteria. Submit for Recommended Clinical Review		12/31/2999	
17103	WILATE 1 I.U. VWF:RCO	(Predetermination) to avoid post-service review.	11/1/2023	12/31/2333	-
		MP Criteria: Procedure/service reviewed against Medical Policy			
98978	REM THER MNTR DEV SPLY CBT	Criteria. Submit for Recommended Clinical Review		2/29/2024	Retire effective
196976	REWITTER WINTER DEV SPET CDT	(Predetermination) to avoid post-service review.	3/1/2023	2/29/2024	02/29/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
					Add effective
12444	la: ramananimah anna 1 ma	Criteria. Submit for Recommended Clinical Review	2/1/2024	12/21/2000	03/01/2024
J3111	Inj. romosozumab-aqqg 1 mg	(Predetermination) to avoid post-service review.		12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
10706		Criteria. Submit for Recommended Clinical Review	2/4/2024	10/01/0000	03/01/2024
J2796	Romiplostim injection	(Predetermination) to avoid post-service review.		12/31/2999	· ·
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			03/01/2024
J2354	Octreotide inj non-depot	(Predetermination) to avoid post-service review.		12/31/2999	00,01,202
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			03/01/2024
J2353	Octreotide injection depot	(Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	03/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			03/01/2024
J1930	Lanreotide injection	(Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	03/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			
J0485	Polatacent injection	(Predetermination) to avoid post-service review.	3/1/2024	12/31/2999	03/01/2024
	Belatacept injection	(· · · · · · · · · · · · · · · · · · ·			
	вынасері пјесноп	MP Criteria: Procedure/service reviewed against Medical Policy			
	веннасерт піјесноп	· · ·			
0597T	TEMP FML IU VALVE-PMP RPLCMT	MP Criteria: Procedure/service reviewed against Medical Policy	11/15/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	11/15/2023	12/31/2999	-
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	11/15/2023	12/31/2999	-

		MP Criteria: Procedure/service reviewed against Medical Policy		1	
		Criteria. Submit for Recommended Clinical Review	10/1/2023	12/31/2999	
59072	UMBILICAL CORD OCCLUD W/US	(Predetermination) to avoid post-service review.		,,	-
L5991	Add to lower ext prostheses, osseointegrated ext prost connector	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
E0490	Power source/control electronics unit for oral device/appliance for neuro musc elec stim tongue muscle	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
E0491	Oral device/appliance for neuro musc elec stim tongue muscle, 90-day supply	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
K1036	Supplies/accessories low freq ultrasonic diathermy per month	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
Q4285	Nudyn dl or nudyn dl mesh, per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
Q4286	Nudyn sl or nudyn slw, per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
A2022	Innovaburn or innovamatrix xl, per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
A2023	Innovamatrix pd, 1 mg	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-

A2024	Resolve matrix, per sq cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
A2025	Miro3d, per cubic cm	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	10/1/2023	12/31/2999	-
A4560	Nmes disposable	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	1/15/2024	12/31/2999	Add effective 01/15/2024
C9157	Injection, tofersen, 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/1/2023	12/31/2023	Retire effective 12/31/2023
K1017	Monthly supp use with k1016	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	12/31/2023	Retire effective 12/31/2023
K1016	Trans elec nerv for trigemin	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	12/31/2023	Retire effective 12/31/2023
J0741	Inj cabote rilpivir 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	6/30/2024	Retire effective 06/30/2024
J0739	Injection cabotegravir 1 mg	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	3/14/2024	Retire effective 03/14/2024
G0330	Facility svs dental rehab	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	-
0322U	NEURO ASD MEAS 14 ACYL CARN	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	1/31/2024	Add effective 10/15/2023 retire effective 01/31/2024
0322U	NEURO ASD MEAS 14 ACYL CARN	EIU: Procedure/service not reimbursed by BCBSOK. Not subject to utilization review. Please see the Clinical Payment and Coding Policy titled: Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU).	2/1/2024	12/31/2999	Add effective 02/01/2024
Q5106	Inj retacrit non-esrd use	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	10/15/2023	12/31/2999	-
0398T	MRGFUS STRTCTC LES ABLTJ	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	12/1/2023	12/31/2999	-

		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	2/1/2024	12/31/2999	02/01/2024
41872	REPAIR GUM	(Predetermination) to avoid post-service review.			
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Q0518	Supply fee hiv prep 90-days	subject to utilization review.	1/2/2024	12/31/2999	01/02/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Q0517	Supply fee hiv prep 60-days	subject to utilization review.	1/2/2024	12/31/2999	01/02/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Q0516	Supply fee hiv prep 30-days	subject to utilization review.	1/2/2024	12/31/2999	01/02/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
A4457	Enema tube any type repl	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
Q4304	Grafix plus per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4303	Complete aa per sq cm	(Fredetermination) to avoid post service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4302	Complete aca per sq cm	(Tredetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4301	Activate matrix per sq cm	(Fredetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Toccounter Service reviewed against Medical Folicy Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4300	Acesso tl per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4299	Amnicore pro+ per sq cm	(Predeternination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4298	Amnicore pro per sq cm	(Fredetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria: Procedure/service reviewed against Medical Policy			01/01/2024
					Retire effective
Q4297	Emerge matrix per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		NAD Critoria Procedure (comics reviewed a scient NA - 11 - 1 D. 11 -			Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy			01/01/2024
		Criteria. Submit for Recommended Clinical Review			Retire effective
Q4296	Rebound matrix per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024

					Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy			01/01/2024
		Criteria. Submit for Recommended Clinical Review			Retire effective
Q4295	Amnio tri-core per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
Q1233	Annie di core per sq em		1/1/2021	0/30/2021	Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy	,		01/01/2024
		Criteria. Submit for Recommended Clinical Review			Retire effective
Q4294	Amnio quad-core per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
Q4294	Affilio quau-core per sq citi		1/1/2024	0/30/2024	Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy	,		01/01/2024
		Criteria. Submit for Recommended Clinical Review			1 1
0.4202	A dl	(Predetermination) to avoid post-service review.	1 /1 /2024	6/20/2024	Retire effective
Q4293	Acesso dl per sq cm		1/1/2024	6/30/2024	06/30/2024 Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy	,		
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.		- / /	Retire effective
Q4292	Lamellas per sq cm	,, ,, ,,	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4291	Lamellas xt per sq cm	(i reacter initiation) to avoid post service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		(Predetermination) to avoid post-service review.			Retire effective
Q4290	Membrane wrap hydr per sq cm	(Fredetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
					Retire effective
Q4289	Revoshield+ amnio per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
					01/01/2024
		Criteria. Submit for Recommended Clinical Review			Retire effective
Q4288	Dermabind ch per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MD Critoria: Dracodura/comiles resilented accimet NA - 11-1 Dell's			Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy			01/01/2024
		Criteria. Submit for Recommended Clinical Review			Retire effective
Q4287	Dermabind dl per sg cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		MD Collector Description of the Collector Coll			Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy			01/01/2024
		Criteria. Submit for Recommended Clinical Review			Retire effective
Q4279	Vendaje ac per sq cm	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	06/30/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1370	Rehab support msk care mvp	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	. ,	, . ,	Add effective
M1369	Qualcare mental hlth/sud mvp	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
2505	Qualitation and the part of th	Non Covered: Procedure/service not covered by BCBSOK. Not	_, _,	,,,,	Add effective
M1368	Prev trt inf d/o hiv/hep mvp	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1417300	i rev at an a/o mv/nep mvp	Subject to utilization review.	1/ 1/ 2024	12/31/233	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1367	Qual care ent disorder mvp	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1366	Focus on women's health mvp	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1365	Hosp+pall care spec code 17	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1364	Ascvd risk >=20pct	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	·	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1363	Pts no f/u 120 dys	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	, , -	, , , , , , ,	Add effective
M1362	Pt died dur meas pd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	_, _,		Add effective
M1361	Suicd based cln eval	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11301	Suita Busca ciii cvai	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2021	12/31/2333	Add effective
M1360	Suicd c-ssrs assessment	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11300	Juica e 3313 a33e33ment	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
M1359	Indx suicd idea no 0 scr	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
VI1333	max salea laea 110 0 sei	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
M1358	Pts no <suicd 120="" dys<="" idea="" td=""><td>subject to utilization review.</td><td>1/1/2024</td><td>12/31/2999</td><td>01/01/2024</td></suicd>	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11220	Pts 110 \Suicu idea 120 dys	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
41257	Dt w/rad suis idea 130 days	· · · · · · · · · · · · · · · · · · ·	1/1/2024	12/31/2999	
И1357	Pt w/red suic idea 120 days	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	01/01/2024 Add effective
44256	Dt died dog mees ad	·	1 /1 /2024	12/21/2000	
И1356	Pt died dur meas pd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
44355	C. Salbarralala anal	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /2024	42/24/2000	Add effective
И1355	Suicd based cln eval	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
44054	2	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /0004	12/21/2002	Add effective
M1354	Pt no suicd saf pln 120dy	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	. /. /2.2.		Add effective
M1353	Pts no cmplt suicd saf pln	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1352	Suicd c-ssrs assessment equ	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1351	Pt cmplt suicd saf pln 120dy	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1350	Pt w/ suic saf pln init rev	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1349	Pt no pam 3 pts 6-12 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Л1348	Pt pam incr 6 pt 6-12 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Л1347	Pt pam incr 3 pt 6-12 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1346	Pts no pam 6 pts 6-12 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1345	Pt bsln pam 2nd scr 6-12 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1344	Pts no bsln or 2nd pam score	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1343	Pt pam IvI 4 base or srt lin	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Л1342	Pts died perf per	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1341	Pt no f/u 30-180 dys	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1340	Indx whodas 2.0 or sds	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1339	Pts f/u 30-180 dys + improv	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	, as years and any	Non Covered: Procedure/service not covered by BCBSOK. Not	7,7,202		Add effective
И1338	Pt f/u 30-180 dys no + imprv	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11330	T C 17 a 30 100 ays no . Impre	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2021	12/01/2000	Add effective
И1337	Acute pvd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11337	Acute pvu	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
M1336	Pts eval ini xm 2 wks	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11330	PLS EVALUII XIII Z WKS	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
44225	Dan sta see a flusse		1/1/2024	12/21/2000	
11335	Doc pts rsn no f/u xm	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	2	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /2024	12/21/2002	Add effective
11334	Pts act pvd 2 wks 2 wks	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11333	Acute vitreous hemorrhage	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11332	Pts no eval ini xm no 2 wks	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11331	Pts eval ini xm 8 wks	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11330	Doc pts rsn no f/u xm	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11329	Pts act pvd 2 wks 8 wks	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11328	Pts dx acute vitreous hem	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11327	Pts no eval ini xm no 8 wks	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11326	Pts dx hypotony	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	, , ,	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11325	Doc med rsn not seen	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	, -, :	,,	Add effective
11324	Pts intravitreal/pci	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	T to minute cay por	Non Covered: Procedure/service not covered by BCBSOK. Not	-1 -1 -02-7	12, 31, 2333	Add effective
И1323	Pts 7wk inj scrn iop >25	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11323	1 to / wk mj still top >25	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
11222	Pts 7wk injuscra jon -<25	·	1/1/2024	12/21/2000	
M1322	Pts 7wk inj scrn iop =<25	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1321	Pts no 7wk inj no iop iop>25	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1320	Pts scrn + hrsn	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
/ 1319	Pts csp doc contact	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	·	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1318	Pts no csp doc contact	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11317	Pts counsl cpt opt out	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11316	Tobacco non-user	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	_, _,		Add effective
11315	Crc no doc no rsn	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11313	Cre no doe no isn	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2021	12/31/2333	Add effective
11314	Bmi not calculated	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11314	Billi flot calculated	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
11313	No tob scr/cess int	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11313	NO tob scr/cess int	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
11312	No pt tbco scrn rng	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1312	No pt toco scriring	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
1211	Aphlx to vax bef enc	· · · · · · · · · · · · · · · · · · ·	1/1/2024	12/31/2999	
11311	Aprilix to vax bel effic	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	01/01/2024 Add effective
11210	Dt soutele 0 sees int	·	1 /1 /2024	12/21/2000	
11310	Pt scr tob & cess int	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
44300	Dall and a dark and a second	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /2024	42/24/2000	Add effective
11309	Pall serv during meas	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	. /. /2.2.		Add effective
11308	Flu immunize no admin	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11307	Doc pt pal or hospice	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11306	Pt anphx due to pneum	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11305	Pneum vax admin 19+	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11304	No pneum vax admin 19+	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11303	Hospc serv dur meas pd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11302	Scrn mam perf rslts doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11301	Pt recv tbco cess interv	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1300	Flu imm no admin doc rea	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1299	Flu immunize order/admin	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1298	Doc pt preg dur msrmt pd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1297	Bmi not doc medrsn ptref	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1296	Calc bmi norm parameters	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1295	Pt hx tot col or colon ca	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1294	Bp scrn perf rec interval	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1293	Calc bmi abv up param f/u	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1292	Pt 66+ frail inpt adv ill	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	- Coo Homenpoods III	Non Covered: Procedure/service not covered by BCBSOK. Not	-,-,		Add effective
M1291	Pt 66+ frailty and med dem	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	Te do a maney and med dem	Non Covered: Procedure/service not covered by BCBSOK. Not	-, -,	12/01/2000	Add effective
M1290	Pt not eli d/t act dig htn	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
VIII 50	t thot chay t dot dig nen	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2021	12/01/2000	Add effective
M1289	No pt tbco cess interv rng	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
VIIZOJ	No pt tbco cess litter ving	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
M1288	Doc rsn no hbp scrn or f/u	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
VI1200	Doc Ish no hop sent of 1/u	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
141207	Calabasi bloolano assass f./.	·	1/1/2024	12/21/2000	
M1287	Calc bmi blw low param f/u	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
44006	2	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /2024	12/21/2002	Add effective
M1286	Bmi doc onl fup not cmpltd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1285	Scrn mam perf rslts not doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1284	Pt 66+ snp or ltc pos > 90d	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1283	Pt scrn tbco and id as user	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1282	Pt scrn tbco id as non user	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1281	Bp scrn no perf at interval	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1280	Bilat mast/hx bi /unilat mas	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1279	Pre-htn/htn no f/u not gvn	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1278	Pre-htn or htn doc f/u indc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1277	Colorectal ca screen doc rev	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	, -, :	,,	Add effective
M1276	Calc bmi out nrm param nof/u	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1275	Pts hosp exl	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1274	Pts snf exl mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1273	Pts snf 1 yr dialysis	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	·	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1272	Pts kid transplt wtlst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	·	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1271	Pts dem any time/dur mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	, .	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Л1270	Pts no kid transplt wtlst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	, , -	, , , , , , ,	Add effective
11269	Rec'd esrd mcp lst day of mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	-, -, :		Add effective
И1268	Pt ac stat kid trnsplt wtlst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
.1200	T C do Stat Ma arrispit Weist	Non Covered: Procedure/service not covered by BCBSOK. Not	2, 2, 202 .	12/01/2000	Add effective
M1267	Pt no act kid transplt wtlst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11207	Teno decida transpie west	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
/ 11266	Pts admit snf	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11200	i to duffit sin	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
11265	Cms 2728 completed	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11203	Citis 2728 Completed	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
/ 11264	Pts 75+ dialysis dt	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
11204	Fts 75+ dialysis at	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
И1263	Pts hosp dialysis dt		1/1/2024	12/31/2999	01/01/2024
/11205	Pts Hosp dialysis at	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
И1262	Dts transalt haf dialysis	·	1/1/2024	12/31/2999	01/01/2024
/11202	Pts transplt bef dialysis	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
И1261	Dts on which had dialysis	·	1/1/2024	12/31/2999	
/11201	Pts on wtlist bef dialysis	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	01/01/2024
И1260	Dt. a. a. land torre and to a that have de-	· · · · · · · · · · · · · · · · · · ·	1 /1 /2024	12/21/2000	Add effective
11260	Pt no kd trnsplt wtlst lv do	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024 Add effective
44250	Dt liid turnanit vetlet he de a	Non Covered: Procedure/service not covered by BCBSOK. Not	1 /1 /2024	12/21/2000	
/1259	Pt kid transplt wtlst lv don	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
44050	6 1 1 1	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /0004	12/21/2002	Add effective
И1258	Cvd risk assess perf	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1257	Cvd risk assess not perf	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11256	Prior history of known cvd	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
И1255	Pts w/ othr rsn vst +prg tst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
Л1254	Pts deceased prior hu surv	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
M1253	Pts hu surv no amb plltv	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11252	Pts no cmplt hu survey	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1251	Pts proxy cmplt hu surv	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1250	Pt resp true heard	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1249	Pt resp true imprt to me	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1248	Pt resp true seen as person	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1247	Pt resp true best int	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	·	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1246	Pt othr thn true imprt to me	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1245	Pt othr thn true person	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	,,,	, , , , , , ,	Add effective
1244	Pt othr thn true best int	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	-,-,		Add effective
1243	Pt othr thn true heard	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	i com am ace near	Non Covered: Procedure/service not covered by BCBSOK. Not	-, -,	12/01/2000	Add effective
1242	Pt no resp imprt to me	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	T the resp impre to me	Non Covered: Procedure/service not covered by BCBSOK. Not	1/ 1/202 1	12/31/2333	Add effective
1241	Pt no resp seen as person	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
12-71	T the resp seem as person	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1240	Pt no resp best int	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1240	T the resp best int	Non Covered: Procedure/service not covered by BCBSOK. Not	1/ 1/ 2024	12/31/2333	Add effective
1239	Pt no resp heard	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1233	i t no resp neard	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1238	Doc 2nd recom hzv 2-6 mo int	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1230	DOC 2110 TECOTH 112V 2-0 1110 IIIC	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1237	Pt rsn no scrn	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1237	1 (13)(110 30)(1	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1236	Baseline mrs > 2	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1230	baseline iiii 3 > 2	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1235	Doc pt hcv aby rna tst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1233	Doc pt licy aby fila tst	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
1234	Pt hcv rctv aby f/u neg	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1234	Ft fick fctk aby 1/ u fieg	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
1233	Pt no hcv aby or result	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1233	Pt 110 fict aby of result	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
1232	Dt hou tot reactive result	·	1/1/2024	12/31/2999	
1232	Pt hcv tst reactive result	subject to utilization review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	01/01/2024
1221	Dt hou tot no roostii is iss	· · · · · · · · · · · · · · · · · · ·	1 /1 /2024	12/21/2000	Add effective
1231	Pt hcv tst no reactive res	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1220	District and the second of the second	Non Covered: Procedure/service not covered by BCBSOK. Not	4 /4 /202 *	42/24/2022	Add effective
11230	Pt hcv rctv aby no f/u tst	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024

