



# DeanHealthPlan®

A member of SSM Health

**Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

## Non-covered Medical Procedures and Services

**MP9415**

**Medicare Policy:** Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

**BadgerCare Plus Policy:** Dean Health Plan covers when BadgerCare Plus also covers the benefit. Please refer to Forward Health: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

### Dean Health Plan Medical Policy:

1.0 **Table 1.0** lists **some** procedures and services that are not covered by Dean Health Plan because they: (1) failed to meet our definition of medical necessity; or (2) are considered investigational and/or experimental. The list is **not** all inclusive.

**Table 1.0. Non-covered Medical Procedures and Services (Not An All Inclusive List)**

Abbreviations: *NMN* = not medically necessary; *E/I* = experimental and/or investigational; *NC*=not covered

Procedure Description	Indication	Reason Not Covered
Annulous fibrosis repair devices (e.g. Xclose, Inclose, Barricaid Annular Closure Device) (64999, C9757)	All indications	E/I
Arthroscopy, shoulder with implantation of subacromial spacer (C9781)	All indications	E/i
Assistive algorithmic ECG risk-based assessment (0764T, 0765T)	For cardiac dysfunction and all other indications	E/I
Autologous chondrocyte transplantation (ACT) (0481T)	Osteochondral defects of all joints except the knee	NMN
Automated, non-invasive nerve conduction velocity testing point of care nerve conduction studies (95905)	All indications .	E/I
Axial Lumbar Interbody Fusion (AxialIF) (22586)	All indications	E/I
Biodex (Quantitative Muscle Testing device)	All indications	E/I



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Procedure Description	Indication	Reason Not Covered
Bioimpedance Spectroscopy or Bioelectric Impedance Analysis (e.g. SOZO, ImpediMed L-Dex U400) (93702, 0358T)	Detection of lymphedema, measurement of total body water, extracellular and intracellular fluid volumes and all other indications	E/I
Body Surface-Activation Mapping of Pacemaker or Pacing Cardiodefibrillator (0695T, 0696T)	All indications	E/I
Brava Breast Expander	All indications including breast reconstruction following mastectomy	E/I
Breast CT including 3D Rendering (0633T, 0634T, 0635T, 0636T, 0637T, 0638T))	All indications	E/I
Breast Ductal Lavage for Cytology (19499)	All indications	E/I
Breast-specific gamma imaging (BSGI), Scintimammography and breast molecular breast imaging (A9500, S8080)	All indications	E/I
Breast Thermography	Screening for breast cancer and other breast diseases and all other indications.	E/I
Bronchial Thermoplasty (31660, 31661)	For treatment of asthma and all other indications	E/I
Cardiac focal ablation utilizing radiation therapy (0745T 0746T 0747T)	For arrhythmia and all other indications	E/I
Carotid Intima Medial Thickness Measurement (CIMT) Ultrasound (93895, 0126T)	All indications	E/I
Cervicography (58999)	All indications	E/I
Closed Loop Insulin Delivery System (e.g. artificial pancreas device system) (S1034, S1035, S1036, S1037)	All indications	E/I
Computed Tomographic Angiography (CTA), coronary atherosclerotic plaque (0623T, 0624T, 0625T, 0626T)	Severity of coronary disease and all other indications	E/I



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Procedure Description	Indication	Reason Not Covered
Computer Based Treatment for Cognitive Behavioral Therapy (CBTCBT) for Substance Use Disorders (e.g. reSET and reSET-O) (A9291)	For treatment of substance use disorders and all other indications	E/I
Computerized Dynamic Posturography (92548)	All indications	E/I
Confocal Laser Endomicroscopy (0397T)	For Barrett's esophagus and all other indications	E/I
Constraint Induced Movement Therapy	All indications other than treatment of upper limb hemiparesis	NMN
Cord blood harvesting for transplantation; allogeneic (S2140, S2142)	Prophylactic collection and storage of umbilical cord blood when proposed for an unspecified future use for an autologous stem cell transplant in the original donor or for an unspecified future use as an allogeneic stem cell transplant in a related or unrelated donor.	NMN
	For patients for whom a well-matched bone marrow donor is available.	NMN
	For patients not meeting patient selection criteria for AIBMT.	E/I
Cord blood storage (88240)	All indications	NMN
Corneal Hysteresis Assessment (92145)	All indications	E/I
Cranial Electrotherapy Stimulation (CES) (e.g. Alpha Stim) (E1399, K1002)	Behavioral disorders including, but not limited to, depression and anxiety and all other indications	E/I
Craniosacral Therapy (97139)	All indications	E/I
Cryoablation nasal tissue and/or nerves (e.g. Clarifix) (C9771)	Chronic sinusitis and all other indications	E/I
Cryogenic surgical device (e.g. iovera System) (0440T 0441T 0442T)	Relief of pain and symptoms associated with osteoarthritis of the knee and peripheral nerve pain and all other indications	E/I
Drug eluting sinus stents (e.g., Propel Sinus Implant) (S9101)	All indications	E/I
Dry Hydrotherapy	All indications	NMN



