

WellSense MA Prior Authorization CPT Code Look-up Tool

The Plan requires prior authorization for **ALL** inpatient services.

ALL services rendered by out of network providers require prior authorization with limited exceptions.

For Pharmacy authorization inquiries please see the [Pharmacy section on WellSense.org](#)

TO FIND A CODE OR WORD - While holding down the CTRL key, press the F key, type in code, then press ENTER key

Vendor detail and authorization information is found on the Prior Authorization/Notification Requirements Matrix for the following vendor managed services:

- * Behavioral Health
- * Durable Medical Equipment (DME)
- * Transportation Services
- * High End Radiology
- * Genetic Testing
- * Musculoskeletal Services

Please refer to the [Provider Manual Section 8: Utilization Management and Prior Authorization](#) for information regarding authorizations.

This is not a comprehensive list of every code available. Industry code updates occur quarterly and may be implemented at different intervals than the updates to this code tool. This code tool is only provided as a guide for authorization status and addition or omission of a code does not guarantee payment:

1. This tool cannot confirm member eligibility.
2. This tool cannot confirm member benefits/coverage. Please refer to the Member's Benefit Documents.
3. This tool cannot confirm payment rules, edits, fee schedules and restrictions that may affect code/claim payment even if authorization is obtained.
The Plan applies standard industry billing and coding rules to claims. Please refer to the [Plan Payment Policies](#).
4. This code tool cannot confirm provider contract terms. For questions, please reach out to your provider representative.

Prior authorization or Plan notification is required for services listed in the Prior Authorization/Notification Requirements Matrix, even if a specific code is not listed in the code look-up tool, due to quarterly industry and miscellaneous code updates.

Please contact the WellSense Prior Authorization Team at 888-566-0008 and Press 3 for questions related to authorization requirements for codes that may or may not be listed in this tool.

Code	Short Description	PA Required?			Note
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Yes= Auth Required via Medical Policy or InterQual
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PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69

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0001U	Red bld cell ant typing, DNA, human erythrocyte ant gene analy 35 antigens	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0004M	Scoliosis, DNA analysis 53 sing nucleotide polymorphisms,saliva	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0005U	Oncology (prostate) gene exp profile real-time RT-PCR of 3 genes,urine	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0006M	Oncology (hepatic), mRNA exp levels of 161 genes,tumor tissue	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0007M	Oncology (gastroint neuroendocrine tumors), real-time PCR exp anlys 51 genes	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0007U	Drug Tests(s), presumptive,any numb drug classes,urine,DNA auth	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		No	No	Yes	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

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0012M	Oncology (urothelial), mRNA, gene exp profile realtime quant PCR 5 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0013M	Oncology (urothelial), mRNA, gene exp profile realtime quant PCR 5 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0016M	Oncology(bladder),mRNA,microarray gene exp profile 209 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0017M	Oncology(DLBCL),mRNA,gene exp profile by FPH 20 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0018U	Oncology(thyroid),mRNA profile RT-PCR 10 seqs,fine aspirate	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0019U	Oncology,RNA,gene exp profile whole transcriptome seq,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0022U	Targeted gen seq panel,cholangiocarcinoma,DNA/RNA,1-23genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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0026U	Oncology(thyroid)DNA/mRNA 112 genes,next gen seq,aspirate	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0029U	Drug metabolism,targeted seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0030U	Drug metabolism (warfarin drug response), targeted sequence analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0031U	CYP1A2 gene analysis,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0032U	COMT, gene analysis,c. 472G>A variant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0033U	HTR2A,HTR2C gene analysis,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0034U	TPMT,NUDT15 gene analysis,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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0036U	Exome,paired formalin/paraffin tissue and normal,seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0037U	Targeted genomic seq analy,solid org neoplasm, DNA analy 324 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0042T	Cerebral perfusion analysis using CT w/contrast admin	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene exp profile,12 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0047U	Oncology (prostate), mRNA, gene exp profiling RT-PCR,17 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0048U	Oncology (solid org neoplasia), DNA, targ seq protein-coding exons of 468 ca-assoc genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0050U	Targeted gen seq panel,acute myelogenous leukemia,DNA,194 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0053U	Oncology(Prostrate CA)FISH analysis 4 genes,biopsy specimen	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0055U	Cardiology(heart tx),cell-free DNA,PCR assay 96 DNA target seq,plasma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0060U	Twin zygoty, gen-targeted seq analy chromo 2,circ cell-free fetal DNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0067U	Oncology(breast)IHC,prrotein exp profile 4 biomark,pre-CA tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0069U	Oncology(colorectal),mRNA,RT-PCR exp profile miR-31-3p,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0070U	CYP2D6 gene analysis,common/select rare variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0071T	Focused US ablation uterine leiomyomata,incl MR guide;tot vol >200cc tiss	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

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0071U	CYP2D6, gene analysis, full gene seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0072T	Focused US ablation uterine leiomyomata, incl MR guide; tot vol >=200cc tiss	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0072U	CYP2D6 gene analysis, targeted seq analysis, hybrid	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0073U	CYP2D6 gene analysis, targeted seq analysis, hybrid	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0074U	CYP2D6 gene analysis, targeted seq analysis, non-duplicated	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0075T	Transcath plcmnt extracranial vert art stent(s), incl RS&I, open/perc; init vessel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0075U	CYP2D6 gene analysis, targeted seq analysis, 5' gene dup/mult	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

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0076T	Transcath plcmnt extracranial vert art stent(s),incl RS&l,open/perc;ea addl vessel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0076U	CYP2D6 gene analysis, targeted seq analysis,3' dup/mult	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0078U	Pain mgmnt genotyping panel,16 com var,bucacl swab/tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0079U	Comparative DNA analysis usings SNPs,urine/buccal DNA,spec ID verif	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0082U	Drug test(s),definitive,90 + drugs/subs,def chromatography w/mass spect,urine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

0084U	Red blood cell antigen typing,DNA genotyping 10 bld grps	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0087U	Cardiology(heart tx),mRNA gene exp profile microarray 1283 genes,biopsy tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
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0088U	Transplant medicine,microarray profile 1494 genes,biopsy tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0089U	Oncology(melanoma),gene exp profile by RTqPCR,PRAME,LINC00518, patches	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0090U	Oncology(colorectal) screening,circ tumor cells,whole blood	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0093U	Rx drug monitor,eval 65 commons drugs by LC-MS/MS urine,ea drug	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

0094U	Genome,rapid seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0095T	Removal total disc arthroplasty,ant appr,ea addl interspace,cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

0098T	Revision incl replc total disc arthroplasty,ant appr,ea addl interspace,cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

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0100T	Plcmnt subconjunctival retinal prosth rec/pulse gen,w/vitrectomy	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0101T	Extracorporeal shock wave MSK system,NOS	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0101U	Hereditary colon CA dis,gen seq panel,NGS,Sanger,MLPA,array CGH w/mRNA	MH No	Clarity No	SCO Yes	Policy: eviCore Genetic Testing eviCore
0102T	Extracorporeal shock wave by MD,req anesth oth than local,lat humeral epicondyle	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0102U	Hereditary brst CA related dis,gen seq panel,NGS,Sangar,MLPA,array CGH w/mRNA	MH No	Clarity No	SCO Yes	Policy: eviCore Genetic Testing eviCore
0103U	Hereditary ovarian CA,gen seq panel,NGS,Sanger,MLPA,array CGH w/mRNA	MH No	Clarity No	SCO Yes	Policy: eviCore Genetic Testing eviCore
0106T	Quantitative sensory test, inerp per ext;touch press stimuli	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

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0107T	Quantitative sensory test, inerp per ext;vibration stimuli	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0108T	Quantitative sensory test, inerp per ext;cooling stimuli	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0109T	Quantitative sensory test, inerp per ext;heat-pain stimuli	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0110T	Quantitative sensory test, inerp per ext;other stimuli	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0111U	Oncology(Colon CA),targeted KRAS/NRAS gene analysis,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing			
		eviCore			
0113U	Oncology(prostrate)measure PCA3/TMPRSS2-ERG,urine/PSA serum,RNA amp	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing			
		eviCore			
0114U	Gastro-ent(Barrette's),VIM/CCNA1 methy anly,esophageal cells	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing			
		eviCore			

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0116U	RX drug monitor,enzyme IA 35/more drugs conf w/LC-MS/MS,oral fluid	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

0118U	Transplant med,quant donor cell-free DNA,whole gen next gen seq, plasma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0120U	Oncology(B-cell lymph)mRNA,gene exp profile,flour probe hybrid 58 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0129U	Hereditary breast CA-rel dis,gen seq only and dele/dupl panel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0130U	Hereditary colon CA dis,targ mRNA seq panel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0131U	hereditary breast CA-rel dis,targ mRNA seq panel, 17 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0132U	Hereditary ovarian CA-rel dis,targ mRNA seq panel,17 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

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0133U	Hereditary prostate CA-rel dis,targ mRNA seq panel,11 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0134U	Hereditary pan CA,targ mRNA seq panel,18 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0135U	Hereditary gyne CA,targ mRNA seq panel, 12 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0136U	ATM,MRAN seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0137U	PALB2,MRAN seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0138U	BRCA1/BRCA2,mRNA seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0153U	Oncology(breast),mRNA,gen exp profile next-gen seq 101 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0156U	Copy number,seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0157U	APC,mRNA seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0158U	MLH1,mRNA seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0159U	MSH2,mRNA seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0160U	MSH6,mRNA seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0161U	PMS2,MRNA seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0162U	Hereditary colon CA,targ mRNA seq panel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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0165T	Revision incl replmt tot disc arthroplasty,ante appr,ea addtl space,lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

0169U	NUDT15/TPMT gene analysis,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0170U	Meurology,RNA,next gen seq,saliva	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0171U	Targ gen seq panel,myeloid luek/MDP synd/MP neoplasm,DNA,23 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0172U	Oncology(solid tumor),somatoc mutation analy BRCA1,BRCA2,DNA,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0173U	Psychiatry,gen analy panel,incl variant 14 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0174T	Computer-aid detection,w/MD rev for I&R,digitization,concurrent	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

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0175T	ComputerAid detection,w/MD rev for I&R,digitization,remotely	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0175U	Psychiatry,gen analysis panel, variant 15 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0179U	Oncology(non sm cell lung CA),cell free DNA,targ seq anly 23 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0184T	Excision rectal tumor,transanal endo microsurg appr,incl muscularis propria	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0198T	Measurement ocular bld flow,repete intracocular press sampl,w/I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0203U	Autoimmune(IBD),mRNA,gene exp profile quant RT-PCR,17 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0204U	Oncology(thyroid),mRNA,gene exp anlys 593 genes,seq variants,aspirate	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
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0205U	Ophthalmology(age-rel MD),anlys 3 gene variants,PCR/MALDI-TOF,buccal	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0207T	Evacutaion meibomian glands,automated,heat/pressure,unilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0208T	Pure tone audiometry(threshold),automated;air only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0209T	Pure tone audiometry(threshold),automated;air/bone	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0209U	Cytogenic const anlys, copy numb/struct chngs/homozyg,chrn abnorms	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0210T	Speech audiometry threshold,automated;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0211T	Speech audiometry threshold,automated;w/recognition	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			

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0211U	Oncology(pan-tumor),DNA/RNA next gen seq,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0212T	Comp audiometry threshold eval/spch recog,automated	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0212U	Rare diseases,whole gen/mDNA seq anlys,blood/saliva,proband	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0213T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;single	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
0213U	Rare diseases,whole gen/mDNA seq,blood/saliva,comparator	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0214T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;2nd lev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
0214U	Rare diseases,whole exome/mDNA seq anlys,blood/saliva,proband	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0215T	Injection(s),diag/thera agent,paravertebral facet joint,w/UG,cerv/thor;3rd+lev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
0215U	Rare diseases,whole exome/mDNA seq anlys,blood/saliva,comparator	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0216T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;single	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
0216U	Neurology(inh ataxias)gen DNA seq 12 comm genes,bld/saliva,ID/categ	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0217T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;2nd lev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
0217U	Neurology(inh ataxias)gen DNA seq 51 genes,bld/saliva,ID/categ	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0218T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;3rd+lev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			

Code	Short Description	PA Required?			Note
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0218U	Nuerology(MS),DMD gene seq anlys,blood/saliva,ID/charac	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0219T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0220T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;thoracic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0220U	Oncology(breast CA)image anlys w/AI assess 12 hist/immuno features	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0221T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0222T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;ea addt lev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
		Policy: InterQual® criteria is available			
0227U	Drug assay,presumptive,30/more,urine,LC- MS/MS,using MRM	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech			

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0228U	Oncology(prostate),multianalyte mol profile by photometric det,urine	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0229U	BCAT1/IKZF1 promotor methylation analysis	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0230U	AR,full seq anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0231U	CACNA1A,full gene anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0232T	Injections(s),platelet rich plasma,any site,incl IG,harvest/prep	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0232U	CSTB,fullgene anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0233U	FXN,gene anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
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0234T	Tranluminal periph arthrectomy,open/perc,incl R&I;renal artery	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0234U	MECP2,full gene anlys,sml seq changes exonic/intronic reg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0235T	Tranluminal periph arthrectomy,open/perc,incl R&I;visceral artery	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0235U	PTEN,full gene anlys,sml seq changes exonic/intronic reg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0236T	Tranluminal periph arthrectomy,open/perc,incl R&I;abd artery	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0236U	SMN1,full gene anlys,sml seq changes exonic/intronic reg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0237T	Tranluminal periph arthrectomy,open/perc,incl R&I;brachiocephalic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0237U	Cardiac ion chnnelopathies,gen seq panel,sml seq changes exonic/intronic reg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0238T	Tranluminal periph arthrectomy,open/perc,incl R&l;iliac artery	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0238U	Oncology(lynch),gen DNA seq anlys,sml seq changes exonic/intronic reg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0239U	Targeted gen seq panel,solid organ neoplasm, 311/more genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0242U	Targeted gen seq panel,solid organ neoplasm, DNA, 55-74 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0244U	Oncology(sol org),DNA,comp gen profile,257 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0245U	Oncology(thyroid),mutation anlys 10 genes,37 RNA fusions, next gen seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0246U	RBC antigen typing,DNA,16 bld grps,prediction 51 RBC antigens	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0250U	Oncology(sol org neo),targ gen seq DNA anlys 505 genes,SNVs	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0252U	Fetal aneuploidy short-tandem-rep comp anlys,fetal DNA	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0253T	Insertion ant seq aqueous drain dev,w/out extraocc res,suprachoroidal space	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0253U	Reproductive med,RNA gene exp profile,238 genes,next gen seq,endo tissue	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0254U	Reproductive med, 24 chroms using embryonic DNA gen seq anlys	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
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0258U	Autoimmune(psoriasis)mRNA,next-gen seq,gene exp profile 50-100 genes	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
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0260U	Rare diseases, ID copy numb variants, optical gen mapping	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
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0262U	Oncology(sol tumor), gene exp profile real time RT-PCR 7 genes	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
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0263T	Intramuscular auto bone marr cell tx, w/prep, one leg; complete w/harvest	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