		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
11229	Pt w/ +hcv +vir ref win 1 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1228	Pt + hcv aby +vir w/ rx 3 mo	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1227	Eb therapy prescribed	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1226	lop not doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
.225	lop dec>=20% from base	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	4, 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Non Covered: Procedure/service not covered by BCBSOK. Not	, , -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Add effective
.224	lop dec <20% from base	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	lop dec 120/8 Hollin base	Non Covered: Procedure/service not covered by BCBSOK. Not	2/2/202	12/02/2000	Add effective
.223	Glaucoma plan of care doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
223	diadeoma plan or care doc	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1222	Glaucoma pln of care not doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
.222	Glaucoma pin oi care not doc	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
1224	Due/a stee author		1 /1 /2024	12/21/2000	
1221	Dre w/o rtnopthy	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1220	Dre wth interp rtnopthy	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
.219	Anphx due to vax	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
218	Pt copd symptoms	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
L 21 7	Sys rsn no doc spiro	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
216	No spiro doc no res doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1215	Med rsn for no doc spiro	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	·	Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1214	Spiro results wth obs doc	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	, , -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Add effective
1213	No hx spiro prs spiro>=70%	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
	ind involved pro spine. Toys	Non Covered: Procedure/service not covered by BCBSOK. Not	2/2/202	12/02/2555	Add effective
212	Missing hb a1c level	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1212	Wilsonig his different	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
1211	Hemoglobin a1c level >9.0%	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
.211	Hemoglobin arc level >9.0%	MP Criteria: Procedure/service reviewed against Medical Policy		12/31/2999	01/01/2024
					Add effective
126	England mark and a Control	Criteria. Submit for Recommended Clinical Review	1/1/2024	12/21/2000	01/01/2024
926	Endoskel posit rotat unit	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
615	Ak 4 bar link hydl swg/stanc	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2027
		MP Criteria: Procedure/service reviewed against Medical Policy	<u>'</u>		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
334	Inj efgart-alfa 2mg hya-gyfc	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024