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Electrical impedance spectroscopy of 1 or more skin lesions (0658T) (e.g. Nevisense)	For automated melanoma risk score and all other indications	E/I
Electrical or electromagnetic stimulation for chronic wounds (E0761, E0769, E1399, G0281, G0282, G0295, G0329))	All indications	E/I
Endoscopic laser foraminoplasty	All indications	E/I
Endoscopic procedures for the treatment of Gastroesophageal Reflux Disease (GERD) (including Stretta, Esophyx, MUSE, and endoscopic implantation of plexiglass microspheres) (C9724)	All indications	E/I
Epidural lysis of adhesions (e.g., Racz Epidural Catheter) (62263, 62284)	All indications	E/I
Epiduroscopy	For the diagnosis and treatment of intractable low back pain and all other indications	E/I
Esophageal mucosal integrity testing by electrical impedance, transoral (e.g. MiVu) (C9777)	GERD or and all other indications	E/I
Excimer laser therapy	Atopic Dermatitis, lichen planus	E/I
External upper limb tremor stimulator of the peripheral nerves of the wrist (K1018) (Cala Trio)	For the treatment of essential tremor and all other indications	E/I
Extracorporeal Magnetic Stimulation (e.g. MyoTrac Infinity System) (53899)	Treatment of urinary incontinence and all other indications	E/I
Extracorporeal Shock Wave Therapy (ESWT) (e.g. OssaTron, Epos Ultra, Orthopec ESWT System, EMS Swiss Dolorclast, Orbasone Pain Relief System) (28890, 0101T, 0102T, 0512T, 0513T)	For musculoskeletal indications and soft tissue injuries and all other indications	E/I
EyeBOX System (Adjunctive Oculomotor Assessment Aid) (0615T)	For traumatic brain injury, concussion, and all other indications	E/I
Foot adductus positioning device (e.g. UNFO-S) (K1015)	For the treatment of metatarsus adductus and all other indications	E/I
Ganglion Impairment Block	All indications	E/I



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Procedure Description	Indication	Reason Not Covered
Gastrointestinal Monitoring System (e.g. SmartPill, G-tech patch system) (91112, 0779T)	All indications	E/I
Glomerular Filtration Rate (GFR), Transdermal (0602T, 0603T)	All indications	E/I
Hydrodissection therapy	Pain treatment and all other indications	E/I
Hyperhomocysteinemia-MTHFR Gene mutation testing (81291)	All indications	NMN
Intense physical therapy suit (Suit Therapy)	All indications	E/I
Interferential current stimulation (e.g. Dynatron STS ) (S8130, S8131, E1399)	All indications	E/I
Interleukin-6 (IL-6) (83529)	All indications	E/I
Interspinous Distraction Devices (includes XStop, Coflex, DIAM, Wallis) (C1821)	All indications	E/I
Intradiscal electrothermal annuloplasty (IEA) (e.g. SpineCATH, Oratec Interventions System) and intradiscal electrothermal therapy (IDET) (22526, 22527)	All indications	E/I
Insulin delivery system (V-GO) (A9274)	For the management of Diabetes and all other indications	E/I
Intense pulse light treatment (0507T, 17999) (e.g. Quadra Q4 Platinum System)	For dry eye disease and all other indications	E/I
Intra-atrial recording (e.g. AtriAmp) (93602)	All indications	E/I
Intravascular Lithotripsy (e.g. Shockwave Medical Peripheral IVL System) (C9772, C9773, C9774, C9775)	Lithotripsy enhanced balloon dilatation of peripheral arteries and all other indications	E/I
Intravertebral body fracture augmentation with implantable DME (e.g. KIVA, Vertebral Body Stent, V-Strut) (C1062)	All indications	E/I
Iontophoresis	For indications other than hyperhidrosis when criteria is met	NMN