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0264T	Intramuscular auto bone marr cell tx, w/prep, one leg; exc harvest	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0264U	Rare diseases, ID copy num variants, optical gen mapping	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0265T	Intramuscular auto bone marr cell tx, w/prep, one leg; uni/bilat harv only therapy	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
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0265U	Rare const/heritable dis, whole gen/mDNA seq anlys, tissue/saliva/cell	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
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0266T	Imp/Repl carotid sinus baroreflex act dev;total system	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

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0266U	Unexplained const/herit dis/synd,tiss spec gene exp whole-trans/next-gen seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
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0267T	Imp/Repl carotid sinus baroreflex act dev;lead only,unilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0267U	Rare const/herit dis,ID copy num variations,optical gen map/whole gen seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0268T	Imp/Repl carotid sinus baroreflex act dev;pulse gen only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

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0268U	Hematology(aHUS),gen seq anlys 15 genes,blood/buccal/amniotic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0269T	Rev/rem carotid sinus baroreflex act dev;total system	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0269U	Hematology,(thromocytopenia),gen seq anlys 14 genes,blood/buccal,amniotic	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0270T	Rev/rem carotid sinus baroreflex act dev;lead only,unilateral	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
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0270U	Hematolgy(cong coagulation dis),gen seq anlys 20 genes,bld/bucc/amniotic	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0271T	Rev/rem carotid sinus baroreflex act dev;pulse gen only	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
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0271U	Hematology(cong neutropenia),gen seq anlys 23 genes,bld/buccal/amniotic	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0272T	Interrogation dev eval,carotid sinus baroreflex act syst;	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0272U	Hematology(gen bleeding dis),gen seq anlys 51 genes,bld/bucc/amnio,compr	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

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0273T	Interrogation dev eval,carotid sinus baroreflex act syst;w/ prgming	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0273U	Hematology(hyperfibrinolysis)anlys 9 genes,next-gen seq/PLAU	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0274U	Hematology(platelet dis),gen seq anlys 43 genes,bld/bucc/amnio	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0276U	Hematology(thrombocytopenia),gen seq anlys 42 genes,bld/bucc/amnio	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0277U	Hematology(platelet func dis),gen seq anlys 12 genes,bld/bucc/amnio	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0278T	Transcutaneous elec mod pain reprocessing,ea session	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
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0278U	Hematology(thrombosis)gen seq anlys 12 genes,bld/bucc/amnio	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

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0282U	RBC anitigen typing,DNA,12 bld grp syst genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0285U	Oncology,resp to radiation, cell-free DNA, quant branch chain DNA amp,plasma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0286U	CEP72,NUDT15,TPMT,gene anlys,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0287U	Oncology(thyroid),DNA/mRNA, next-gen seq 112 genes,aspirate/tiss	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0288U	Oncology(lung),mRNA,quant PCR anlys 11 genes, tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0289U	Neurology(Alzeimer's),mRNA,gene exp profile RNA seq 24 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0290U	Pain mgmnt,mRNA,gene exp profile RNA seq 36 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

Code	Short Description	PA Required?			Note
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0291U	Psychaitry(mood dis),mRNA,gene exp profile RNA seq 144 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0292U	Psychiatry(stress dis),mRNA,gene exp profile RNA seq 72 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0293U	Psychiatry(suicidal ideation),mRNA,gen exp profile RNA seq 54 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0294U	Longevity/mortality risk, mRNA, gene exp profile RNA seq 18 genes,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0296U	Oncology(oralCA),gene exp profile RNA seq 20 molec features,saliva	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0297U	Oncology(pan tum),,whole gen seq paired malig/norm DNA specimens	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0298U	Oncology(pan tum),whole transc seq paired malig/norm RNA specimens	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0299U	Oncology(pan tum)whole gen optical gen map paired malig/norm DNA spec	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0300U	Oncology(pan tum),whole gen seq/optical gen map paired malig/norm DNA spec	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0306U	Oncology(MRD),next-gen targ seq anlys,cell-free DNA, initial assess	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0307U	Oncology(MRD),next-gen targ seq anlys,cell-free DNA, subsequent assess	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0308T	Insertion ocular telescope proth incl rem crystalline/intrao lens prosth	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0313U	Oncology(pancreas),DNA/mRNA next gen seq anlys 74 genes,CEA gen exp	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0314U	Oncology(cutan melanoma),mRNA gene exp profile RT-PCR 40 genes,tissue	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

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0315U	Oncology(cutan SCC),mRNA gene exp profile RT-PCR 40 genes,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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0317U	Oncology(lung CA),four-probe FISH assay,whole blood	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0318U	Pediatrics(epigenetic dis),whole gen methylation anlys microarray 50 plus genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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0319U	Nephology(renal TX),RNA exp transcriptome seq,blood	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0320U	Nephology(renal TX),RNA exp transcriptome seq,blood	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0326U	Targeted gen seq panel,sol org neo,circ DNA anlys 83/more genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0328U	Drug assay,definitive, 120/more drugs, urine,LC-MS/MS	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

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0329T	Monitoring intraocular pressure,24hrs/more,unil/bilat,w/I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0329U	Oncology(neoplasia),exome/transcriptome seq anlys for seq variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0330T	Tear film imaging,unilat/bilat, w/I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0331T	Myocardial sympathetic innerv image,planar qual/quant assess;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0331U	Oncology(HL neoplasia), opt gen mapping,copy num variants,DNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0332T	Myocardial sympathetic innerv image,planar qual/quant assess;w/SPECT	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0332U	Oncology(pan-tum),gen profile 8 DNA reg markers by qPCR, whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
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0333U	Oncology(liver)surv for HCC in high risk pts,anlys methyl patterns	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0334U	Oncology(sol org),tar gen seq anlys,FFPE tum tiss,DNA,84/more genes	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0335T	Insertion of sinus tarsi implant	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0335U	Rare disease,whole gen seq anlys,fetal sample,ID/categ gen variants	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0336U	Rare disease,whole gen seq anlys,bld/saliva,ea comparator gen	MH	Clarity	SCO	
		No	No	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0338T	Trancatheter renal sympathetic denervation,perc appr;unilateral	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0339T	Trancatheter renal sympathetic denervation,perc appr;bilateral	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
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0339U	Oncology(prostate),mRNA exp profile HOXC6,DLX1, RT-PCR,urine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0340U	Oncology(pan CA),anlys MRD from palsa, w/dis burden correlation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0341U	Fetal aneuploidy DNA seq comp anlys,fetal DNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0342T	Therapeutic apherisis w/ select HDL delipidation/plasma reinfusion	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0343U	Oncology(prostate),exosome-based anly 442 non-code RNAs,urine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0345T	Transcatheter mitro valvce rep perc appr via coronary sinus	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0345U	Psychiatry,gen anlys panel,var anlys 15 genes,incl dele/dupl anlys CYP2D6	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0347U	Drug metabolism/proc,whole bld/buccal,DNA anlys,16 gene rept	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0348U	Drug metabolism/proc,whole bld/buccal,DNA anlys,25 gene report	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0349U	Drug metabolism/proc,whole bld/buccal,DNA anlys,27 gene report	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0350U	Drug metabolism/proc,whole bld/buccal,DNA anlys,27 gene report,interactions	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0356U	Oncology(oropharygeal),eval 17 DNA biomark using ddPCR,cell-free DNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0362U	Oncology(pap thy CA),gene exp profile via targ hybrid capt-enrich RNA,82 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0363U	Oncology(urothelial),mRNA gen exp profile PCR 5 genes,urine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0364U	Oncology(HL neo),gen seq anlys multiplex PCR/next-gen seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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0368U	Oncology(colorectal CA),eval for mutations,multiplex quant PCR/cfDNA, plasma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0379U	Targeted gen seq panel,sol org neop,DNA/RNA next-gen seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0380U	Drug metabolism,targ gen seq anlys,20 genes var/CYP2D6 dele/dupl w/ report	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0388U	Oncology(NSC lung CA),next-gen seq, 37 CA rel-genes, plasma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0389U	Pediatric febrile illness(Kawasaki),IFI27/MCEMP1,RNA,RT-qPCA,blood	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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0391U	Oncology(sol tum),DNA/RNA next-gen seq, tissue,437 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0392U	Drug metabolism, variant anlys 16 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0395U	Oncology(lung),multi-omics,plasma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0396U	Obstetrics(pre-imp GT),eval 300000 DNA SNPs,microarray,embryo tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0398U	Gastroenterology(Barrett)P16,RUNX3,HPP1, FBN1 DNA methyl analy PCR,tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0400U	Obstetrics, 145 genes next-gen seq frag anlys,DNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0401U	Cardiology(CAD),9 genes,targ variant genotyping,bld/saliva/buccal	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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0403U	Oncology(prostrate)mRNA gene exp profile,18 genes,urine	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0405U	Oncology(pancreatic)59 mrkrs,next-gen seq,plasma	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0409U	Oncology(solid tumor),DNA(80 genes)/RNA(36 genes) next gen seq,plasma	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
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0410U	Oncology(pancreatic),DNA whole gen seq, w 5-hmc,whole bld	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0411U	Psychiatry,gen seq panel,15 genes,analysis CYP2D6	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0413U	Oncology(lung),aug algorithmic anlys digitized whole slide image 8 genes	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0414U	Oncology(lung)digitized slide,5 genes,tissue	MH	Clarity	SCO
		No	No	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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0417U	Rare dis,whole mitoc gen seq,heteroplasmy det/del,335 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0418U	Oncology(breast),aug algorithmic anlys,digitized whole slide,8 feat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0419U	Neuropsychiatry,gen seq anlys panel,13 genes,saliva	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0420U	Onc(urothelial),mRNA exp,realtime PCR,6 sing necleotide	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0421U	Onc(colorectal),screen,quant realtime trgt/sig amp,8 RNA mrkrs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0422U	Onc(pansolid tmr),anlys biomrkr resp anti-CA thrpy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0423U	Psychiatry,gen anlys pnl,var anlys 26 genes,buccal swab	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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0424U	Onc(prostate),exosome-based anlys 53 sml non code RNAs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0425U	Genome,rapid seq anlys,ea comparator genome	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0426U	Genome,ultra-rapid seq anlys	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0428U	Onc(breast),targ hybrid-capt gen seq anlys,circ tum DNA,56 plus genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0433U	Onc(prostate),5 DNA reg mrkrs quant PCR,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0434U	Drug Metab,gen seq anlys,var anlys 25 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

0437U	Psychiatry,mRNA,gene exp profile RNA seq 15 biomrks,whole bld	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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0438U	Drug metab,buccal spcmn,gene-drg interact,33 genes, incl CYP2D6 anlys	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0439U	Cardiology(CHD),DNA,Anlys 5 SNPs,qPCR/dgtl PCR,whl bld, risk score	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0440T	Ablation, perc, cryoablation,incl IG;upper ext distal/periph nerve	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0440U	Cardiology(CHD),DNA,Anlys 10 SNPs,qPCR/dgtl PCR,whl bld, risk score	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0441T	Ablation, perc, cryoablation,incl IG;lower ext distal/periph nerve	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0442T	Ablation, perc, cryoablation,incl IG;nerve plexus/oth truncal nerve	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
0444U	Oncology(sld org neo),tgtf gen seq anlys 361 genes,FFPE tmr tissue	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
0446T	Creation subcu pocket w/ ins imp interstitial glucose sens,incl act/train	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and Insulin Delivery Devices PolicyTech			

Code	Short Description	PA Required?			Note
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0448T	Removal imp interstitial glucose sens from subc pocket via incision	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and Insulin Delivery Devices
[PolicyTech](#)

0448U	Oncology(lung/colon CA),DNA, qual,next gen seq EGFR/KRAS genes, FFPE,sld tmr	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0449U	Carrier screen severe inherited conditions,5 gene anlysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

0510T	Removal of sinus tarsi implant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0511T	Removal/reinsertion of sinus tarsi implant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0512T	Extracorporeal shock wave for integ wound healing;initial wound	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

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0513T	Extracorporeal shock wave for integ wound healing;ea addtl wound	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech Policy: Medically Necessary PolicyTech
0515T	Insertion wireless cardiac stim left vent pacing;complete system	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech Policy: Medically Necessary PolicyTech
0516T	Insertion wireless cardiac stim left vent pacing;electrode only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech Policy: Medically Necessary PolicyTech
0517T	Insertion wireless cardiac stim left vent pacing;pulse gen comp only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech Policy: Medically Necessary PolicyTech
0518T	Removal of only pulse gen comp wireless card stim left vent pacing	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

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0519T	Removal/repl wireless card stim left ventr pacing;pulse gen comp	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0520T	Removal/repl wireless card stim left ventr pacing;pulse gen,inlc repl electrode	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0521T	Interrogation dev eval per pt encount wireless card stim left vent pacing	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0522T	Programming dev eval w/iterative adj of imp dev,card stim left vent pacing	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0523T	Intraprocedural coronary FFR w/3D func map color-coded FFR values	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

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0524T	Endovenous cath dirct chem ablation w/balloon isol incomp ext vein,open/perc	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0525T	Insertion/repl intracardiac ischemia mon syst;complete syst	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0526T	Insertion/repl intracardiac ischemia mon syst;electrode only	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0527T	Insertion/repl intracardiac ischemia mon syst;imp monitor only	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
[PolicyTech](#)

0528T	Prgm dev eval intracardiac ischemia mon syst w/ iterative adj	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Policy: Medically Necessary
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0529T	Interrogation dev eval intracardiac ischemia mon syst w/ anlys,rep,rev	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
					Policy: Medically Necessary PolicyTech
0530T	Removal intracardiac ischemia mon syst;complete system	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
					Policy: Medically Necessary PolicyTech
0531T	Removal intracardiac ischemia mon syst;electrode only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
					Policy: Medically Necessary PolicyTech
0532T	Removal intracardiac ischemia mon syst;impl mon only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
					Policy: Medically Necessary PolicyTech
0537T	Chimeric ant receptor T-Cell(CAR-T) therapy;harvesting for devel	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech

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0538T	Chimeric ant receptor T-Cell(CAR-T) therapy;prep for transport	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Car T-Cell Therapy to Treat Hematological Malignancies			
		PolicyTech			
0539T	Chimeric ant receptor T-Cell(CAR-T) therapy;receipt/prep admin	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Car T-Cell Therapy to Treat Hematological Malignancies			
		PolicyTech			
0540T	Chimeric ant receptor T-Cell(CAR-T) therapy;CAR-T ceall admin,autologous	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Car T-Cell Therapy to Treat Hematological Malignancies			
		PolicyTech			
0541T	Myocardial image by MCG,det of card ischemia,single study;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
		Policy: Medically Necessary			
		PolicyTech			
0542T	Myocardial image by MCG,det of card ischemia,single study;I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
		Policy: Medically Necessary			
		PolicyTech			
0546T	Radiofrequency spectroscopy,real time, intraop marg assess, part mastectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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0552T	Low-lev laser therapy,dyn photonic/thermokinetic energies,by MD	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		No	Yes	No	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0584T	Islet cell transplant;percutaneous	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Medically Necessary
[PolicyTech](#)

0585T	Islet cell transplant;laparoscopic	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Medically Necessary
[PolicyTech](#)

0586T	Islet cell transplant; open	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Medically Necessary
[PolicyTech](#)

0587T NEW	Perc Impl/repl integrated sing dev neurostim bladder dys,PTN	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Peripheral Nerve Stimulation
[Policy Tech](#)

0588T NEW	Rev/Rem perc intergrated sing dev neurostim bladder dys,PTN	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Peripheral Nerve Stimulation
[Policy Tech](#)

0609T	MR spectroscopy, discogenic pain;sing voxal data,per disc,biomark,3 discs	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

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0610T	MR spectroscopy, discogenic pain;transm biomark data	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

0611T	MR spectroscopy, discogenic pain;postprocess anlys biomark data	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

0612T	MR spectroscopy, discogenic pain;l&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

0620T	Endovascular ven arterialization,tibial/peroneal vein	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0623T	Auto quant/chara coronary atherosclerotic plaque,CTA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

0624T	Auto quant/chara coronary atherosclerotic plaque,CTA;data prep/transm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

0625T	Auto quant/chara coronary atherosclerotic plaque,CTA;data anlys	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

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0626T	Auto quant/chara coronary atherosclerotic plaque,CTA;rev I&R	MH Yes	Clarity Yes	SCO Yes	<p>Policy: eviCore Radiology eviCore</p>
0627T	Perc inj allogenic cell/tissue based pdct,invert disc,unilat/bilat,lumb;fist lev	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0628T	Perc inj allogenic cell/tissue based pdct,invert disc,unilat/bilat,lumb;ea addl lev	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0629T	Perc inj allogenic cell/tissue based pdct,invert disc,uni/bil,w/CT,lumb;first lev	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0630T	Perc inj allogenic cell/tissue based pdct,invert disc,uni/bil,w/CT,lumb;ea add lev	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0631T	Tansc visible light hyperspectral image msrmnt oxy/deoxy hemogl,per extr	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0632T	Perc transcath US ablation nerves pulm art,incl r hrt cath,pulm art angio,IG	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>

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0633T	CT,breast,inc 3d rendering,unilat;w/ out contrast	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Radiology
[eviCore](#)

0634T	CT,breast,inc 3d rendering,unilat;w/contrast	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Radiology
[eviCore](#)

0635T	CT,breast,inc 3d rendering,unilat;w/out cont followed by contrast	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Radiology
[eviCore](#)

0636T	CT,breast w 3D rendering, bilateral;w/out contrast	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Radiology
[eviCore](#)

0637T	CT,breast w 3D rendering, bilateral;w/contrast	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Radiology
[eviCore](#)

0638T	CT,breast w 3D rendering, bilateral;w/out cont followed by contrast	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Radiology
[eviCore](#)

0639T	Wireless skin sens therm anisotropy msrmnts/assess flow CS fluid shunt	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

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0640T	Noncontact near-infrared spect study flap/wound;image,I&R,each	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0643T	Transcatheter L ventr restoration dev imp,anterior appr	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0644T	Transcath Rmvl/Debulk intracard mass via suction dev,perc appr	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0645T	Transcath imp coronary sinus reduct dev,inc IG/supv/interp	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0646T	Transcath tricuspid valve imp/repl w/prosth valve,perc appr	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0647T	Insertion gastostomy tube,perc,w/ magn gastropexy,UG,img doc/rprt	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0648T	Quant MR anlysis tiss comp;single organ	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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0649T	Quant MR anlys tiss comp;single organ;multi organs	MH Yes	Clarity Yes	SCO Yes	<p>Policy: eviCore Radiology eviCore</p>
0651T	Magnetically cntrlld capsule endo,esoph-stomach,w/ I&R	MH Yes	Clarity Yes	SCO Yes	<p>InterQual® criteria used</p> <p>Policy: InterQual® criteria is available</p>
0655T	Transperineal focal laser ablation malig prostrate tiss, w/MR-fused image	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0656T	Vertebral body tethering,anterior;up to 7 vert segs	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0657T	Vertebral body tethering,anterior;8/more vert segs	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0658T	Electric impedance spectroscopy 1/more skin lesions,melanoma	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>
0659T	Transcath intracoronary infusion supersat O2 w/perc coro revasc,acute MI	MH Yes	Clarity Yes	SCO Yes	<p>Please review the WellSense policy for authorization/criteria details</p> <p>Policy: Experimental and Investigational Treatment PolicyTech</p>

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0660T	Implantation anterior seg intraocular non-biodeg drug-eluting syst,internal appr	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0661T	Removal/re-imp anterior seg intraocular non-biodeg drug-eluting impl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0662T	Scalp cooling,mechanical;init msrmnt/calibration of cap	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0663T	Scalp cooling,mechanical;plcmnt of dev,monito,remvl dev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0671T	Insertion anter seg aqueous drain dev, TRAB mshwrk,w/out ext resev,one/more	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0673T	Ablation,benign thyroid nodes,perc,laser,incl IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0686T	Histotripsy,malignant hepatocellular tissue,incl IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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0689T	Quant US tissue charact,incl I&R, w/out diag US exam same anatomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0690T	Quant US tissue charact,incl I&R, w/ diag US exam same anatomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0692T	Therapeutic ultrafiltration	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0693T	Comprehensive full body PC-based 3D kinematic/kinietic motion anly/rprt	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0694T	3D volumetic image/reconst breast/ax lymph tiss,each spec,I&R,intraop	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0695T	Body surface-activ map pacemaker/pacing cardio-defib leads;at time of imp	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0696T	Body surface-activ map pacemaker/pacing cardio-defib leads;follow up dev eval	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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0697T	Quant MR anlys tissue comp,w/out diagnostic MRI; multi organs	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0698T	Quant MR anlys tissue comp w/diagnostic MRI;multi organs	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0699T	Injection posterior chamber eye,medication	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0700T	Molecular frouescent image suspicious nevi;first lesion	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0701T	Molecular frouescent image suspicious nevi;ea addtl lesion	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0707T	Injection,bone-subs material in subchondral bone dfct,incl IG/arth assist	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0710T	Noninv arterial plaque analysis;all inclusive	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

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0711T	Noninv arterial plaque analysis;data prep/transm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0712T	Noninv arterial plaque analysis;quant struct/compo vess wall	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0713T	Noninv arterial plaque analysis;data rev/I&R	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0784T	Ins/repl perc electrode,spinal,integrated neurostim	MH No	Clarity No	SCO Yes	Policy: eviCore Musculoskeletal eviCore
0785T	Rev/Rem neurostim electrode,sinal,integrated neurostim	MH No	Clarity No	SCO Yes	Policy: eviCore Musculoskeletal eviCore
0786T NEW	Ins/Repl perc electrode,sacral,integrated neurostim	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
0787T NEW	Rev/Rem neurostim electrode,sacral,integrated neurostim	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech

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0788T	Elec anlys simple prgmmng,imp integrated neurostim syst,spinal cord/sacral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
0789T	Elec anlys complex prgmmng,imp integrated neurostim syst,spinal cord/sacral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
0790T	Rev/repl/rem thoracolumbar/lumbar tethering	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0791T	Motor-cogn,semi-immersive VR-facilitated gait train,ea 15mins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0793T	Perc transcath thermal ablation nerves pulm arteries,IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
0794T	Pt-spec,assistive,rule-based alghm,rank pharmaco-oncologic tx	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing			
		eviCore			
0807T	Pulm tissue ventil anlys,data CF images;w/prev CT image	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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0808T	Pulm tissue ventil anlyls,data CF images;w/CT image	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0811T	Remote multi day complex uroflowmetry;setup	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0812T	Remote multi day complex uroflowmetry;device supply	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0813T	Esophagogastroduodenoscopy,fex,trnsrl,vol adj bar balloon	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0814T	Perc inj calcium-based biodeg osteocondctv mat,prox femr,unilateral	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0815T	US based REMS,bone density stdy/fx re-assess,1/more sites	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
NEW 0816T	Open insrt/repl integrated neurostim syst blldr dysf,PTN;subcutaneous	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech

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0817T NEW	Open insrt/repl integrated neurostim syst blddr dysf,PTN;subfascial	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
0818T NEW	Rev/Rem integrated neurostim syst blddr dysf,PTN;subcutaneous	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
0819T NEW	Rev/Rem integrated neurostim syst blddr dysf,PTN;subfascial	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
0857T	Opto-acoustic image,breast,unilat,inc axilla,realtime w/image doc	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0858T	Ext applied transcranial mag stim w/ evkd corticol potentials	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0859T	Noncontact infred spect,non periph arterial dis;ea addtl site	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0860T	Non-cntct near-infrd spect,for periph art dis, one/both low ext	MH No	Clarity No	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

Code	Short Description	PA Required?			Note
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0864T	Low-intsty extracorporeal shck wave ther inv corpus cavernosm,low energy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
0865T	Quant MRI anlys brain w/comp to prior MRI,w/out diag MRI	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
0866T	Quant MRI anlys brain w/comp to prior MRI,w/diag MRI	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
11042	Debridement,subc tiss,;first 20sqcm/less	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
11043	Debridement,muscle/fascia;first 20sqcm/less	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
11200	Removal skin tags,multi fibrocutaneous tags,any area;up to 15 lesions	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
11201	Removal skin tags,multi fibrocutaneous tags,any area;ea addtl 10 lesions	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
11400	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;0.5cm/less	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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11401	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;0.6-1.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11402	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;1.1-2.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11403	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;2.1-3.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11404	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;3.1-4.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11406	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;over 4.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11420	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;0.5cm/less	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11421	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;0.6-1.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11422	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;1.1-2.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11423	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;2.1-3.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available

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11424	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;3.1-4.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11426	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;over 4.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11440	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;0.5cm less	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11441	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;0.6-1.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11442	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;1.1-2.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11443	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;2.1-3.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11444	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;3.1-4.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available
11446	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;over 4.0cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual® criteria is available

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11920	Tattooing,intraderm pigmnts corr color defcts incl micropgmt;6.0sqcm/less	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

11921	Tattooing,intraderm pigmnts corr color defcts incl micropgmt;6.1-20.0sqcm	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

NEW 11950	Subcutaneous inj fill material e.g collagen; 1cc/less	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW 11951	Subcutaneous inj fill material e.g. collagen;1.1-5.0cc	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW 11952	Subcutaneous inj fill material e.g. collagen;5.1-10.0cc	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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11954 NEW	Subcutaneous fill material e.g. collagen; over 10.0cc	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
11960 NEW	Insert tissue exp(s) other than breast,incl subsq expansion	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
11970	Replacement tissue expander w/ perm prothesis	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Breast Reconstruction PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
11971	Removal tissue expander(s) w/out insert prothesis	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Breast Reconstruction PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
13100	Repair,complex,trunk;1.1cm-2.5cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
					Policy: InterQual® criteria is available
13101	Repair,complex,trunk;2.6cm-7.5cm	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
					Policy: InterQual® criteria is available

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13102	Repair,complex,trunk;ea addtl 5cm/less	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13120	Repair,complex,sclp/arms/legs;1.1cm-2.5cm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13121	Repair,complex,sclp/arms/legs;2.6cm-7.5cm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13122	Repair,complex,sclp/arms/legs;ea addtl 5.0cm/less	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13131	Repair,complex,frhd/chks/chn/mth/nck/gen /hnd/ft;1.1cm-2.5cm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13132	Repair,complex,frhd/chks/chn/mth/nck/gen /hnd/ft; 2.6cm-7.5cm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13133	Repair,complex,frhd/chks/chn/mth/nck/gen /hnd/ft;ea addtl 5cm/less	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13151	Repair,complex,eylds/nose/ears/lips; 1.1cm-2.5cm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
13152	Repair,complex,eylds/nose/ears/lips;2.6cm-7.5cm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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14040	Adj tiss trsfr/rearrange,frhd/cks/chn/mth/nck/ax/ge n/hnds/ft;10sqcm/less	MH	Clarity	SCO	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

14041	Adj tiss trsfr/rearrange,frhd/cks/chn/mth/nck/ax/ge n/hnds/ft;10.1-30sqcm	MH	Clarity	SCO	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

14060 NEW	Adj tiss trsfr/rearrange,eylds/nose/ears/lips;10sqcm /less	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

14061 NEW	Adj tiss trsfr/rearrange,eylds/nose/ears/lips;10.1- 30sqcm	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

15002	Surg prep/create recip site by exc,wound/burn,trnk/arms/legs;first 100sqcm	MH	Clarity	SCO	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

15003	Surg prep/create recip site by exc wnd/burn,trnk/arms/legs;ea addtl 100sqcm	MH	Clarity	SCO	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

15004	Surg prep/create recip site,exc wnd/burn,fce/sclp/eylds/mth/nck/ears;first 100sqcm	MH	Clarity	SCO	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

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NEW	15050	Pinch graft,sing/multi,cover sm ulcer/digit tip/oth min open area,up to 2cm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15100	Split-thick autogft,trnk/arms/lgs;first 100sqcm/less	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15110	Epidermal autogft,trnk/arms/lgs;first 100sqcm/less	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15115	Epidermal autogft fce/sclp/eylds/mth/nck/ears/orbt/gen,hnd/ft;first 100sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15120	Split-thick autogft,fce/sclp/eyld/mth/nck/ears/orb/gen/hnd/ft;first 100sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15130	Dermal autogft,tnk/arms/legs;first 100sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15135	dermal autogft,fc/sclp/eyld/mth/nck/ear/orb/gen/hnd/ft;first 100sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech

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NEW	15150 Tissue cult skin autogft, trnk/arms/legs; first 25sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW	15155 Tissue cult skin autogft, fc/sclp/eyld/mth/nck/ears/orb/gen/hnd/ft; first 25sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW	15200 Full thick gft, free, incl dir close donor site, trunk; 20sqcm/less	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW	15220 Full thick gft, free, incl dir close donor site, sclp/arms/lgs; 20sqcm/less	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW	15240 Full thick gft, free, incl dir close donor site, frhd/cks/chn/mth/nck/ax/gen, hnd/ft; 20sqcm/less	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW	15260 Full thick gft, free, incl dir close donor site, nose/ears/eylds/lips; 20sqcm/less	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW	15576 Formation dir/tubed pedicale, w/or w/out trnsfr; eylds/nose/ears/lips/oral	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

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NEW	15630	Delay of flap/sectioning of flap;at eylds/nose/ears/lips/oral	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	15731	Forehead flap w/ preservation vasc pedicle	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: InterQual® criteria is available
NEW	15756	Free muscl/myocutaneous flap w/microvasc anastomosis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Medically Necessary PolicyTech
NEW	15757	Free skin flap w/microvasc anastomosis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Medically Necessary PolicyTech
NEW	15758	Free fascial flap w/micorvasc anastomosis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Medically Necessary PolicyTech
	15769	Grafting autologous soft tiss,other,harvst dir excision	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy Policy: Breast Reconstruction PolicyTech Policy: Gender Affirmation Surgeries PolicyTech

Code	Short Description	PA Required?			Note
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15771	Grafting autolog fat harv by lipo tech,trnk/brst/sclp/arms/lgs;50cc/less	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15772	Grafting autolog fat harv by lipo tech,trnk/brst/sclp/arms/lgs;ea addtl 50cc	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW 15773	Grafting autolog fat harv by lipo tech,fce/eylds/mth/nck/ears/orb/gen/hnd/ft;25cc/less	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW 15774	Grafting autolog fat harv by lipo tech,fce/eylds/mth/nck/ears/orb/gen/hnd/ft;addtl 25cc	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

NEW 15775	Punch graft for hair transplant;1-15gfts	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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15776 NEW	Punch graft for hair transplant; more/15gfts	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15777	Implantation biologic impl,soft tiss reinforcement	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

15780 NEW	Dermabrasion;total face	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15781 NEW	Dermabrasion;segmental,face	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15782 NEW	Dermabrasion;regional,other than face	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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15783	Dermabrasion;superficial,any site	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
		Policy: Gender Affirmation Surgeries PolicyTech			
15786	Abrasion;single lesion(e.g keratosis,scar)	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
		Policy: Gender Affirmation Surgeries PolicyTech			
15787	Abrasion;each addtl 4 lesions or less	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
		Policy: Gender Affirmation Surgeries PolicyTech			
15788	Chemical peel,facial;epidermal	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
		Policy: Gender Affirmation Surgeries PolicyTech			
15789	Chemical peel, facial;dermal	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
		Policy: Gender Affirmation Surgeries PolicyTech			

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15792	Chemical peel,nonfacial;epidermal	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15793	Chemical peel,nonfacial;dermal	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15819	Cervicoplasty	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

15820	Blepharoplasty,lower eyelid	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX see InterQual
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

15821	Blepharoplasty,lower eyelid; w ext hern fat pad	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX see InterQual
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

15822	Blepharoplasty,upper eyelid	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

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15823	Blepharoplasty,upper eyelid; w excess skin	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

15824	Rhytidectomy;forehead	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15825	Rhytidectomy; neck w platysmal tight	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15826	Rytidectomy; glabellar frown lines	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15828	Rhytidectomy; cheek,chin and neck	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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15829	Rhytidectomy,SMAS flap	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

15830	Excision, excess skin/subcu tissue;abdomen	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15832	Excision,excess skin/subcu tissue;thigh	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15833	Excision,excess skin/subcu tissue;leg	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

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15834	Excision,excess skin/subcu tissue;hip	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services			
		PolicyTech			
Policy: Gender Affirmation Surgeries					
PolicyTech					
Policy: Panniculectomy and Related Redundant Skin Surgery					
PolicyTech					
15835	Excision,excess skin/subcu tissue;buttock	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services			
		PolicyTech			
Policy: Gender Affirmation Surgeries					
PolicyTech					
Policy: Panniculectomy and Related Redundant Skin Surgery					
PolicyTech					
15836	Excision,excess skin/subcu tissue; arm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services			
		PolicyTech			
Policy: Gender Affirmation Surgeries					
PolicyTech					
Policy: Panniculectomy and Related Redundant Skin Surgery					
PolicyTech					
15837	Excision,excess skin/subcu tissue;forearm or hand	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services			
		PolicyTech			
Policy: Gender Affirmation Surgeries					
PolicyTech					
Policy: Panniculectomy and Related Redundant Skin Surgery					
PolicyTech					

Code	Short Description	PA Required?			Note
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15838	Excision,excess skin/subcu tissue;submental fat pad	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15839	Excision,excess skin/subcu tissue;other area	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15840	Graft, facial nerve paralysis,fascia	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

15841	Graft, facial nerve paralysis,muscle	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

15842	Graft, facial nerve paralysis,muscle flap	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

15845	Graft,facial nerve paralysis,muscle transfer	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

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15847	Excision,excess skin/subcu tissue,abdomen	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15876	Suction assisted lipectomy;head and neck	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15877	Suction assisted lipectomy;trunk	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

15878	Suction assisted lipectomy;upper extremity	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: Panniculectomy and Related Redundant Skin Surgery
[PolicyTech](#)

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15879	Suction assisted lipectomy; lower extremity	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech
17360 NEW	Chemical exfoliation for acne	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
17380 NEW	Electrolysis epilation, each 30 mins	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
17999	Unlisted proc,skin,mucous memb and subcu tissue	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
					Policy: Gender Affirmation Surgeries PolicyTech
19300	Mastectomy for Gynecomastia	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
					Policy: Gynecomastia Surgery PolicyTech
19301	Mastectomy, partial	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available

Code	Short Description	PA Required?			Note
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19302	mastectomy;partial, w lymphnode rem	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
19303	Mastectomy,simple,complete	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
19305	Mastectomy,radical	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
19306	Mastectomy; radical,urban type	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
19307	Mastectomy; mod radical	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
19316	Mastopexy	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy Policy: Gender Affirmation Surgeries PolicyTech Policy: Mastopexy PolicyTech
19318	Breast reduction	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy Policy: Breast Reduction Surgery PolicyTech Policy: Gender Affirmation Surgeries PolicyTech

Code	Short Description	PA Required?			Note
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19325	Breast augmentation with implant	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
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Policy: Breast Reconstruction
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

19328	Removal of breast implant	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Breast Reconstruction
[PolicyTech](#)

19330	Removal of implant material	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Breast Reconstruction
[PolicyTech](#)

19340	Immediate breast prosthesis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Breast Reconstruction
[PolicyTech](#)

19342	Delayed breast prosthesis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Breast Reconstruction
[PolicyTech](#)

19350	Nipple/areaola reconstruction	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
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Policy: Breast Reconstruction
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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19355	Correction of inverted nipple(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19357	Tissue Exp placement in breast recon	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19361	Breast recons with lateral flap	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19364	Breast recons with free flap	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19367	Breast recons with TRAM flap	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19368	Breast recons with TRAM flap supercharging	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19369	Breast recons w/ biped TRAM flap	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

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19370	Rev of peri-implant capsule,breast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19371	Peri-implant capsulectomy,breast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

19380	Revision reconstructed breast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

19396	Prep of moulage cust breast impant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Breast Reconstruction
[PolicyTech](#)

20930	Allograft, osteopromotive material,spine surg only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

20931	Allograft, structural,spine surg only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

20936	Autograft for spine surg only;local	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

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20937	Autograft for spine surg only;morselized	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
20938	Autograft for spinal surg only;structural	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
20974	Electrical stimulation to aid bone healing; noninvasive (nonop)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
20975	Electric stim to aid bone healing,invasive	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
21029	Rem benign tumor, facial bone(fibrous dysplasia)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
21076	Impress/custom prep;surg obturator prosth	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			
21077	Impress/custom prep;orbital prosthesis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech			

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21079 NEW	Impress/custom prep;interim obturator prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21080 NEW	Impress/custom prep;def obturator prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21081 NEW	Impress/custom prep;mandresect prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21082 NEW	Impress/custom prep;palatal aug prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21083 NEW	Impress/custom prep;palatal left prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21084 NEW	Impress/custom prep;speech aid prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21085 NEW	Impress/custom prep;oral surg splint	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech

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21086 NEW	Impress/custom prep;auricular prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21087 NEW	Impress/custom prep;nasal prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21088 NEW	Impress/custom prep;facial prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21089 NEW	Unlisted maxillofacial prosth proc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
21120	Genioplasty;augmentation	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
21121	Genioplasty;sliding osteotomies,single piece	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available

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21122	Genioplasty;sliding osteotomies, 2 or more	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21123	Genioplasty;sliding,aug with bone grafts	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21125	Augmentation, mandibular body or angle; prosthetic material	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21127	Augmentation, mandibular body or angle; with bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
NEW 21137	Reduction forehead;contouring only	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech

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21138 NEW	Reduction forehead;cont and app pros mat/bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
<p>Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech</p> <p>Policy: Gender Affirmation Surgeries PolicyTech</p>					
21139 NEW	Reduction forehead;cont and setback ant frontal sinus wall	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
<p>Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech</p> <p>Policy: Gender Affirmation Surgeries PolicyTech</p>					
21141	Recon midface,LeFort 1;2pieces w/out bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
<p>Policy: Gender Affirmation Surgeries PolicyTech</p> <p>Policy: InterQual® criteria is available</p>					
21142	Recon midface,LeFort 1; 2 pieces w/out bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
<p>Policy: Gender Affirmation Surgeries PolicyTech</p> <p>Policy: InterQual® criteria is available</p>					
21143	Recon midface,LeFort 1;3 or more,w/out bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
<p>Policy: Gender Affirmation Surgeries PolicyTech</p> <p>Policy: InterQual® criteria is available</p>					

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21145	Recon midface,LeFort 1; single piece,req bone grafts	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21146	Recon midface,LeFort 1; 2 pieces,req bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21147	Recon midface,LeFort 1; 3 or more,req bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21150	Recon midface,LeFort II; anterior intrusion	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
21151	Recon midface,LeFort II; any direction,req bone graft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech

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NEW	21154 Recon midface,LeFort III; any type,req bone graft,w/out LF I	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW	21155 Recon midface, LeFort III; any type,req bone graft,w LF I	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW	21159 Recon midface,LeFort III; w forhd adv,req bone gft,w/out LF I	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW	21160 Recon midface,LeFort III; w forhd adv,req bone gft, w LF I	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

NEW	21172 Recon SL Orbital rim/Lwr forhd,adv/alt, w or w/out gfts	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
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21175 NEW	Recon,bifrontal,SL orb rims/lwr forhd,adv/alt,w or w/out gfts	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
21179 NEW	Recon,entire forhd/supraorb rims;w grafts	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
21180 NEW	Recon, entire forhd/supraorb rims;w autograft	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
21188	Recons misface,osteotomies/vone grafts	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21196	Recon mandibular rami/body,sagittal split;w int fix	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21206	Osteotomy,maxilla,segmetal(eg Wassmund/Schuchard)	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: InterQual® criteria is available

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21208	Osteoplasty, facial bones;augmentation	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21209	Osteoplasty, facial bones;reduction	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
					Policy: Gender Affirmation Surgeries PolicyTech
21210	Graft, bone;nasal,max/malar areas	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21230	Graft;rib cart,autogenous, toface,chin,nose ear	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
21244	Recon mandible,extroral, w transosteal bone plate	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available

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21245	Recon mandible/mailla,subperiosteal imp;partial	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
21246	Recon mandible/maxilla,subperiosteal imp;complete	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
21248	Recon mandible/maxilla,endosteal imp;partial	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
21249	Recon mandible/maxilla,endosteal imp;complete	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
21270	Malar augmentation,prosth material	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
21275	Secondary rev orbitocranialfacial recon	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech

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21280 NEW	Medial canthopexy	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Medically Necessary PolicyTech
21282 NEW	Lateral canthopexy	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Gender Affirmation Surgeries PolicyTech
21295 NEW	Reduction masseter musc/bone;extroral approach	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Medically Necessary PolicyTech
21296 NEW	Reduction masseter musc/bone;intraoral approach	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Medically Necessary PolicyTech
21740 NEW	Recon repair pectus excavatum/caronatum;open	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: InterQual® criteria is available

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21742 NEW	Recon repair pectus excavatum/caronatum;min inv appr w/o thoracoscopy	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

21743 NEW	Recon repair pectus excavatum/caronatum;min inv appr w/ thoracoscopy	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

22206	Osteotomy spine,post/postlat appr,3 col,1vert seg;thoracic	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal
[eviCore](#)

22207	Osteotomy spine,post/postlat appr,3 col,1vert seg;lumbar	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal
[eviCore](#)

22208	Osteotomy of spine, post/posterolateral app;each addl	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal
[eviCore](#)

22210	Part excision of vert body,w/out decomp;cervical	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal
[eviCore](#)

22212	Osteotomy of spine, post or posterolateral app, 1 vert seg; thoracic	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal
[eviCore](#)