		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review	'		Add effective
J9333	Inj ronzanolixizum-noli 1 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
J9321	Inj epcoritamab-bysp 0.16 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
J9286	Inj glofitamab gxbm 2.5 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
9258	Paclitaxel (teva)	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	effective 06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
3401	Vyjuvek 5x10^9pfu/ml 0.1 ml	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	0=,0=,=0=
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
2508	Pegunigalsidase alfa-iwxj	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	,,
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
1413	Inj delandistrogene mox rokl	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2021
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
1412	Inj roctavian ml 2x10^13vc g	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
1304	Inj tofersen intrathec 1 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0217	Inj velmanase alfa-tycv 1 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
9888	5% wl maintnd from bsline wt	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
59887	Distance learning attendance	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
59886	In-person attendance g code	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
3000	Speech volume modulation sys	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/14/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
1301	Whirlpool tub walkin portabl	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	, <u> </u>		Add effective
		Criteria. Submit for Recommended Clinical Review			
0735	Non-invasive vagus nerv stim	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Retire effective
		Criteria. Submit for Recommended Clinical Review			
0734	Ext up limb tremor stim wris	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024

		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	. /. /2.2.	/ /	01/01/2024
E0733	Trans elec nerv for trigemin	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	.,.,
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review		_ / /	05/14/2024
E0732	Ces system	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	. /. /2.2.	/ /	01/01/2024
0682	Non pneum compress full arm	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	7.7.7
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0681	Non pneu comp control w/o ca	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	2,2,
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
E0680	Non pneum comp control cal	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01, 01, 101
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
E0679	Non pneum seq comp half leg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0678	Non pneum seq comp full leg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			
E0530	Electronic posa treatment	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			
E0493	Oral dv/app neuromus mouthpi	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			A did a CC a att a a
		Criteria. Submit for Recommended Clinical Review			Add effective
E0492	Control unit nm stim w phone	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			A 1.1 . 65
		Criteria. Submit for Recommended Clinical Review			Add effective
D9957		(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
D9956		(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
09955		(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
D9954		(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	_, _,	22,02,200	Add effective
D9939		subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not	-, -, -02 1	12, 31, 2333	Add effective
D9938		subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
55550		Judject to utilization review.	-/ -/ 2027	12/31/2333	01/01/2024