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Iris Prosthesis (e.g. CUSTOMFLEX ARTIFICIAL/IRIS) (0616T, 0617T, 0618T, C1839)	All indications	E/I
Irreversible Electroporation (e.g. NanoKnife System) (0600T, 0601T)	All indications	E/I
Kinematic and Kinetic Motion Analysis Markless 3D (e.g. DARI Motion) (0693T)	All indications	E/I
Laser Interstitial Thermal Therapy (LITT) Intracranial (61736, 61737)	All indications	E/I
Laser therapy for nicotine dependence (S8948, 97039)	All indications	E/I
Laser therapy for treatment of pain (e.g. Acculaser Pro, Excalibur System) (S8948, 0552T, 97039)	All indications	E/I
Low-Pressure Pulse Generator (e.g. Menniect) (E2120)	For treatment of Meniere's Disease and all other indications	E/I
Lymphovenous Bypass Surgery (38308)	All indications	E/I
Macular degeneration home monitoring (e.g. ForseeHome AMD) (0378T, 0379T)	All indications	E/I
Magnetic Capsule Endoscopy (e.g. NaviCam) (0651T)	All indications	E/I
Magnetic Resonance Guided Focused Ultrasound Ablation of Uterine Leiomyomata (0071T, 0072T)	All indications	NMN
Magnetic Resonance Image Guided High Intensity Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) (e.g. Sonablate 450, Ablatherm) (0071T, 0072T, 55880, 55899, 0398T, C9734)	Covered for Medicare members with essential tremor meeting LCD criteria. Non-covered for all other lines of business <a href="#">MedicareMRgFUScriteria</a>	E/I
Magnetic Resonance Neurography	All indications	E/I
Meibomian Gland Evacuation Therapies (e.g., iLux Thermal Pulsation System, LipiFlow Thermal Pulsation System) (0207T, 0563T, 67999)	All indications	E/I
Micro Debridement (Topaz)	All indications	E/I



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Procedure Description	Indication	Reason Not Covered
Migraine Headache Surgery	Migraine Headache and all other indications	E/I
Minimally invasive facet fusion with allograft. (e.g. TruFuse, Fusio, NuFix) (0219T, 0220T, 0221T, 0222T)	All indications	E/I
Nasal valve collapse repair subcutaneous/submucosal lateral wall implants (e.g. Latera absorbable nasal implant) (30468, 30999, C9749)	For treatment of nasal valve collapse and all other indications	E/I
Neutron beam radiotherapy	All indications other than treatment of salivary gland tumors	E/I
Neuromonics tinnitus treatment	Tinnitus retraining therapy and all other indications	NMN
Neuromuscular electrical stimulation	Covered for diaphragm stimulation (e.g. ALS patients) and disuse atrophy. Non-covered for all other indications	NMN
Neurostimulator generator (implantable), with carotid sinus baroreceptor stimulation lead (e.g. BaroStim Therapy) (C1825, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T))	Heart failure and all other indications	E/I
Percutaneous arteriovenous fistula creation (AVF) by tissue approximation using thermal resistance energy (G2170) (e.g. Ellipsys) and using magnetic-guided arterial and venous catheters and radiofrequency energy (G2171) (e.g. Wavelin Q)	All indications	E/I
Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), also known as percutaneous radiofrequency thermomodulation, Coblation percutaneous disk decompression or Nucleoplasty.(22526, 22527)	All indications	E/I
Percutaneous Disc Decompression Procedure (e.g., automated percutaneous discectomy, percutaneous laser discectomy, Yeung Endoscopic Spinal Surgery System (Y.E.S.S.) (62287, S2348)	All indications	E/I





