

<b>REVISION HISTORY LOG</b>
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Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/12/25	5.1	Covered Services – Preventive Services (Adult)	2	Revisions made to incorporate technical edits throughout section.
08/12/25	5.1	Covered Services – Prior Authorization (PA)	4	Revisions made to incorporate technical edits throughout section.
08/12/25	5.1	Covered Services – Professional Services Fee Schedule	1	Revisions made to incorporate technical edits throughout section.
08/12/25	5.1	Covered Services – Prohibited and Non-Covered Services	2	Revisions made to incorporate technical edits throughout section.
08/12/25	5.1	Covered Services – Radiation Treatment Management	1	Revisions made to incorporate technical edits throughout section.
08/12/25	5.1	Covered Services – Radiopharmaceutical Diagnostic Imaging Agents	1	Revisions made to incorporate technical edits throughout section.
08/12/25	5.1	Covered Services – Routine Care Provided to Beneficiaries Participating in Clinical Trials	2	Revisions made to incorporate technical edits throughout section.

08/12/25	5.1	Covered Services – Sinus Procedures	2	Revisions made to incorporate technical edits throughout section.
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