		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
7939		Criteria. Submit for Recommended Clinical Review	1 /1 /2024	12/21/2000	01/01/2024
7939		(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	Add effective
2991		Non Covered: Procedure/service not covered by BCBSOK. Not subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
1991		Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2999	Add effective
2989		subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
2363		Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
.301		subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
002		Non Covered: Procedure/service not covered by BCBSOK. Not	-, -,	12/02/2333	Add effective
396		subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
795	Sbrt w/positron emission del	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			
794	Complex simulation w/pet-ct	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
793	Pre-plan 3d model w/ccta	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
165	Inj elranatamab-bcmm 1 mg	, , , , ,	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
163	Inj talquetamab-tgvs 0.25 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01,01,201
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	. /. /	/ /	01/01/2024
161	Inj aflibercept hd 1 mg	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	1,1,1
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
4.50		Criteria. Submit for Recommended Clinical Review	4 /4 /2024	12/21/2222	01/01/2024
160	Inj daxibotulinumtoxina-lanm	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
600	Cath bladed wass area	Criteria. Submit for Recommended Clinical Review	1/1/2024	12/31/2999	01/01/2024
600	Cath bladed vasc prep	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy		12/31/2999	
		Criteria. Submit for Recommended Clinical Review			Add effective
609	F18 fdg 15 millicuries	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
003	110 ldg 13 millicaries	MP Criteria: Procedure/service reviewed against Medical Policy		12/31/2333	
		Criteria. Submit for Recommended Clinical Review			Add effective
608	Flotufolastat f18 diag 1 mci	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
	Tiotarolastat (120 alug 1 ma	MP Criteria: Procedure/service reviewed against Medical Policy		12,31,233	
		Criteria. Submit for Recommended Clinical Review			Retire effective
542	Supp ext up limb tremor stim	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
	Supplemental memory series	MP Criteria: Procedure/service reviewed against Medical Policy		5, 2 ., 252 !	
		Criteria. Submit for Recommended Clinical Review			Add effective
		Citation Submit for Accommended Chinesis Neview	I .		01/01/2024

		MP Criteria: Procedure/service reviewed against Medical Policy	,		
		Criteria. Submit for Recommended Clinical Review			Retire effective
A4540	Trans elec nerv periph nerv	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add offered to
		Criteria. Submit for Recommended Clinical Review			Add effective
A4468	Exsuff belt incl all sup acc	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add effective
		Criteria. Submit for Recommended Clinical Review			
97037	APPL MODALITY 1+LLLT PO PAIN	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
96548	NTRAOP HIPEC PX EA ADD 30MIN	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
96547	INTRAOP HIPEC PX 1ST 60 MIN	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	7		Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
93153	INTERROG W/O PRGRMG IPNSS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/11/2021
		MP Criteria: Procedure/service reviewed against Medical Policy	7		Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
93152	INTERROG&PRGRMG IPNSS POLYSM	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03, 1 ., 202 .
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Retire effective
		Criteria. Submit for Recommended Clinical Review		- 4 4	05/14/2024
93151	INTERROG&PRGRMG IPNSS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
02450	THER ARY A CTIVATION IRAIGS	Criteria. Submit for Recommended Clinical Review	4 /4 /2024	F /4 4 /2024	05/14/2024
93150	THERAPY ACTIVATION IPNSS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
92972	DEDO TRUUMI CORONDY LITUOTER	Criteria. Submit for Recommended Clinical Review	1/1/2024	12/21/2000	01/01/2024
92972	PERQ TRLUML CORONRY LITHOTRP	(Predetermination) to avoid post-service review.		12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			Add effective
92623	DX ALY AUD OI SND PRCSR EACH		1/1/2024	12/31/2999	01/01/2024
92023	DX ALT AOD OF SND FRESK EACH	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy		12/31/2999	
		Criteria. Submit for Recommended Clinical Review			Add effective
92622	DX ALY AUD OI SND PRCSR 1ST	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
32022	DA ALT AGD GI SND I NESK 131	Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	12/31/2333	Add effective
90683	RSV VACC MRNA LIPID NANO IM	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
30000	100 07000 111110 11110 1111	MP Criteria: Procedure/service reviewed against Medical Policy		22,02,233	Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
81464	SO GSAP CLL FR MCRSTL INS	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		MP Criteria: Procedure/service reviewed against Medical Policy		17.5 7 5	Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
81463	SO GSAP CL FR CPY NMBR&MCRST	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		MP Criteria: Procedure/service reviewed against Medical Policy		17.5 7 5	Add effective
4	The state of the s	, , ,	T. Control of the Con		
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire

		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
81459	SO NEO GSAP DNA/DNA&RNA	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
81458	SO GSAP DNA CPY NMBR&MCRSTL	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
81457	SO NEO GSAP DNA MCRSTL INS	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
75580	N-INVAS EST C FFR SW ALY CTA	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			
64598	REVJ/RMVL NEA PN W/INT NSTIM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add officialise
		Criteria. Submit for Recommended Clinical Review			Add effective
64597	INS/RPLCM PRQ ELTRD RA PN EA	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024 Add effective 01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			
64596	INS/RPLCMT PRQ ELTRD RA PN 1	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
61892	RMV SK-MNT CRNL NSTM PG/RCVR	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
61891	REV/RPLCMT SK-MNT CRNL NSTM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
61889	INS SK-MNT CRNL NSTM PG/RCVR	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Add effective
58580	TRANSCRV ABLTJ UTRN FIBRD RF	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
30300	THE MISSING PROPERTY OF THE PR	MP Criteria: Procedure/service reviewed against Medical Policy		22/02/2000	
		Criteria. Submit for Recommended Clinical Review			Retire effective
52284	CYSTO RX BALO CATH URTL STRX	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
32201	CISTO IN BALO CATH ON ESTIM	MP Criteria: Procedure/service reviewed against Medical Policy		J/ 1 1/ 2027	
		Criteria. Submit for Recommended Clinical Review			Retire effective
33288	RMV&RPLCMT PHRNC NRV STIM LD	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
33200	MINIVAMI ECIVIT I TIMIVE WAY STIMI ED	MP Criteria: Procedure/service reviewed against Medical Policy		3/ 14/ 2024	
		Criteria. Submit for Recommended Clinical Review			Retire effective
33287	RMV&RPLCMT PHRNC NRV STIM PG	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
33207	NIVIVANTECIVII FIININC IVNV STIIVI PO	MP Criteria: Procedure/service reviewed against Medical Policy		J/ 14/ 2024	
		Criteria. Submit for Recommended Clinical Review			Retire effective
33281	REPOSG PHRNC NRV STIM TRNSVN		1/1/2024	5/14/2024	05/14/2024
33201	VELO20 LUVINC INVA 211INI 1 KIN2AIA	(Predetermination) to avoid post-service review. MP Criteria: Procedure/service reviewed against Medical Policy		3/ 14/ 2024	
		Criteria. Submit for Recommended Clinical Review			Retire effective
33280	RMVL PHRNC NRV STIM PG ONLY		1/1/2024	5/14/2024	05/14/2024
33200	UINIAT LUUNC INUA 211IAI LA CINTA	(Predetermination) to avoid post-service review.	1/1/2024	3/ 14/ 2024	