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Percutaneous neuromodulation therapy (e.g. Vertis PNT) (64999)	For treatment of pain and all other indications	E/I
Percutaneous ultrasound ablation of soft tissue (TX1 Tissue Removal System and Tenex Health TX System) (23405, 23406, 24357, 27000, 27005, 27006, 27306, 27602)	All indications	E/I
Peripheral Nerve Stimulator (StimWave) (64555, 64575, 64585)	All indications	NMN
Preterm Labor Predictive-Risk Stratification (e.g. PreTRM) (0247U)	Spontaneous preterm birth and all other indications	E/I
Piriformis muscle injection	All indications	E/I
Platelet Rich Plasma/Platelet Rich Fibrin Matrix, autologous conditioned serum injections, whole blood injections for tendinopathies, and autologous blood-derived products for chronic nonhealing wounds (0232T, 0481T, G0460, P9020, S9055))	For acute surgical wounds or chronic cutaneous wounds that have failed standard therapy.	
	For all other indications.	E/I
Prolotherapy (20999, M0076)	All indications	E/I
Pulsed dye laser	Treatment of pseudofolliculitis	NMN
Quantitative magnetic resonance for the analysis of tissue composition (e.g. LiverMultiscan) (0648T, 0649T)	For the diagnosis of liver fibrosis and steatosis related to NAFLD and NASH, and all other indications	E/I
Quantitative Puppiometry (0341T)	All indications	E/I
Quantitative sensory testing (0106T, 0107T, 0108T, 0109T, 0110T, G0255)	All indications	E/I
Sacroplasty (0200T, 0201T)	For osteoporotic sacral insufficiency fractures and all other indications	E/I
Scoliosis treatment protocols CLEAR Institute (St. Cloud, MN) including the VibeForHealth Scoliosis Traction Chair (E1399)	All indications	E/I
Scrambler Pain Therapy (Transcutaneous Electrical Modulation Pain Reprocessing) (0278T)	All indications	E/I





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Signal Averaged Electrocardiography (SAECG) (93278)	All indications	E/I
Sinus Tarsi Implant (e.g. subtalar implant) (0335T, 0510T, 0511T, S2117)	All indications	E/I
Sphenopalatine ganglion (SPG) block for the treatment of headache (e.g. Tx360 nasal applicator) (64505)	All indications, including chronic migraine	E/I
Stuttering treatment devices	Stuttering and all other indications	E/I
Subchondroplasty Procedure – Injection of bone substitute material into subchondral defect (0707T)	All indications	E/I
Submaximal Stress Testing	Testing to measure cardiorespiratory fitness and all other indications	NMN
Therapeutic induction of intra-brain hypothermia (0776T) (e.g., Pro2Cool)	For the treatment of concussion and all other indications	E/I
Therapeutic Ultrafiltration (e.g. Aquadex SmartFlow System) (0692T)	All indications	E/I
Thermal anisotropy measurement and assessment of flow wireless skin sensor (e.g. Flowsense) (0639T)	Measurement/assessment of flow CSF shunt and all other indications	E/I
Thermosensor ShuntCheck	Assess shunt function and all other indications	E/I
Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement (93701)	All indications	E/I
Tinnitus retraining therapy	Behavioral training for the management of tinnitus and all other indications	E/I
Transcatheter Intracardiac Shunt (TIS) creation by sent placement (33745, 33746)	Congenital cardiac anomalies and all other indications	E/I
Transcatheter intracoronary infusion of supersaturated oxygen (e.g. TherOx DownStream System) (0659T)	In conjunction with percutaneous therapy revascularization for acute myocardial infarction and all other indications	E/I
Transcutaneous Auricular Neurostimulation (0783T) (e.g. Sparrow Therapy) (e.g. pro2cool)	For the treatment of pain associated with opioid withdrawal and all other indications	E/I



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Procedure Description	Indication	Reason Not Covered
Transcutaneous Electrical Modulation Pain Reprocessing (Scrambler Therapy) (0278T)	Chronic neuropathic pain and all other indications	E/I
Transcutaneous electrical joint stimulation (Pulsed Electrical Stimulation) (E0762)	All indications	E/I
Transcutaneous visible light hyperspectral imaging measurement, extremity(e.g.TransQ) (0631T)	Measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation per extremity and all other indications	E/I
Trigeminal nerve stimulation system - external non-implantable (e.g. Monarch eTNS) (K1016)	Treatment of attention deficit hyperactivity disorder and all other indications	E/I
T-Wave Alternans (93025)	All indications	E/I
Uterine transplantation – donor hysterectomy (0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T)	For treatment of uterine factor infertility and all other indications	E/I
Vertebral body tethering (e.g. The Tether) (0655T, 0656T)	For the treatment of pediatric and adolescent idiopathic scoliosis and all other indications	E/I
Viscosupplementation Therapy	For the treatment of TMJ, and all other joints except the knee	E/I
Vision Therapy/Orthoptic Therapy	All indications other than convergence disorder	E/I
Vestibular autorotation, Ocular Vestibular Evoked Myogenic Potential (oVEMP),Cervical Vestibular Evoked Myogenic Potential (cVEMP) or Unilateral Centrifugation Test	Vestibular disorders, vestibular migraine, dizziness or any other indications	E/I
Voiding Prosthesis (e.g. inFlow Intraurethral Valve) (0596T, 0597T)	Impaired detrusor contractility or any other indication	E/I
Volara Oscillation and Lung Expansion System (E1399)	All indications	E/I
Wireless pulmonary artery pressure monitoring systems for monitoring heart failure (CardioMEMS) (33289, C2624, 93264) <a href="#">Dean Advantage-Implantable Wireless Pulmonary Artery Pressure Monitor (CardioMEMS) MP9458</a>	All indications	E/I
Wilderness therapy – outdoor behavioral healthcare (T2036, T2037)	For behavioral health indications and all other indications	NC



