

REVISION HISTORY LOG

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/06/21		Table of Contents	8	Revisions made to move sterilizations to gynecology.
07/06/21	5.0	Covered Services – Overview	1	Revisions made to update and clarify the overview of Professional Services criteria and policy guidelines for the criteria
07/06/21	5.1	Covered Services – Critical Care Services	1	Revisions made to clarify criteria.
07/06/21	5.1	Covered Services – Global Surgery Period	1	Revisions made to clarify Pre/Post-Operative criteria.
07/06/21	5.1	Covered Services – Gynecology	7	Revisions made to update criteria in its entirety.
07/06/21	5.1	Covered Services – Medical Review	3	Revisions made to update criteria to ensure compliance with Medicaid policy.
07/06/21	5.1	Covered Services – Modifiers	8	Revisions made to clarify criteria.

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07/06/21	5.1	Covered Services – Physician Administered Drugs	1	Revisions made to update and clarify criteria in its entirety.
07/06/21	5.1	Covered Services – Sterilizations	0	Moved Sterilizations criteria to Gynecology section.