		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			Retire effective
33279	RMVL PHRNC NRV STIM TRANSVNS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			2 .: 55 .:
		Criteria. Submit for Recommended Clinical Review			Retire effective
33278	RMVL PHRNC NRV STIM SYS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Dalling officiality
		Criteria. Submit for Recommended Clinical Review			Retire effective
33277	INSJ PHRNC NRV STIM TRANSVNS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Dating officiality
		Criteria. Submit for Recommended Clinical Review			Retire effective
33276	INSJ PHRNC NRV STIM SYS	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			
31243	NSL/SINUS NDSC CRYOABLTJ PNN	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
31242	NSL/SINUS NDSC RF ABLTJ PNN	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	05/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
27278	ARTHRD SI JT PRQ WO TFXJ DEV	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/14/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
22838	REV RPLC/RMV THRC VRT TETHRG	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/ 14/ 2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
22837	ANT THRC VRT BODY TETHRG 8+	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/ 14/ 2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
22836	ANT THRC VRT BODY TETHRG <7	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/ 14/ 2024
		MP Criteria: Procedure/service reviewed against Medical Policy			
		Criteria. Submit for Recommended Clinical Review			_
20983	ABLATE BONE TUMOR(S) PERQ	(Predetermination) to avoid post-service review.	6/1/2023	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0866T	QUAN MRI ALYS BRN W/DX MRI	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01, 01, 101 .
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0865T	QUAN MRI ALYS BRN W/O DX MRI	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	· · ·
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	. /. /2.25	0.100.10000	01/01/2024 Retire
0864T	LOW NTSTY ESWT CORPUS CVRNSM	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	effective 06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	. /. /2.25		01/01/2024
0863T	RLCJ PG WCS LV TRNSMTR ONLY	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
00627	DICI DO WCC IV DATTEDY COUNT	Criteria. Submit for Recommended Clinical Review	4 /4 /2021	42/24/2000	01/01/2024
0862T	RLCJ PG WCS LV BATTERY ONLY	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	

		MP Criteria: Procedure/service reviewed against Medical Policy			Add affaative
		Criteria. Submit for Recommended Clinical Review			Add effective
0861T	RMVL PG WCS LV BOTH COMPNT	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			
0858T	EXT TRNSCRANL MAG STIMJ MEAS	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0857T	OPTO-ACOUSTIC IMG BREAST UNI	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0822T	MNTR PSYCHDLC MED CLN STAFF	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0821T	MNTR PSYCHDLC MED 2NDPHY/QHP	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0820T	MNTR PSYCHDLC MED 1STPHY/QHP	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0819T	REVJ/RMVL INS PTN SUBF	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
0818T	REVJ/RMVL INS PTN SUBQ	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	effective 06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0817T	OPN INSJ/RPLCMT INS PTN SUBF	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	effective 06/30/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0814T	PRQ NJX BIOD OSTEO MATRL FEM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
0813T	EGD VOL ADJMT BARIATRIC BALO	(Predetermination) to avoid post-service review.	1/1/2024	6/30/2024	effective 06/30/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
0812T	REM MLT DAY UROFLOW DEV SPLY	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		Non Covered: Procedure/service not covered by BCBSOK. Not			Add effective
0811T	REM MLT DAY UROFLOW SETUP	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Retire effective
		Criteria. Submit for Recommended Clinical Review			05/14/2024
0790T	REVJ RPLCMT/RMVL VRT TETHRG	(Predetermination) to avoid post-service review.	1/1/2024	5/14/2024	03/ 14/ 2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			01/01/2024
0789T	ELEC ALY CPX IINS SP/SAC NRV	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024