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- 2.0 **Medically Necessary Definition** - The Dean Health Plan benefit certificate defines medical necessary care as those treatment, services or supplies provided by a hospital or health care provider that are required to identify or treat a member's illness or injury and which, as determined by our Health Services Division, are:
- 2.1 Consistent with the Member's illness or injury; and
  - 2.2 In accordance with generally accepted standards of medical practice; and
    - 2.2.1 "Generally accepted standards of medical practice" means standards that are based on moderate or high quality scientific evidence published in peer-reviewed medical literature.
    - 2.2.2 Moderate or high quality scientific evidence consists primarily of comparison or placebo-controlled clinical trials that directly demonstrate the benefit of the intervention on patient-oriented health outcomes. Nonvalidated surrogate or disease end point controlled or uncontrolled trials, observational trials, partially controlled observational studies and uncontrolled clinical series may be suggestive, but do not by themselves establish sufficient strength of evidence to prove medical necessity.
  - 2.3 Not solely for the convenience of a member, hospital, or other provider; and
  - 2.4 The most appropriate supply or level of service that can be safely provided to the member in the most cost effective manner.
- 3.0 Psychological reactions to appearance or fear of disease do not constitute a basis for medical/surgical necessity, other than for behavioral health services. Services or plastic surgery are not a benefit unless they represent a functional medical necessity.
- 4.0 The fact that a physician has performed or prescribed a procedure or treatment does **not** mean that it is medically necessary.
- 5.0 **Experimental and/or Investigational** - According to the Dean Health Plan benefit certificate, these are surgical procedures or medical procedures/treatments, supplies or devices, or drugs which at the time provided or sought to be provided, are in the judgment of the Dean Health Plan, Inc. Medical Directors not currently recognized as accepted medical practice and/or the procedure, treatment, supply, device or drug includes, but is not limited to, one of the following:
- 5.1 Has not been approved by the appropriate governmental agency, such as, but not limited to, the U.S. Food and Drug Administration for the purpose it is being used for, which includes the patient's medical condition is not demonstrated to be as beneficial as established alternatives.



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- 5.2 Failure to demonstrate the procedure, treatment, supply, device or drug is safe and effective for the patient's medical condition.
- 5.3 Based on a review of the current peer reviewed medical literature in the United States, there is a failure to demonstrate, at a minimum, an equivalent clinical outcome when compared to standard/conventional treatment for the condition.
- 5.4 Requires a written investigational or research protocol. Is a treatment protocol based upon or similar to those used in on-going clinical trials.
- 5.5 Note: A procedure, treatment, supply, device or drug may be considered experimental or investigational even if the provider has performed, prescribed, recommended, ordered, or approved it, or if it is the only available procedure or treatment for the condition.

**CPT/HCPCS Codes Related to MP9415**

\* The list of codes (and their descriptors, if any) is provided for informational purposes only and may not be all inclusive or current. Listing of a code in this medical policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with Dean Health Plan. Inclusion of a code above does not imply any right to reimbursement or guarantee claim payment. Other medical policies may also apply.