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22214	Osteotomy of spine, pos or posterolateral app, 1 vert seg; lumbar	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22216	Part excision of vert body;w/out decomp,each add vert seg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22220	Osteotomy of spine,anterior appr,single;cervical	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22222	Osteotomy of spine, including discectomy, ant app,single vert seg; thoracic	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22224	Osteotomy of spine, including discectomy, ant app,single vert seg; lumbar	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22226	Osteotomy of spine,anterior appr,single;each add vert seg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22510	Perc vertebroplasty;cervicothoracic	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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22511	Percutaneous vertebroplasty;lumbosacral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22512	Percutaneous vertebroplasty;each addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22513	Percutaneous vertebral augmentation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22514	Percutaneous vertebral augmentation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22515	Percutaneous vertebral augmentation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22532	Arthodesis,lat excav tech,incl min discectomy pre interspace;thoracic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22533	Arthodesis,lat excav tech,incl min discectomy pre interspace;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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22534	Arthrodesis, lat extracavitary tech,thor/lumb,each addl vert seg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22548	Arthrodesis,ant transoral/extroral tech,clivus C1-C2	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22551	Arthodesis,ant interbody,incl disc sp prep,disc,osteo,decomp;cerv below C2	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22552	Arthodesis,ant interbody,incl disc sp prep,disc,osteo,decomp;cerv below C2,ea addtl	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22554	Arthodesis,ant interbody tech,inc min discectomy prep intersp;cerv below C2	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22556	Arthodesis,ant interbody tech,inc min discectomy prep intersp;thoracic	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22558	Arthodesis,ant interbody tech,inc min discectomy prep intersp;lumbar	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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22585	Arthrodesis,ant interbony tech,each add interspace	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22590	Arthrodesis,posterior tech,craniocervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22595	Arthrodesis,posterior tech,atlas-axis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22600	Arthrodesis, post/postlat tech, single space;cerv below C2	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22610	Arthrodesis, post/postlat tech, single space;thoracic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22612	Arthrodesis, post/postlat tech, single space; lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22614	Arthrodesis, post,single;each addtnl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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22630	Arthrodesis,post inbody tech,incl lam/disc prep,single;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22632	Arthrodesis,post inbody tech,incl lam/disc prep,single;ea addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22633	Arthodesis,comb post/postlat tech w post inbody tech prep,single,lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22634	Arthodesis,comb post/postlat tech w post inbody tech prep,single,lumbar;ea addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22800	Arthrodesis, post,spinal deformity,w/wout cast;up to 6 vert seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22802	Arthrodesis, post, for spinal deformity, w/wout cast; 7 to 12 vert seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22804	Arthrodesis, post, for spinal deformity,w/wout cast; 13 or more vert seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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22808	Arthrodesis, ant,spinal deformity,w/wout cast; 2 to 3 vert seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22810	Arthrodesis, ant,spinal deformity,w/wout cast; 4 to 7 vert seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22812	Arthrodesis, ant,spinal deformity,w/wout cast; 8 or more vert seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22818	Kyphectomy, circumferential exp spine and resection vert seg(s); single or 2 seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22819	Kyphectomy, circumferential exp of spine and resection vert seg(s); 3 or more segs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22830	Exploration of spinal fusion	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22836	Ant thoracic vert body tethering;up to 7 vert segs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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22837	Ant thoracic vert body tethering;8/more segs	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

22838	Rev/Repl/Rem thoracic vert body tethering	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

22840	Post non seg instrumentation rod tech	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

22841	Internal spinal fix wiring spinal processes	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

22843	Post seg instrumentation rod tech;7 to 12 vert segs	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

22844	Post seg instrumentation rod tech;13 or more vert segs	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

22845	Anterior instrumentation;2 to 3 vert segs	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

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22846	Anterior instrumentation; 4 to 7 vert segs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22847	Anterior instrumentation; 8 or more vert segs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22848	Pelvic fixation other than sacrum	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22849	Reinsertion of spinal fix dev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22853	Insertion interbody biomech dev;each interspace	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

22854	Insertion intervertebral biomech dev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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22856	Tot disc arthroplasty(art disc),ant appr;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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22857	Tot disc arthroplasty(art disc),ant appr;single;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22858	Tot disc arthroplasty(art disc),ant appr;second lev cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22859	Insertion intervertebral biomech dev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22860	Total disc arthroplasty (artificial disc), ant appr,2nd interspace, lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22861	Rev incl repl tot disc arth(art disc),ant appr,single;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
22862	Rev incl repl tot disc arth(art disc),ant appr,single;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23000	Removal of subdeltoid calcareous deposits, open	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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23020	Capsular contracture release (eg, Sever type procedure)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23120	Claviclectomy; partial	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23130	Acromioplasty/acromionectomy, part,w/wout coracoacromial lig rel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23410	Repair ruptured musculotendinous cuff (eg, rotator cuff) open; acute	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23412	Rep rupt musculotendinous cuff (eg, rotator cuff) open; chronic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23415	Coracoacromial ligament release, with or without acromioplasty	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
23420	Recon comp shoulder (rotator) cuff avulsion, chronic (inc acromioplasty)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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23430	Tenodesis of long tendon of biceps	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
23440	Resection or transplantation of long tendon of biceps	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
23450	Capsulorrhaphy, ant;Putti-Platt proc or Magnuson type operation	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
23460	Capsulorrhaphy, anterior, any type; with bone block	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
23465	Capsulorrhaphy, glenohumeral joint, post,w/wout bone block	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

23472	Arthroplasty, glenohumeral joint; total shoulder	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

23473	Rev tot shoulder arthroplasty, incl allograft when perf; humeral/glenoid comp	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

23474	Rev tot shoulder arthroplasty, incl allograft when perf; humeral/glenoid comp	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

23700	Manipulation under anesthesia, shoulder joint, inc app fixation apparatus	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

25000	Inc,extensor tend sheath,wrist	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria information
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Medically Necessary
[PolicyTech](#)

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27096	Inj proc for sacroiliac joint,anesth/steroid	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
27125	Hemiarthroplasty,hip,partial	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
27130	Arthroplasty, prosthtic repl, total hip	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
27132	Conversion prev hip surg to total arthroplasty	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
27134	Rev total hip arthroplasty, both comps	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
27137	Rev total hip arthroplasty,acetabular comp only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
27138	Rev total hip arthroplasty,femoral comp only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			

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27278	Arthrodesis,SIJ,perc,w/out plcmnt trnsfix dev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27279	Arthrodesis, sacroiliac joint, percutaneous or min inv w IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27332	arthrotomy w exc cart knee;med or lat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27333	Arthrotomy w exc cart knee;med and lat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27335	Arthrotomy, with synovectomy, knee; ant AND post incl popliteal area	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27403	Arthrotomy with meniscus repair, knee	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
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27405	Repair, primary, torn ligament and/or capsule, knee; collateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27412	Autologous chondrocyte imp;knee	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27415	Osteochondral allograft,knee;open	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27416	Osteochondral autograph,knee;open	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27422	Recon of dis patella; w extensor realign and/or muscle adv or release	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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27424	Recon of dislocating patella; with patellectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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27425	Lateral retinacular release, open	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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27427	Ligamentous reconstruction knee extra-articular	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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27428	Ligamentous reconstruction knee intra-articular	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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27429	Ligamentous reconstruction knee intra-articular xtr	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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27430	Quadricepsplasty (eg, Bennett or Thompson type)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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27437	Arthroplasty,patella;w/out prothesis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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27438	Arthroplasty,patella;w prosthesis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27440	Arthroplasty,knee,tibial plateau	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27441	Arthroplasty,knee,tibial plateau; w debrid/part synovectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27442	Arthroplasty fem condyles/tib plateau knee	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27443	Arthroplasty fen condyles/tib plateau knee;w debrid/part syno	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27445	Arthroplasty knee hinge prothesis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
27446	Arthroplasty,knee,condyle and plateau,med or lat comp	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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27447	Arthroplasty,knee,condyle and plateau,med and lat comp	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

27486	Rev total knee arthroplasty,w or w/out allograft	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

27487	Rev toatl knee arthroplasty, femoral and entire tibial comp	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

27570	Manipulation of knee joint under general anesthesia	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

28890	Extracorporeal shock wave, by MD, plantar fascia	MH No	Clarity No	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

29805	Arthroscopy, shoulder, diagnostic, w/wout synovial biopsy	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
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29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
29819	Arthroscopy, shoulder, surgical; w rem loose body/foreign body	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
29822	Arthroscopy, shoulder, surgical; debridement, limited	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
29823	Arthroscopy, shoulder, surgical; debridement, extensive	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
29824	Arthroscopy, shoulder, surg;distal claviclectomy inc distal articular surface	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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29825	Arthroscopy, shoulder, surg; w lysis/resection adhesions, w/wout manip	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29860	Arthroscopy, hip, diag w or wout synovial biopsy	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29861	Arthroscopy, hip, surg; w rem for body	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29862	arthroscopy, hip; w debrid art cart	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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29863	Arthroscopy,hip;w synovectomy	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

29866	Arthroscopy,knee,surgial;osteochondral autograft	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

29867	Arthroscopy,knee,surgial;osteochondral allograft	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

29868	Arthroscopy, knee, surgical; meniscal transpl, med/lat	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

29873	Arthroscopy, knee, surgical; with lateral release	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

Code	Short Description	PA Required?			Note
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29874	Arthroscopy, knee, surgical; rem of loose body or foreign body	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29875	Arthroscopy, knee, surgical; synovectomy, limited	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more comps	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29877	Arthroscopy, knee, surg; debrid/shaving of articular cartilage	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29879	Arthroscopy, knee, surgical; abrasion arthroplasty	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29880	Arthroscopy, knee, surg; with meniscectomy, med and lat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29881	Arthroscopy, knee, surg; with meniscectomy,med OR lat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			

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29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29883	Arthroscopy, knee, surg; with meniscus repair med AND lat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29884	Arthroscopy, knee, surg; with lysis of adhesions, w or w/out manip	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29885	Arthroscopy, knee, surg; drilling osteochondritis diss w bone graft, w/wout int fix	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29886	Arthroscopy, knee, surg; drilling intact osteochondritis dissecans les	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29887	Arthroscopy, knee, surg; drilling intact osteochondritis diss lesion w int fix	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
29888	Arthroscopically aided acl repair/augmentation or recon	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			

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29889	Arthroscopically aided pcl repair/augmentation or recons	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

29892	Arthro aided rep large osteochondritis dissecans les, talar dome fract,tibial plafond fract	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

29914	Arthoscopy,hip,surg; w/ femoroplasty(i.e. cam lesion)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

29915	Arthoscopy,hip,surg; w/ acetabuloplasty(i.e pincer lesion)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

29916	Arthoscopy,hip,surg:w/ labral repair	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

30400	Rhinoplasty, prime, lat/alar cart	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

Code	Short Description	PA Required?			Note
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30410	Rhinoplasty,primary,complete	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
30420	Rhinoplasty,primary incl sept rep	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
30430	Rhinoplasty,secondary;minor rev	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
30435	Rhinoplasty,secondary;intermediate rev	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
30450	Rhinoplasty, secondary;major rev	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available
30460	Rhinoplasty, nasal deform;tip only	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available

Code	Short Description	PA Required?			Note
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30462	Rhinoplasty, nasal deform;tip,sept,osteo	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

30465	Repair nasal vestibular stenosis	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
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NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

30468	Rpr nsl vlv collapse w/implt	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

30520	Septoplasty or submucous resection	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

30540	Repair choanal atrsia;intranasal	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

30545	Repair choanal atrsia;transpalatine	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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NEW

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Code	Short Description	PA Required?			Note
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30560	Lysis intranasal synechia	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

30580	Repair fistula;oromaxillary	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

30600	Repair fistula; oronasal	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

30620	Septal or other intranasal dermatoplasty	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

30630	Repair nasal septal perforations	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
NEW		Yes	Yes	Yes	

Policy: Medically Necessary
[PolicyTech](#)

31295	Nasal/Sinus endo,surg,with ballon dilation;maxillary sinus ostium	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Balloon Sinus Ostial Dilatation
[PolicyTech](#)

31296	Nasal/Sinus endo,surg,with ballon dilation;frontal sinus ostium	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Balloon Sinus Ostial Dilatation
[PolicyTech](#)

Code	Short Description	PA Required?			Note
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31297	Nasal/Sinus endo,surg,with ballon dilation; Sphenoid sinus ostium	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Balloon Sinus Ostial Dilation
[PolicyTech](#)

31298	Nasal/Sinus endo,surg,with ballon dilation;frontal/sphenoid sinus ostia	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Balloon Sinus Ostial Dilation
[PolicyTech](#)

31587	Laryngoplasty,cricoid split,w/out graft	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

31599	Unlisted procedure,larynx	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

31750	Tracheoplasty;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

32851	Lung transplant, single;w/out CP bypass	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Transplantation of Lung or Lobar Lung
[PolicyTech](#)

32852	Lung transplant, single;w/ CP bypass	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Transplantation of Lung or Lobar Lung
[PolicyTech](#)

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32853	Lung transplant,double;w/out CP bypass	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Transplantation of Lung or Lobar Lung
[PolicyTech](#)

32854	Lung transplant,double;w/ CP bypass	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Transplantation of Lung or Lobar Lung
[PolicyTech](#)

33267	Exclusion lft atrial append,open any method	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

33268	Exclusion lft atrial append,open,perf time proc,any method	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

33269	Exclusion,lft atrial append,thoroscopic, any method	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

NEW 33276	Ins phrenic nerve stim syst	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Peripheral Nerve Stimulation
[Policy Tech](#)

NEW 33277	Insert phrenic nerve stim transvenous stim sensing lead	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Peripheral Nerve Stimulation
[Policy Tech](#)

Code	Short Description	PA Required?			Note
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33285	Insertion,subq cardiac rhythm monitor, incl programming	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)
[PolicyTech](#)

33287	Rem/Repl phrenic nerve stim;pulse gen	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Peripheral Nerve Stimulation
[Policy Tech](#)

33288	Rem/Repl phrenic nerve stim;trnsvenous stim sensing leads	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Peripheral Nerve Stimulation
[Policy Tech](#)

33340	Perq transcath closure left atrial appendage w/endocard imp	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

33361	Transcath aortic valve rep(TAVR/TAVI) w/prosth valve;perq fem art appr	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

33365	Transcath aortic valve rep(TAVR/TAVI) w/prosth valve;transaortic appr	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

33366	Transcath aortic valve rep(TAVR/TAVI) w/prosth valve;transapical exp	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

33370	Transcath plcmnt/subseq rem cerebral embolic protection dev	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Code	Short Description	PA Required?			Note
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33894	Endovasc stent rep of coarctation,aorta,inv stent place;across maj side brnchs	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
33895	Endovasc stent rep of coarctation,aorta,inv stent place;not crossing	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
33927	Impl total repl heart syst(art heart),w/recip cardiectomy	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
33928	Rem/Repl total repl heart syst(artificial heart)	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
33929	Rem total repl heart syst for heart transplantation	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
33945	Heart transplantation,w or w/out rec cardiectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
33975	Insert ventricular assist dev;extracorporeal,sing ventricular	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
33976	Insert ventricular assist dev;extracorporeal,biventricular	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

