

Medical Policy



(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

Change/Authorization History

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