0421U	ONC CLRCT SCR SGL AMP 8 RNA	subject to utilization review.	1/1/2024	12/31/2999	01/01/2024
U4ZZU	ONC PAN SOLID TUM ALYS DNA	(Predetermination) to avoid post-service review. Non Covered: Procedure/service not covered by BCBSOK. Not	1/1/2024	3/31/2024	effective 03/31/2024 Add effective
0422U	ONC DAN SOLID THAT ALVE DAIA	Criteria. Submit for Recommended Clinical Review	1/1/2024	3/31/2024	01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Add effective
0423U	PSYC GENOMIC ALYS PNL 26 GEN	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy	' <u> </u>		Add effective
0425U	GENOM RPD SEQ ALYS EA CMPRTR	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add effective
0426U	GENOME ULTRA-RAPID SEQ ALYS	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add effective
0428U	ONC BRST CTDNA ALYS 56/> GEN	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
0434U	RX METAB ADVRS VRNT ALYS 25	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
		Criteria. Submit for Recommended Clinical Review			01/01/2024 Retire
0-300	ONG THO I FRIM WELD 200 LIVIN	MP Criteria: Procedure/service reviewed against Medical Policy		12/31/233	Add effective
0436U	ONC LNG PLSM ALYS 388 PRTN	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			Add effective
0437U	PSYC ANXIETY DO MRNA 15 BMRK	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
042711	DCVC ANVIETY DO NADAJA 45 DAADY	Criteria. Submit for Recommended Clinical Review	1/1/2024	2/24/2024	01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
0438U	RX METAB ADVRS VRNT ALYS 33	(Predetermination) to avoid post-service review.	1/1/2024	3/31/2024	effective 03/31/2024
042011	DV MAETAD ADVIDE VIDAIT ALVE 22	Criteria. Submit for Recommended Clinical Review	1 /1 /2024	2/24/2024	01/01/2024 Retire
		MP Criteria: Procedure/service reviewed against Medical Policy	'		Add effective
0546T	RF SPECTRSC NTRAOP MRGN ASMT	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	· ·
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	′		Add effective
0784T	INS/RPLMT ELTRD RA SPI NSTIM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	02,02,202
		Criteria. Submit for Recommended Clinical Review			01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	' <u> </u>		Add effective
0785T	REVJ/RMVL NEA SPI W/NSTIM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		Criteria. Submit for Recommended Clinical Review			Add effective
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add official co
0786T	INSJ/RPLCMT PRQ RA SAC NSTIM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		Criteria. Submit for Recommended Clinical Review			Add effective
-		MP Criteria: Procedure/service reviewed against Medical Policy		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0787T	REVJ/RMVL NEA SAC W/NSTIM	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		Criteria. Submit for Recommended Clinical Review			Add effective
37001	ELECTION IN STYSTE WAY	MP Criteria: Procedure/service reviewed against Medical Policy		12/31/2333	
0788T	ELEC ALY SMP IINS SP/SAC NRV	(Predetermination) to avoid post-service review.	1/1/2024	12/31/2999	01/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review			Add effective

		EIU: Procedure/service not reimbursed by BCBSOK. Not subject			
		to utilization review. Please see the Clinical Payment and			Add effective
		Coding Policy titled: Non-Reimbursable Experimental,			05/15/2024
0369U	IADNA GI PTHGN 31 ORG&21 ARG	Investigational and/or Unproven Services (EIU).	5/15/2024	12/31/2999	
03030	IADINA GIT ITIGIT ST ORGEZT ARG	EIU: Procedure/service not reimbursed by the Plan. Not subject		12/31/2333	
		to pre-service review. Check EIU policy, which is one of our			Add effective
22836	ANT THRC VRT BODY TETHRG <7	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
22030	ANT TIME VICE BODT TETTING V	EIU: Procedure/service not reimbursed by the Plan. Not subject		12/31/2333	
		to pre-service review. Check EIU policy, which is one of our			Add effective
22837	ANT THRC VRT BODY TETHRG 8+	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
22007	Auto Time vin Best Terrine et	EIU: Procedure/service not reimbursed by the Plan. Not subject	3/ 13/ 202 1	12/31/2333	
		to pre-service review. Check EIU policy, which is one of our			Add effective
22838	REV RPLC/RMV THRC VRT TETHRG	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject		,,	
		to pre-service review. Check EIU policy, which is one of our			Add effective
27278	ARTHRD SI JT PRQ WO TFXJ DEV	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			A 1.1 - 66 - · ·
		to pre-service review. Check EIU policy, which is one of our			Add effective
31242	NSL/SINUS NDSC RF ABLTJ PNN	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
31243	NSL/SINUS NDSC CRYOABLTJ PNN	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
33276	INSJ PHRNC NRV STIM SYS	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	03/13/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
33277	INSJ PHRNC NRV STIM TRANSVNS	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	03/13/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
33278	RMVL PHRNC NRV STIM SYS	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	33, 33, 33
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
22270	DMANU DUDNIC NIDVI CTIMA TRANSCVAIC	to pre-service review. Check EIU policy, which is one of our	E /1E /2024	12/21/2000	05/15/2024
33279	RMVL PHRNC NRV STIM TRANSVNS	Clinical Payment and Coding Policy (CPCP). EIU: Procedure/service not reimbursed by the Plan. Not subject	5/15/2024	12/31/2999	
		to pre-service review. Check EIU policy, which is one of our			Add effective
33280	RMVL PHRNC NRV STIM PG ONLY	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
33200	RIVIVE PHRING INNV STIIVI PO ONLT	EIU: Procedure/service not reimbursed by the Plan. Not subject		12/31/2999	
		to pre-service review. Check EIU policy, which is one of our			Add effective
33281	REPOSG PHRNC NRV STIM TRNSVN	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
33201	RELOGGITHME INVOINT HUNDYN	EIU: Procedure/service not reimbursed by the Plan. Not subject		12/31/233	
		to pre-service review. Check EIU policy, which is one of our			Add effective
33287	RMV&RPLCMT PHRNC NRV STIM PG	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
	2000 1000 1000 1000 1000 1000 1000 1000	EIU: Procedure/service not reimbursed by the Plan. Not subject		22,02,200	
		to pre-service review. Check EIU policy, which is one of our			Add effective
33288	RMV&RPLCMT PHRNC NRV STIM LD		5/15/2024	12/31/2999	05/15/2024
		.,		, , ,	

		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
52284	CYSTO RX BALO CATH URTL STRX	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			A d d affa ati
		to pre-service review. Check EIU policy, which is one of our			Add effective
53855	INSERT PROST URETHRAL STENT	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			A d d a ££ a a £
		to pre-service review. Check EIU policy, which is one of our			Add effective
93150	THERAPY ACTIVATION IPNSS	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
93151	INTERROG&PRGRMG IPNSS	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			A d d a ££ a a £
		to pre-service review. Check EIU policy, which is one of our			Add effective
93152	INTERROG&PRGRMG IPNSS POLYSM	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
93153	INTERROG W/O PRGRMG IPNSS	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
0790T	REVJ RPLCMT/RMVL VRT TETHRG	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
A4540	Trans elec nerv periph nerv	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
A4542	Supp ext up limb tremor stim	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
C1832	Auto cell process sys	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	05/15/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
E0732	Ces system	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	03/13/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
E0734	Ext up limb tremor stim wris	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	03/13/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
E3000	Speech volume modulation sys	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	03/13/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			05/15/2024
L8603	Collagen imp urinary 2.5 ml	Clinical Payment and Coding Policy (CPCP).	5/15/2024	12/31/2999	03/13/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review	2/1/2024	12/31/2999	02/01/2024
C9782	Blind myocar trpl bon marrow	(Predetermination) to avoid post-service review.			02/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
	Pres dig cog behav thera fda	Criteria. Submit for Recommended Clinical Review	2/1/2024	12/31/2999	02/01/2024
A9291		(Predetermination) to avoid post-service review.			02/01/2024