Code	Short Description	PA Required?			Note
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33979	Insert ventricular assist dev, implant intracorporeal,sing ventrical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
33990	Ins ventricle assist dev,perq;left heart,arterial acc only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
33991	Ins ventricle assist dev,perq;left heart,both art/ven acc w/transseptal punc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
36468	Inj(s) of sclerosant for spider veins(telangiectasia),limb or trunk	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
36470	Inj of sclerosant;single incomp vein	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
36471	Inj of sclerosant;multiple incomp veins,same leg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
36475	Endoveneous ablation ther of incomp vein,extremity,perq;first vein	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
36476	Endoveneous ablation ther of incomp vein,extremity,perq;subseq veins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
36478	Endoveneous ablation ther of incomp vein,extremity,laser;first vein	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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36479	Endoveneous ablation ther of incomp vein,exrtremity,laser;subseq veins	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37220	Revasc,endovascular,open/perq,iliac art,unilat,init vessal;w/translum angioplasty	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37221	Revasc,endovascular,open/perq,iliac art,unilat,init vessal;w/translum stent	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37222	Revasc,endovascular,open/perq,iliac art,each add ipsilateral iliac ves;w/TLA	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37223	Revasc,endovascular,open/perq,iliac art,each add ipsilateral iliac ves;w/TLS	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37224	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLA	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37225	Revasc,endovascular,open/perq,femoral,po part,unilat;w/atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37226	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLS	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37227	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLS and atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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37228	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,init vess;w/TLA	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37229	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,init vess;w/atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37230	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,init vess;w/TLS	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37231	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,init vess;w/TLS/atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37232	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,each add vess;w/TLA	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37233	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,each add vess;w/atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37234	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,each add vess;w/TLS	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37235	Revasc,endovascular,open/perq,tibial,peroa rt,unilat,each add vess;w/TLS/atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37500	Vascular endo,surg,w/ ligation perforator veins,subfascial(SEPS)	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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37700	Ligation/Div long saph vein at saph junc,or distal interruptions	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37718	Ligation/Div/Stripping,short saph vein	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37722	Ligation/Div/Stripping,long saph veins from saphfem junc to knee or below	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37735	Ligation/Div/Comp Stripping,short/long saph veins w/ rad exc ulcer	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37760	Ligation perforator veins,subfascial,rad,incl skin gft, open, 1 leg	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37761	Ligation perforator veins,subfascial,open incl US guide,1 leg	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37765	Stab phlebectomy varicose veins,1 ext;10-20 incisions	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37766	Stab phlebectomy varicose veins,1 ext;more than 20 inc	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
37780	Lifgation/Div short saph vein at saphpop junction	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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37785	Ligation/Div and/or exc of varicode vein clustor9s), 1 leg	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

37788 NEW	Penile revascularization,artery,w or w/out vein graft	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

37790 NEW	Penile venous occlusive procedure	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

37799 NEW	Unlisted procedure, vascular surgery	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

38232	Bone marrow harvest for transplant;autologous	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

38240	Hematopoeitic progenitor cell(HPC);allogenic transplant per donor	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

38241	Hematopoeitic progenitor cell(HPC);autologous transplant	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

40700 NEW	Plastic rep cleft lip/nasal def;primary,part/comp, unilateral	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

40701 NEW	Plastic rep cleft lip/nasal def;primary bilateral,1 stage proc	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual® criteria is available

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NEW	40702	Plastic rep cleft lip/nasal def;primary bilateral,1 of 2 stages	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
NEW	40720	Plastic rep cleft lip/nasal def;secondary,by reaction def and reclosure	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
NEW	40761	Plastic rep cleft lip/nasal def;w/cross lip ped flap,incl sec/ins pedicle	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
NEW	40799	Unlisted procedure, lips	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech Policy: Gender Affirmation Surgeries PolicyTech
	41512	Tongue base suspension,perm suture technique	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
	41530	Submucosal ablation tongue abse,radiofreq, 1/more site,per session	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
	41899	Unlisted procedure,dentoalveolar structures	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details. MH-Auth req for age 21 plus. QHP- Auth req for age 18 plus. Policy: Medically Necessary Facility/Hospital Services for Non-Covered Dental Services (Due to a Serious Medical Condition) PolicyTech

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NEW	42120	Resection palate or ext resect of lesion	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42140	Uvulectomy,exc of uvula	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
	42145	Palatopharyngoplasty	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
NEW	42160	Dest of lesion,palate/uvula(therm,cryo,chem)	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42180	Repair,laceration of palate;up to 2cm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42182	Repair,laceration of palate;over 2cm/complex	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42200	Palatoplasty cleft palate,soft and/or hard palate only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech

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NEW	42205	Palatoplasty cleft palate,w close alveolar ridge;soft tissue only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42210	Palatoplasty cleft palate,w close alveolar ridge;w bone gft to alveolar ridge	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42215	Palatoplasty cleft palate;major revision	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42227	Lengthening of palate,w island flap	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42235	Repair anterior palate,incl vomer flap	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42260	Repair of nasolabial fistula	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
NEW	42280	Maxillary imp for palatal prothesis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech

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42281 NEW	Insertion of pin-retained palatal prosthesis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
42299 NEW	Unlisted procedure,palate,uvula	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
42300 NEW	Drainage of abcess;parotid,simple	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
42305 NEW	Drainage of abcess;parotid,complicated	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
43192	Esophagoscopy,rigid,transoral;w dir submucosal inj,any subs	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43201	Esophagoscopy,flexible,transoral;w dir submucosal inj,any subs	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43210	Esophagogastroduodenoscopy,flexible,trans oral;w fundoplasty part/comp	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech

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43211	Esophagoscopy,flexible,transoral;w endo mucosal resect	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43212	Esophagoscopy,flexible,transoral; w plcmnt endo stent	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43236	Esophagogastroduodenoscopy,flexible,trans oral;w dir submuc inj,any subs	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43254	Esophagogastroduodenoscopy,flexible,trans oral;w endo mucosal resect	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43257	Esophagogastroduodenoscopy,flexible,trans oral;w del therm energy for GERD	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43284	Laparoscopy,surg, esoph spinc augment proc	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech
43290	Esophagogastroduodenoscopy, flex, transoral; w deploy intragastric bari balloon	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
					Policy: Experimental and Investigational Treatment PolicyTech

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43327	Esophogastric fundoplasty part/comp;laparotomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43328	Esophogastric fundoplasty part/comp;thoracotomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43497	Lower Esoph myotomy,transoral(POEM)	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
43644	Laparoscopy,surg,gastric rest proc;w bypass/Roux-en Y	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43645	Laparoscopy,surg,gastric rest proc;w bypass and sm intest recon	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43647	Laparoscopy,surg;implant/repl gastric neurostim elec,antrum	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43648	Laparoscopy,surg;rev/rem gastric neurostim elec,antrum	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43659	Unlisted laparascopy procedure, stomach	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43770	Laparoscopy,surg,gastric rest proc;plcmnt adj gastric restr dev	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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43771	Laparoscopy,surg,gastric rest proc;rev adj gastric restr dev comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43772	Laparoscopy,surg,gastric rest proc;rem adj gastric restr dev comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43773	Laparoscopy,surg,gastric rest proc;rem/repl adj gastric restr dev comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43774	Laparoscopy,surg,gastric rest proc;rem adj gastric dev and subq port comps	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43775	Laparoscopy,surg,gastric rest proc;longitudinal gastrectomy(sleeve)	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43842	Gastric restr proc, w/out bypass, for morbid obesity;vert-band	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43843	Gastric restr proc, w/out bypass, for morbid obesity;other than vert-band	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43845	Gastric restr proc w part gastrectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43846	Gastric restr proc,w gastric bypass morbid obesity;w short limb Roux-en Y	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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43847	Gastric restr proc, w/out bypass, for morbid obesity;w small intest recon	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43848	Rev,open,gastric restr proc morb obesity,other than adj gast restr dev	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43881	Implant/Replc gastric neurostim electrodes,antrum,open	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43882	Rev/Rem gastric neurostim electrodes,antrum,open	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43886	Gastric restr proc,open;rev of subq port comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43887	Gastric restr proc,open;rem of subq port comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
43888	Gastric restr proc,open;rem/repl of subq port comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
44135	Intestinal allotransplantation;from cadaver donor	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Transplantation of Small Bowel, Small Bowel-Liver, or Multivisceral Organs PolicyTech

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44136	Intestinal allotransplantation;from living donor	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Transplantation of Small Bowel, Small Bowel-Liver, or Multivisceral Organs			
		PolicyTech			
47135	Liver allotransplantation,orthoptic,part/whole cad/liv donor,any age	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
48160	Pancreatectomy,tot/subtot,w auto trans panc or panc islet cells	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			
48551	Backbench prep cadaver donor pancreas allograft	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			
48554	Transplantation of pancreatic allograft	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Transplantation of Pancreas or Pancreas-Kidney			
		Policy Tech			
48556	Removal transplanted pancreatic allograft	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Transplantation of Pancreas or Pancreas-Kidney			
		Policy Tech			
48999	Unlisted procedure,pancreas	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			

Code	Short Description	PA Required?			Note
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49329	Peritoneal flap,unlisted	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
50320	Donor nephectomy;open,from living donor	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
50340	Recipient nephrectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
50360	Renal allotransplantation,imp grft;w/out rec nephrectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
50365	Renal allotransplantation,imp grft;w rec nephrectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
52284	Cystourethrscopy,w/mech urethral dil/drug deliv,male	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
53410	Urethroplasty,1 stage recon	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
53415	Urethroplasty,transoubic or perineal,1 stage	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			

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53420	Urethroplasty,2 stage recon	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

53425	Urethroplasty,2 stage recon;2nd stage	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

53430	Urethroplasty,recon,female	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

53450	Urethomeatoplasty,w muc adv	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

53451	Periurethral transperineal adj balloon cont dev;bilat insert	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

53452	Periurethral transperineal adj balloon cont dev;unilat inset	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

53453	Periurethral transperineal adj balloon cont dev;removal each	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

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53454	Periurethral transperineal adj balloon cont dev;perc adj fld vol	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

54120	Amputation of penis;partial	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

54125	Amputation of penis;complete	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

54400	Insert of penile prosthesis;non inflatable	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

54401	Insert penile prosth;inflatable	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

54405	Insert multi comp infl penile prosthesis	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

54520	Orchiectomy,simple	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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54660	Insertion of testicular prosthesis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries			
		PolicyTech			
54690	Laparoscopy,surgical;orchietomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries			
		PolicyTech			
55175	Scrotoplasty;simple	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries			
		PolicyTech			
55180	Scotoplasty;complicated	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries			
		PolicyTech			
55866	Laparoscopy,surg,prostatectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries			
		PolicyTech			
55870	Electroejaculation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
55880	Ablation malig prostrate tissue,transrectal,w HIFU	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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55970	Intersex surgery;male to female	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

55980	Intersex surgery;female to male	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

56620	Vulvectomy simple;partial	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

56625	Vulvectomy simple;complete	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

56800	Plastic repair of introitus	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

56805	Clitoroplasty for intersex state	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

56810	Perineoplasty,non obstetrical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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57106	Vaginectomy,partial rem of vaginal wall	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57107	Vaginectomy,partial;w rem paravaginal tiss	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57109	Vaginectomy,part rem vag wall;w rem paravag tiss w bilat tot pel lymph	MH Yes	Clarity Yes	SCO No	InterQual® criteria used
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Policy: InterQual® criteria is available

57110	Vaginectomy,complete rem of vaginal wall	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57111	Vaginectomy,complete;w rem of paravaginal tissue	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57291	Constr of artificial vagina;w/out graft	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57292	Constr of artificial vagina;w graft	MH Yes	Clarity Yes	SCO Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

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57295	Revision prosthetic vaginal graft;vaginal appr	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57296	Revision prosthetic vaginal graft; open abd appr	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57335	Vaginoplasty for intersex state	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

57426	Revision prosthetic vaginal graft;lapp appr	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy
NEW		Yes	Yes	Yes	

Policy: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

58150	Total abdominal hysterectomy	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		Yes	Yes	Yes	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

58152	Tat abd hysterectomy;w colpo-urethrocystopexy	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

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58180	Supracervical abdominal hysterectomy	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58200	Tot abd hysterectomy,incl part vaginectomy,lymph sampling	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: InterQual® criteria is available
58210	Rad abd hysterectomy,w bilat tat pel lymphadectomy and sampling	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: InterQual® criteria is available
58260	Vaginal hysterectomy, for uterus 250g or less	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58262	Vaginal hysterectomy,uterus 250g or less;w rem T&O	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58263	Vag hysterectomy,for uterus 250g or less;w rem T&O w rep enterocele	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: InterQual® criteria is available
58267	Vag hysterectomy,for uterus 250g or less;w colpo-urethrocytopexy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: InterQual® criteria is available

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58270	Vag hysterectomy,for uterus 250g or less;w rep or enterocele	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
58275	Vaginal hysterectomy,w tot or part vaginectomy;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58280	Vaginal hysterectomy,w tot or part vaginectomy;w/rep enterocele	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
58285	Vag hysterectomy,radical(Schauta type)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
58290	Vaginal hysterectomy, for uterus greater than 250g	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58291	Vaginal hysterectomy,uterus >250g, w rem T&O	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58292	Vaginal hysterectomy,uterus >250g;w rem T&O w rep enterocele	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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58294	Vaginal hysterectomy,uterus >250g;w rep of enterocele	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
58321	Artificial insemination;intra-cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services PolicyTech			
58322	Artificial insemination;intra-uterine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services PolicyTech			
58323	Sperm wasihng for artificial insemination	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services PolicyTech			
58541	Laparoscopy,surg,supracervial hyst, utereus <250g	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58542	Laparoscopy,surg,supracervical hyst,uterus <250g,rev T&O	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58543	Laparoscopy,surg,supracervical hyst,uterus >250g	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			

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58544	Laparoscopy,surg,supracervical hyst,uterus >250g,rev T&O	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58548	Laparoscopy,surg,w rad hyst,w bilat tot pel lymph w rem T&O	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
58550	Laparoscopy,surg,w vaginal hyst,uterus <250g	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58552	Laparoscopy,surg,w vaginal hyst,utereus >250g,w T&O rem	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58553	Laparoscopy,surg w vaginal hyst,uterus >250g	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
58554	Laparoscopy,surg,w vaginal hyst,utereus >250g,w T&O rem	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			

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58570	Laparoscopy,surg, w total hyst, uterus <250g	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58571	Laparoscopy,surg, w total hyst, uterus <250g,w rem T&O	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58572	Laparoscopy,surg,w total hyst, uterus >250g	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58573	Laparoscopy,surg,w total hyst,uterus >250g,w rem T&O	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58661	Laparoscopy,surg;w lysis of adhesions	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available
58720	Salpingo-oophorectomy,comnp/part,uni/bilat	MH Yes	Clarity Yes	SCO Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
					Policy: Gender Affirmation Surgeries PolicyTech
					Policy: InterQual® criteria is available

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58940	Oophorectomy,part/total,uni/bilat	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Policy: InterQual® criteria is available

