

Medical Policy



Northwood

(INSERT MEDICAL POLICY NAME)

Description

Policy

Policy Guidelines

Coverage Criteria:

Limitations:

Exclusions:

HCPCS Level II Codes and Description

General Indications and Limitations of Coverage and/or Medical Necessity

Cross Reference to Related Policies and Procedures

Applicable URAC Standard

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Change/Authorization History

Revision Number	Effective Date	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:

Medical Policy



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