61635	INTRACRAN ANGIOPLSTY W/STENT	MP Criteria: Procedure/service reviewed against Medical Policy Criteria. Submit for Recommended Clinical Review (Predetermination) to avoid post-service review.	2/1/2024	12/31/2999	Add effective 02/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effectuce
		Criteria. Submit for Recommended Clinical Review			04/01/2024
S9002	Intra-vag motion sens biofk	(Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	0.,02,202.
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			04/01/2024
Q4310	Procenta per 100 mg	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	0.,02,202.
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our	. /. /2.2.	/ /	04/01/2024
Q4309	Via matrix per sq cm	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	. , . , .
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			04/01/2024
Q4308	Sanopellis per sq cm	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	5 -, 5 =, = 5 -
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			04/01/2024
Q4307	American amnion per sq cm	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	0 ., 01, 101 .
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			04/01/2024
Q4306	Americ amnion ac per sq cm	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			04/01/2024
Q4305	Amer am ac tri-lay per sq cm	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
Q4303	Complete aa per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
Q4302	Complete aca per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
Q4301	Activate matrix per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
Q4300	Acesso tl per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
Q4299	Amnicore pro+ per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
Q4298	Amnicore pro per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			
Q4297	Emerge matrix per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			A alal a CC - 111 -
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4296	Rebound matrix per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024

		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4295	Amnio tri-core per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4294	Amnio quad-core per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4293	Acesso dl per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4292	Lamellas per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4291	Lamellas xt per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		Add official a
		to pre-service review. Check EIU policy, which is one of our			Add effective
Q4290	Membrane wrap hydr per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		Add effective
		to pre-service review. Check EIU policy, which is one of our			
Q4289	Revoshield+ amnio per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		Add effective
		to pre-service review. Check EIU policy, which is one of our			
Q4288	Dermabind ch per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
Q4287	Dermabind dl per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
Q4279	Vendaje ac per sq cm	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	/		Add effectuce
		Criteria. Submit for Recommended Clinical Review			04/01/2024
L5841	Addition endoskletl knee-shi	(Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	04/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	<u> </u>		Add effectuce
		Criteria. Submit for Recommended Clinical Review			04/01/2024
L1320	Pectus carinatum ortho cust	(Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	07/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	/		Add effectuce
		Criteria. Submit for Recommended Clinical Review			04/01/2024
E2298	Pwr seat elev sys for crt	(Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	07/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy	/		Add effectuce
		Criteria. Submit for Recommended Clinical Review			04/01/2024
C9796	Rpr intst excl anrect fist	(Predetermination) to avoid post-service review.	4/1/2024	6/30/2024	0 1/ 01/ 202 1
		EIU: Procedure/service not reimbursed by the Plan. Not subject	t		Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
C9796	Rpr intst excl anrect fist	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2027
		MP Criteria: Procedure/service reviewed against Medical Policy	/		Add effectuce
		Criteria. Submit for Recommended Clinical Review			03/15/2024
C1824	Generator ccm implant	(Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	00, 10, 2024

		EIU: Procedure/service not reimbursed by the Plan. Not subject			
		to pre-service review. Check EIU policy, which is one of our			
A2026	Restrata minimatrix 5 mg	Clinical Payment and Coding Policy (CPCP).	4/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy	•		Add effectuce
		Criteria. Submit for Recommended Clinical Review			02/15/2024
67516	SPRCHOROIDAL SPC NJX RX AGT	(Predetermination) to avoid post-service review.	2/15/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy	,		Add effectuce
		Criteria. Submit for Recommended Clinical Review			05/15/2024 Retire
51783	SCAN PROC SPINAL	(Predetermination) to avoid post-service review.	5/15/2024	6/30/2024	effective 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
51783	SCAN PROC SPINAL	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effectuce
		Criteria. Submit for Recommended Clinical Review			03/15/2024
42950	RECONSTRUCTION OF THROAT	(Predetermination) to avoid post-service review.	3/15/2024	12/31/2999	03/13/2024
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effectuce
		Criteria. Submit for Recommended Clinical Review			04/01/2024
41530	TONGUE BASE VOL REDUCTION	(Predetermination) to avoid post-service review.	4/1/2024	12/31/2999	04/01/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
0864T	LOW NTSTY ESWT CORPUS CVRNSM	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	0770172024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
0818T	REVJ/RMVL INS PTN SUBQ	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	0770172024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	07/01/2021
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our			07/01/2024
0813T	EGD VOL ADJMT BARIATRIC BALO	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	
		MP Criteria: Procedure/service reviewed against Medical Policy			Add effective
		Criteria. Submit for Recommended Clinical Review			03/15/2024 Retire
0619T	CYSTO W/PRST8 COMMISSUROTOMY	(Predetermination) to avoid post-service review.	3/15/2024	6/30/2024	effective 06/30/2024
		EIU: Procedure/service not reimbursed by the Plan. Not subject			Add effective
		to pre-service review. Check EIU policy, which is one of our	_ , , ,		07/01/2024
0619T	CYSTO W/PRST8 COMMISSUROTOMY	Clinical Payment and Coding Policy (CPCP).	7/1/2024	12/31/2999	0.702/202

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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 Oklahoma (BCBSOK). For other services/members, BCBSOK has contracted with Carelon Medical Benefits Management for utilization management and related services.

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