58970	Follicle puncture for oocyte retrieval,any method	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

58974	Embryo transfer,intrauterine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

58976	Ganete,zygote,embryo intrafallopian transfer,any method	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

59866	Multifetal pregnancy reduction(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

60280	Exc of thyroglossal duct cyst or sinus	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Medically Necessary
[PolicyTech](#)

60281	Exc of thyroglossal duct cyst or sinus;recurrent	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Medically Necessary
[PolicyTech](#)

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61720	Creation lesion by stereotactic meth,sing/multi stages;globus pall/thalamus	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			
61735	Creation lesion by stereotactic meth,sing/multi stages;subcortical struct	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			
61736	LITT of lesion;1 simple lesion	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
61737	LITT of lesion;complex lesion, multi	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
61760	Stereotactic imp depth elec inot cerebrum,long term seizure mon	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			
61863	Twist drill,burr hole,craniotomy w imp neurostim elec subcort site;first array	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
61867	Twist drill,burr hole,craniotomy w imp neurostim elec subcort site;first array	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
61885	Ins/repl cranial neurostim gen/rec;w conn to sing electrode array	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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61886	Ins/repl cranial neurostim gen/rec;w conn 2 or more elec arrays	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
61889	Ins skull mount cranial neurostim pulse gen/rec,incl craniectomy/otomy	MH Yes	Clarity Yes	SCO Yes	 Policy: InterQual® criteria is available
61891	Rev/Repl skull mount cranial neurostim pulse gen/rec	MH Yes	Clarity Yes	SCO Yes	 Policy: InterQual® criteria is available
62267	Perq aspiration in nucleus pulposus, invert disc,paravert tiss,diagnostic	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
62280	Inj/Inf neuro subs w or w/out other ther subs;subarachnoid	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Musculoskeletal eviCore
62281	Inj/Inf neuro subs w or w/out other ther subs;epidural,cerv/thor	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Musculoskeletal eviCore
62282	Inj/Inf neurolytic subs; epidural,lumbar, sacral	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Musculoskeletal eviCore
62292	Inj proc chemonucleosis,sing/multi levels,lumbar	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Musculoskeletal eviCore

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62320	inj diag/ther subs,epidural/subarachnoid,cerv/thor;w/out IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

62321	inj diag/ther subs,epidural/subarachnoid,cerv/thor;w IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

62322	inj diag/ther subs,epidural/subarachnoid,lum/sac;w/out IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

62323	inj diag/ther subs,epidural/subarachnoid,lum/sac;w IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

62324	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,cerv/thor;w/out IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

62325	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,cerv/thor;w IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

62326	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,lum/sac;w/out IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
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62327	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,lum/sac;w IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

63001	Laminectomy w exp and/or decomp,1 or 2 segs;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

63003	Laminectomy w exp and/or decomp,1 or 2 segs;thoracic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

63005	Laminectomy w exp and/or decomp,1 or 2 segs;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

63012	Laminectomy w rem abn facets w decomp,lumbar(Gill type)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

63015	Laminectomy w exp and/or decomp, more than 2 segs;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

63016	Laminectomy w exp and/or decomp, more than 2 segs;thoracic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Musculoskeletal
[eviCore](#)

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63017	Laminectomy w exp and/or decomp, more than 2 segs;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63020	Laminectomy w decomp incl exc hern disc;1 interspace,cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63030	Laminectomy w decomp incl exc hern disc;1 interspace,lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63035	Laminectomy w decomp incl exc hern disc;each add space,cer/lum	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63040	Laminectomy w decomp, re-exp,single space;cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63042	Laminectomy w decomp, re-exp,single space;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63043	Laminectomy w decomp nerve roots; cerv each add interspace	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			

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63044	Laminotomy,w decomp nerve root(s);each addtl space	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63045	Laminectomy,facet,foram w decomp,sing vert seg;cervical	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63046	Laminectomy,facet,foram w decomp,sing vert seg;thoracic	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63047	Laminectomy,facet,foram w decomp,sing vert seg;lumbar	MH No	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63048	Laminectomy, spinal/lateral stenosis;each addtl vert seg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63050	Laminoplasty,cerv,w decomp,2 or more seg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63051	Laminoplasty,cerv,w decomp,2 or more seg;w recon post bony elem	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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63052	Lam w/ decomp of sp cord;lumbar,single	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

63053	Lam w/ decomp of sp cord;lumbar,each addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

63055	Transpedicular appr w decomp,single seg;thoracic	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

63056	Transpedicular appr w decomp,single seg;lumbar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

63057	Transpedicular app w decomp spinal cord, equina,nerve root(s);each addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

63064	Costovertebral appr w decomp;thoracic,single seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: InterQual® criteria is available

63075	Discectomy,ant,w decomp;cervical,sing space	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

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63076	Disctectomy,anterior,w decomp;cerv,each addtl space	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63077	Disctectomy,anterior,w decomp;thoracic,single space	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
63081	Vertebral corpectomy,part/comp,ant appr w decomp;cerv,single seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63082	Vertebral corpectomy;cerv,each addtl seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63085	Vertebral corpectomy,part/comp,transthoracic appr w decomp;thoracic,sing seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63086	Vertebral corpectomy,part/comp,transthoracic appr w decomp;thoracic,ea addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			
63087	Vertebral corpectomy,part/comp,comb tho/lumb appr;single seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal eviCore			

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63088	Vert corpectomy,par/comp,low thor/lumb;each addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
63090	Vertebral corpectomy,part/comp,transper/retroper appr,lum/sac;single seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
63091	Vert corpectomy,par/comp,low thor/lumb;each addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
63101	Vert Corpectomy,par/comp,;thor single seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
63102	Vert corpectomy,par/comp,low thor/lumb;single seg	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
63103	Vert corpectomy,par/comp,low thor/lumb;each addtl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			
63185	Laminectomy with rhizotomy; more than 2 segments	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Musculoskeletal			
		eviCore			

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63190	Laminectomy, with release of tethered spinal cord, lumbar	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63191	Laminectomy w sec of spinal acc nerve	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63650	Perq impant of neurostim electrode array,epidural	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63655	Laminectomy implant neurostim electrodes,plate/paddle,epidural	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63663	Rev incl repl,spinal neurostim elec perq array,incl fluoroscopy	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63664	Rev incl repl spinal neurostim elec plate/pad via lamot/lamec,incl fluoro	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
63685	Insertion/rep spinal neurostim pulse gen/rec,dir/induct coupling	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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63688	Rev/rem implanted spinal neurostim pulse gen/reciever	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

64400	Inj,anest/ster;trigeminal nerve,ea branch	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Medically Necessary
[PolicyTech](#)

64405	Inj,anest/ster;greater occipital nerve	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Medically Necessary
[PolicyTech](#)

64451	Inj,anest/ster;nerves innervating SIJ,w IG	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

64479	Inj,anest/ster;tranforaminal epidural,w IG,cerv/thor,single level	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

64480	Inj,anest/ster;tranforaminal epidural,w IG,cerv/thor,ea addtl level	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
[eviCore](#)

64483	Inj,anest/ster;tranforaminal epidural,w IG,lumb/sac,single level	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Musculoskeletal
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64484	Inj,anest/ster;tranforaminal epidural,w IG,lumb/sac,ea addtl level	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64490	Inj,diag/ther agent,paravert fac joint w/IG,cerv/thor;single level	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64491	Inj,diag/ther agent,paravert fac joint w/IG,cerv/thor;second level	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64492	Inj,diag/ther agent,paravert fac joint w/IG,cerv/thor;third/addtl	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64493	Inj,diag/ther agent,paravert fac joint w/IG,lumb/sac;single level	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64494	Inj,diag/ther agent,paravert fac joint w/IG,lumb/sac;second level	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64495	Inj,diag/ther agent,paravert fac joint w/IG,lumb/sac;third/ea addtl	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
64553	Perc implant neurostim elec array;cranial nerve	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
64555	Perc implant neurostim elec array;peripheral nerve	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
64561	Perc implant neurostim elec array;sacral	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
64566	Posterior tibial neurostim, perq needle elec,single trmnt	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
64568	Open implant cranial nerve(vagus) neurostim elec array/pulse gen	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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64575	Open implant neurostim elec array;periph nerve(exc sacral)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
64581	Open implant neurostim elec array;sacral nerve	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
64582	Open Imp Hypoglossal Ner Stim	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
64583	Rev/Repl Hypoglossal Ner Stim	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
64585	Rev/rem periph neurostim pulse gen/reciever	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
64590	Insert/repl periph/gastric neurostim pulse gen/receiver,dir/induc coupling	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
64595	Rev/rem periph/gastric neurostim pulse gen/reciever	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			

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64596	Ins/Repl perc elec array,periph nerve,w/integrated neurostim;initial	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
64597	Ins/Repl perc elec array,periph nerve,w/integrated neurostim;ea addtl array	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
64598	Rev/Rem neurostim elec array,periph nerve,w/integrated neurostim	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
64600	Destruction neuro agent,trigem nerve;sup/infra orbital,mental/alv branch	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
64605	Destruction neuro agent,trigem nerve;2nd/3rd div branches	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
64610	Destruction neuro agent,trigem nerve;2nd/3rd div branches w rad monitor	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
64620	Destruction neuro agent,intercostal nerve	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: InterQual® criteria is available
64625	Radiofreq ablation, nerves innervating SIJ,w IG	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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64633	Destruction neuro agent,paravert facet joint,w IG;cerv/thor,single joint	MH Yes	Clarity Yes	SCO Yes	
					Policy: eviCore Musculoskeletal eviCore
64634	Destruction neuro agent,paravert facet joint,w IG;cerv/thor,ea addtl joint	MH Yes	Clarity Yes	SCO Yes	
					Policy: eviCore Musculoskeletal eviCore
64635	Destruction neuro agent,paravert facet joint,w IG;lumb/sacr,single joint	MH Yes	Clarity Yes	SCO Yes	
					Policy: eviCore Musculoskeletal eviCore
64636	Destruction neuro agent,paravert facet joint,w IG;lumb/sacr,ea addtl joint	MH Yes	Clarity Yes	SCO Yes	
					Policy: eviCore Musculoskeletal eviCore
64640	Destruction neuro agent;oth periph nerve/branc	MH No	Clarity Yes	SCO No	InterQual® criteria used
					Policy: InterQual® criteria is available
64653	Chemodenervationor eccrine glands;oth area(s) per day	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
					Policy: Medically Necessary PolicyTech
64680	Destruction neuro agent,w/w out RM;celiac plexus	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
					Policy: InterQual® criteria is available
64681	Destruction neuro agent,w/w out RM;superior hypogastric plexus	MH Yes	Clarity Yes	SCO No	InterQual® criteria used
					Policy: InterQual® criteria is available

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64910	Nerve repair;w synth conduit/vein allograft,each nerve	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Nerve Repairs for Peripheral Nerve Injuries Using Allografts, Autografts, and Conduits PolicyTech
64912	Nerve repair;w nerve allograft,ea nerve,first strand	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Nerve Repairs for Peripheral Nerve Injuries Using Allografts, Autografts, and Conduits PolicyTech
64913	Nerve repair;w nerve allograft,ea addtl strand	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Nerve Repairs for Peripheral Nerve Injuries Using Allografts, Autografts, and Conduits PolicyTech
65756	Keratoplasty;endothelial	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
65757	Backbench prep corneal endothelial allograft	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
65767	Epikeratoplasty	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
65778	Placement of amniotic memb on ocular surf; w out sutures	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech

Code	Short Description	PA Required?			Note
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67516	Suprachoidral space inj of pharm agent	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
67900	Reapir brow ptosis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Gender Affirmation Surgeries PolicyTech			
		Policy: InterQual® criteria is available			
67901	Repair of blepharoptosis;frontalis musc tech w/ suture	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
67902	Repair of blepharoptosis;frontalis musc tech w/autogolous fascial sling	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
67903	Repair of blepharoptosis;levator resect/advance,int approach	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
67904	Repair of blepharoptosis;levator resect/advance,ext approach	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
67906	Repair of blepharoptosis;superior rectus tech w fascial sling	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
67908	Repair of blepharoptosis;conjunctivo-tarso-Muller's musc-levator resect	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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67909	Reduction of overcorrection of ptosis	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67911	Correction of lid retraction	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67912	Correction of lagophthalmos,w/ imp upper eyelid lid load	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
67961	Excision/repair eyelid w/ skin flap prep;up to 1/4 of lid margin	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67966	Excision/repair eyelid w/ skin flap prep;over 1/4 of lid margin	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67971	Reconstruction eyelid,full thick by trans flap;up to 2/3 lid, 1 stage/first	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67973	Reconstruction eyelid,full thick by trans flap;tot eyelid,lower,1 stage/first	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67974	Reconstruction eyelid,full thick by trans flap;tot eyelid,upper,1 stage/first	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
67975	Reconstruction eyelid,full thick by trans flap;second stage	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available

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67999	Unlited procedure, eyelids	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Medically Necessary			
		PolicyTech			
69300	Otoplasty,protuding ear, w/ w out size reduction	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cosmetic Reconstructive, and Restorative Services			
		PolicyTech			
69705	Nasopharyngoscopy,surg,w dilation of eustachain tube;unilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
69706	Nasopharyngoscopy,surg,w dilation of eustachain tube;bilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
69710	Implantation/repl electromag bone conduct hear dev temporal bone	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69711	Removal/repair electromag bone cond hear dev temporal bone	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69714	Implantation,osseointegrated imp,skull;w perc attach ext sp proc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			

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69716	Implantation,osseointegrated imp,skull;w mag transq attach ext sp proc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69717	Replacement osseointegrated imp,skull;w perq attach ext sp proc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69719	Replacement osseointegrated imp,skull;w mag tranq attach ext sp proc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69729	Implantation,osseointegrated imp,skull;w mag transq attach ext sp proc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69730	Replacement (including removal of existing device), osseointegrated implant, skull;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids			
		PolicyTech			
69930	Cochlear dev implantation;w or w out mastoidectomy	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Cochlear Implants			
		PolicyTech			
70336	MRI,temporomandibular joint(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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70450	CT,head or brain; w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70460	CT,head or brain; with contrast material(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70470	CT,head or brain;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70480	CT,orbit,sella,post fossa or ear;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70481	CT,orbit,sella,post fossa or ear; w/ contrast material(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70482	CT,orbit,sella,post fossa or ear;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70486	CT,maxillofacial area;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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70487	CT,maxillofacial area;w/contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
70488	CT,maxillofacial area;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
70490	CT,soft tissue neck;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
70491	CT,soft tissue neck;with contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
70492	CT,soft tissue neck;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
70496	CT angiography, head, w/contrast, incl non contrast images	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
70498	CT angiography, neck, w/contrast, incl non contrast images	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			