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document Created:</b>	Medical Director Committee/ Medical Affairs	March 24, 2011
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	Medical Director Committee/Medical Affairs	February 19, 2014
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	Medical Policy Committee/Quality and Care Management Division	May 18, 2018
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	Medical Policy Committee/Quality and Care Management Division	July 18, 2018
	Medical Policy Committee/Health Services Division	September 19, 2018
	Medical Policy Committee/Health Services Division	October 17, 2018
	Medical Policy Committee/Health Services Division	December 19, 2018
	Medical Policy Committee/Health Services Division	January 16, 2018
	Medical Policy Committee/Health Services Division	February 20, 2019
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	Medical Policy Committee/Health Services Division	May 18, 2022
	Medical Policy Committee/Health Services Division	June 15, 2022
	Medical Policy Committee/Health Services Division	July 20, 2022
	Medical Policy Committee/Health Services Division	August 17, 2022
	Medical Policy Committee/Health Services Division	September 21, 2022
	Medical Policy Committee/Health Services Division	October 19, 2022
	Medical Policy Committee/Health Services Division	December 21, 2022
<b>Reviewed:</b>	Medical Director Committee/Medical Affairs	September 28, 2011
	Medical Director Committee/Medical Affairs	January 18, 2012
	Medical Director Committee/Medical Affairs	March 21, 2012
	Medical Director Committee/Medical Affairs	April 18, 2012
	Medical Director Committee/Medical Affairs	August 15, 2012
	Medical Director Committee/Medical Affairs	January 16, 2013
	Medical Director Committee/Medical Affairs	February 20, 2013
	Medical Director Committee/Medical Affairs	October 16, 2013
	Medical Director Committee/Medical Affairs	December 18, 2013
	Medical Director Committee/Medical Affairs	February 19, 2014
	Medical Director Committee/Medical Affairs	June 18, 2014
	Medical Director Committee/Medical Affairs	July 16, 2014
	Medical Director Committee/Medical Affairs	August 20, 2014
	Medical Director Committee/Medical Affairs	October 15, 2014
	Medical Director Committee/Medical Affairs	November 19, 2014
	Medical Director Committee/Medical Affairs	April 15, 2015
	Medical Director Committee/Medical Affairs	May 20, 2015
	Medical Director Committee/Medical Affairs	July 15, 2015
	Medical Director Committee/Medical Affairs	October 21, 2015
	Medical Director Committee/Quality and Care Management	November 18, 2015
Medical Director Committee/Quality and Care Management Division	December 16, 2015	
Medical Director Committee/Quality and Care Management Division	February 17, 2016	
Medical Director Committee/Quality and Care Management Division	March 16, 2016	
Medical Policy Committee/Quality and Care Management Division	April 20, 2016	





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**Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.**

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Reviewed:</b>	Medical Policy Committee/Quality and Care Management Division	May 18, 2016
	Medical Policy Committee/Quality and Care Management Division	June 15, 2016
	Medical Policy Committee/Quality and Care Management Division	August 17, 2016
	Medical Policy Committee/Quality and Care Management Division	October 31, 2016
	Medical Policy Committee/Quality and Care Management Division	November 16, 2016
	Medical Policy Committee/Quality and Care Management Division	April 19, 2017
	Medical Policy Committee/Quality and Care Management Division	June 21, 2017
	Medical Policy Committee/Quality and Care Management Division	July 19, 2017
	Medical Policy Committee/Quality and Care Management Division	August 16, 2017
	Medical Policy Committee/Quality and Care Management Division	September 20, 2017
	Medical Policy Committee/Quality and Care Management Division	October 18, 2017
	Medical Policy Committee/Quality and Care Management Division	December 20, 2017
	Medical Policy Committee/Quality and Care Management Division	January 17, 2018
	Medical Policy Committee/Quality and Care Management Division	February 21, 2018
	Medical Policy Committee/Quality and Care Management Division	March 21, 2018
	Medical Policy Committee/Quality and Care Management Division	April 18, 2018
	Medical Policy Committee/Quality and Care Management Division	May 18, 2018
	Medical Policy Committee/Quality and Care Management Division	June 20, 2018
	Medical Policy Committee/Quality and Care Management Division	July 18, 2018
	Medical Policy Committee/Health Services Division	September 19, 2018
	Medical Policy Committee/Health Services Division	October 17, 2018
	Medical Policy Committee/Health Services Division	December 19, 2018
	Medical Policy Committee/Health Services Division	January 16, 2018



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	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	February 20, 2019
	Medical Policy Committee/Health Services Division	March 20, 2019
	Medical Policy Committee/Health Services Division	April 17, 2019
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	July 17, 2019
	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	September 18, 2019
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	Medical Policy Committee/Health Services Division	September 21, 2022
	Medical Policy Committee/Health Services Division	October 19, 2022
	Medical Policy Committee/Health Services Division	December 21, 2022

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