

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/08/21	5.1	Covered Services – Prohibited and Non-Covered Services	2	Revision made to update service criteria.
04/08/21	5.1	Covered Services – “Incident to services”	1	Revision made to update service criteria.
04/08/21	5.1	Covered Services – Physician Assistants	2	Revision made to update service criteria.
04/08/21	5.1	Covered Services – Preventive Medicine	2	Revision made to update service criteria.
04/08/21	5.1	Covered Services – Prior Authorization	4	Revision made to update service criteria.
04/08/21	5.1	Covered Services – Professional Fee Schedule	1	Revision made to update service criteria.