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70540	MRI,orbit,face,neck;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

70542	MRI,orbit,face,neck; w contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

70543	MRI,orbit,face,neck;w/out contrast material,followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

70544	MRI, head; w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

70545	MRI, head; w/ contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

70546	MRI, head;w/out contrast material,followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
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70547	MR angiography,neck;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
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70548	MR angiography,neck;w/ contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70549	MR angiography,neck;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70551	MRI,brain incl stem;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70552	MRI,brain incl stem;w/ contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70553	MRI,brain incl stem;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70554	MRI,brain,functional MRI; not req MD/PHD administration	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
70555	MRI,brain,functional MRI;req MD/PHD administration	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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71250	CT,thorax,diagnostic;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71260	CT,thorax,diagnostic;w/ contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71270	CT,thorax,diagnostic;w/out contrast material,followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71271	CT, thorax,low dose for lung CA screen,w/out cont material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71275	CT angiography,chest w/cont mat,incl non cont images	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71550	MRI,chest;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71551	MRI,chest;w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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71552	MRI,chest;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
71555	MRI angiography,chest,w or w/out contrast materials	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
72125	CT,cervical spine;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
72126	CT,cervical spine; w/ contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
72127	CT, cervical spine;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
72128	CT, thoracic spine;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
72129	CT,thoracic spine;w/ contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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72130	CT,thoracic spine;w/out contrast material, followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72131	CT,lumbar spine;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72132	CT,lumbar spine;w/ contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72133	CT,lumbar spine;w/out contrast material, followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72141	MRI,spinal canal/contents,cervical;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72142	MRI,spinal canal/contents,cervical;w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72146	MRI,spinal canal/contents,thoracic;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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72147	MRI,spinal canal/contents,thoracic;w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72148	MRI,spinal canal/contents,lumbar;w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72149	MRI,spinal canal/contents,lumbar;w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72156	MRI,spinal canal/contents;w/out CM,followed by contrast;cervical	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72157	MRI,spinal canal/contents;w/out CM,followed by contrast;thoracic	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72158	MRI,spinal canal/contents;w/out CM,followed by contrast;lumbar	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72159	MRI angioplasty,spinal canal/contents,w or w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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72191	CT angiography,pelvis,w/contrast,incl non contrast images	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
72192	CT,pelvis;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
72193	CT,pelvis;w/ contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
72194	CT, pelvis;w/out contrast material,followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
72195	MRI,pelvis;w/out contrast materials	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
72196	MRI,pelvis;w/ contrast materials	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			
72197	MRI,pelvis;w/out contrast material,followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology eviCore			

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72198	MRI angiography,pelvis,w or w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73200	CT,upper extremity;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73201	CT,upper extremity;w/ contrast material(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73202	CT,upper extremity;w/out contrast material,followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73206	CT angiography,upper extremity,w/ CM,incl non contr images	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73218	MRI,upper extremity,other than joint;w/out contrast materials	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73219	MRI,upper extremity,other than joint;w/contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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73220	MRI,upper extremity,other than joint;w/out contrast material,followed by contrast	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73221	MRI,any joint upper extremity;w/out contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73222	MRI,any joint upper extremity;w/ contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73223	MRI,any joint upper extremity;w/out contrast material,followed by contrast	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73225	MRA,upper extremity, w/ or w/out contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73700	CT,low extremity;w/out contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73701	CT,low extremity;w/ contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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73702	CT,low extremity;w/out contrast material, followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
73706	CT angiography, low ext, w/ contrast, incl non contrast images	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
73718	MR, low extremity other than joint; w/out contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
73719	MR, low extremity other than joint; w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
73720	MR, low extremity other than joint; w/out contrast material, followed by contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
73721	MRI, any joint low extremity; w/out contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
73722	MRI, any joint low extremity; w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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73723	MRI,any joint low extremity;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
73725	MRA,low extremity,w/ or w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74150	CT,abdomen;w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74160	CT,abdomen; w/ contrast material(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74174	CT angiography, abdomen/pelvis,w/ contrast,incl noncontrast images	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74175	CT angiography,abdomen,w/ contrast,incl non contrast images	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74176	CT,abdomen/pelvis;w/ contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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74177	CT,abdomen/pelvis;w/contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74178	CT,abdomen/pelvis;w/out CM in one/both regions followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74181	MRI,abdomen;w/out contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74182	MRI,abdomen;w/contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74183	MRI,abdomen;w/out contrast material, followed by contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74185	MRA,abdomen,w or w/out contrast material	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
74261	CT, colonography,diagnostic,incl imaging;w/out contrast	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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74262	CT, colonography,diagnostic,incl imaging;w/contrast material	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
74263	CT,colonography,screening,incl image process	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
74712	MRI,fetal,incl placental/maternal pel image;sing/first gestation	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
74713	MRI,fetal,incl placental/maternal pel image;eac addtl gestation	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
74742	Transcervical cath of fallopian tube, RS&I	MH No	Clarity Yes	SCO No	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech
75557	Cardiac MRI,morphology/function w/out contrast	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
75559	Cardiac MRI,morphology/function w/out contrast;w/ stress image	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

Code	Short Description	PA Required?			Note
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75561	Cardiac MRI,morphology/function w/out CM,follow by contrast;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
75563	Cardiac MRI,morphology/function w/out CM,follow by contrast;w/stress image	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
75565	Cardiac MRI velocity flow mapping	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
75571	CT, heart,w/out contrast,w/ quant eval coronary calcium	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
75572	CT,heart,w/contrast,eval card structure/morph	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
75573	CT,heart,w/contrast, eval card struct/morph in Congenital HD setting	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
75574	CT, angiography,heart/coro art/bypass gfts,w/contrast,incl 3D image	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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75580	Noninvasive est coronary FFR aug sftwr anyls data set from coronary CTA	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Radiology eviCore
75635	CT,angiography,abd aorta/bilat ilifemoral low ext runoff,w/contrast,images	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76380	CT, limited/localized follow-up stusy	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76390	Magnetic resonance spectroscopy	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76391	Magnetic resonance elastography	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76497	Unlisted CT procedure	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76498	Unlisted magnetic resonance procedure	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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76948	Ultrasonic guidance aspiration of ova, imaging S&I	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

77011	CT guidance for stereotactic localization	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

77012	CT guidance for needle placement	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

77013	CT guidance/monitoring parenchymal tissue ablation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

77021	MRI guidance for needle placement	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

77022	MRI guidance/monitoring,parachymal tissue ablation	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

77046	MRI,breast,w/out contrast;unilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

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77047	MRI;Breast, w/out contrast;bilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
77048	MRI;Breast,w/and w/out contrast;unilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
77049	MRI;Breast,w/and w/out contrast;bilateral	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
77078	CT,bone min density study,1/more sites,axial skeleton	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
77084	MRI,bone marrow blood supply	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
77301	IMRT plan,incl dose vol histograms,target/critical struct part tolerance specs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Intensity Modulated Radiation Therapy, Outpatient			
		PolicyTech			
77338	Multi-leaf collimator(MLC) for IMRT,design/constr per IMRT plan	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Intensity Modulated Radiation Therapy, Outpatient			
		PolicyTech			

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77385	IMRT delivery,incl IG/tracking:simple	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech
77386	IMRT delivery,incl IG/tracking:complex	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech
77432	Stereotactic rad treatment mgmnt cranial lesions	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
77520	Proton treatment delivery:simple,w/out compensation	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
77522	Proton treatment delivery:simple,with compensation	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
77523	Proton treatment delivery;intermediate	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
77525	Proton treatment delivery;complex	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual® criteria is available
78429	Myocard imaging, PET metabolic eval study,single study;w/concur CT scan	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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78430	Myocard Imaging,PET perfusion study;single study,w/concur CT scan	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78431	Myocard image, PET perfusion study;multiple study w/concu CT scan	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78432	Myocard image,PET perf/meta eval study;	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78433	Myocard image,PET perf/meta eval study;w/concu CT scan	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78434	Absolute quant myocard blood flow,PET,rest/pharma stress	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78451	Myocard perf Image,SPECT;single study,rest/stress	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78452	Myocard perf Image,SPECT;multiple studies	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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78453	Myocard perf image,planar;single study,rest/stress	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
78454	Myocard perf image,planar;multiple study,rest/stress	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
78459	Myocard Image,PET metabolic eval study,single study;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
78466	Myocard image,infarct avid,planar;qual/quant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
78468	Myocard image,infarct avid,planar;w/eject fraction first pass tech	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
78469	Myocard image,infarct avid,planar;tomo SPECT w/or w/out quant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			
78472	Card blood pool image,gated equil;planar, sing study	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Radiology			
		eviCore			

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78473	Card blood pool image,gated equil;multiple studies	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78481	Card blood pool image,first pass tech;single study	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78483	Card blood pool image,first pass tech;multiple studies	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78491	Myocard image,PET,perf study;single study	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78492	Myocard image,PET,perf study;multi study	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78494	Card blood pool image,gated equil,SPECT,at rest,wall motion study	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78496	Card blood pool image,gated equil,sing study,w/r vent eject fract	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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78608	Brain imaging, PET;metabolic eval	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

78609	Brain imaging, PET;perfucion eval	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

78811	PET image;limited area	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

78812	PET image;skull base to mid thigh	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

78813	PET image;whole body	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

78814	PET image w/concur acquired CT,attenuation corr;limited area	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

78815	PET image w/concur acquired CT,attenuation corr;skull base to mid thigh	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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Policy: eviCore Radiology
[eviCore](#)

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78816	PET image w/concur acquired CT,attenuation corr;full body	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Radiology
[eviCore](#)

80305	Drug test,presumptive;read by dir optical obv only	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

80306	Drug test,presumptive;read by instrument assist dir optical obv	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

80307	Drug test,presumptive;by instrument chem analyzers	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

80354	Fentanyl	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="No"/>	

Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

81162	BRCA1,BRCA2 gene analysis;full seq,full dup/del analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

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81163	BRCA1,BRCA2 gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

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81164	BRCA1, BRCA2 gene analysis; full dup/del analysis	MH Yes	Clarity Yes	SCO Yes
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81165	BRCA1 gene analysis; full seq analysis	MH Yes	Clarity Yes	SCO Yes
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81166	BRCA1 gene analysis; full dup/del analysis	MH Yes	Clarity Yes	SCO Yes
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81167	BRCA2 gene analysis; full dup/del analysis	MH Yes	Clarity Yes	SCO Yes
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81173	AR gene analysis; full gene seq	MH Yes	Clarity Yes	SCO Yes
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81174	AR gene analysis; known familial variant	MH Yes	Clarity Yes	SCO Yes
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81185	CACNA1A gene analysis; full gene seq	MH Yes	Clarity Yes	SCO Yes
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81186	CACNA1A gene analysis;known familial variant	MH	Clarity	SCO
		Yes	Yes	Yes

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81189	CSTB gene analysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81190	CSTB gene analysis;known familial variant	MH	Clarity	SCO
		Yes	Yes	Yes

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81201	APC gene anlysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81202	APC gene anlysis;known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81203	APC gene anlysis;dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81212	BRCA1 gene analysis;185delAG,5385insC,6174delT variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81215	BRCA1 gene analysis;know familial variant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81216	BRCA2 gene analysis; full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81217	BRCA2 gene analysis; known familial variant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81221	CFTR gene analysis;known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81222	CFTR gene analysis;dup/del variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81223	CFTR gene analysis; full gene seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81225	CYP2C19 gene analysis; common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81226	CYP2D6 gene analysis; common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81227	CYP2C9 gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81228	Cytogenomic analysis for const chrom abnorm;inter gen reg copy num var,CGH	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81229	Cytogenomic analysis for const chrom abnorm;interr gen reg copy num/SNP var,CGH	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81230	CYP3A4 gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81231	CYP3A5 gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81232	DPYD gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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81238	F9, full gene sequence	MH	Clarity	SCO
		Yes	Yes	Yes

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81248	G6PD gene analysis;known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81249	G6PD gene analysis; full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81252	GJB2 gene analysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81253	GJB2 gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81257	HBA1/HBA2, gene analysis;com del or var	MH	Clarity	SCO
		Yes	Yes	Yes

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81258	HBA1/HBA2, gene analysis; known familial var	MH	Clarity	SCO
		Yes	Yes	Yes

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81259	HBA1/HBA2, gene analysis; full gene seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81269	HBA1/HBA2 gene analysis;dup/del variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81277	Cytogenomic neoplasia microarray analysis,heterozygosity var	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81283	IFNL3 gene analysis,rs12979860 variant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81286	FXN gene analysis;full gene seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81289	FXN gene analysis;known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81291	MTHFR gene analysis,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81292	MLH1 gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81293	MLH1 gene analysis;known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81294	MLH1 gene analysis; dup/del variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81295	MSH2 gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81296	MSH2 gene analysis; known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81297	MSH2 gene analysis; dup/del variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81298	MSH6 gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81299	MSH6 gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81300	MSH6 gene analysis;dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81302	MECP2 gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

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81303	MECP2 gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81304	MECP2 gene analysis; dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81306	NUDT15 gene analysis,commom variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81307	PALB2 gene analysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81308	PALB2 gene analysis; known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81313	PCA3/KLK3 ratio	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81317	PMS2 gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81318	PMS2 gene analysis; known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81319	PMS2 gene analysis; dup/del variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81321	PTEN gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81322	PTEN gene analysis; known familial variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81323	PTEN gene analysis; dup/del variant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81325	PMP22 gene analysis;full seq analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81326	PMP22 gene analysis; known familial variant	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81327	SEPT9 promoter methylation analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81328	SLCO1B1 gene analysis, common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81335	TPMT gene analysis,common variants	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81336	SMNI gene analysis;full gene seq	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

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81337	SMN1 gene analysis; known familial variant	MH	Clarity	SCO
		Yes	Yes	Yes

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81346	TYMS gene analysis,common variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81349	Cytogenomic analysis const chrom abn;heterozygosity var, low pass seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81350	UGT1A1 gene analysis, common variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81351	TP53 gene analysis; full gene sequence	MH	Clarity	SCO
		Yes	Yes	Yes

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81353	TP53 gene analysis; known familial variant	MH	Clarity	SCO
		Yes	Yes	Yes

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81355	VKORC1 gene analysis, common varients	MH	Clarity	SCO
		Yes	Yes	Yes

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81361	HBB; common variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81362	HBB; know familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81363	HBB; dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

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81364	HBB; full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

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81400	Molecular pathology procedure, Level 1	MH	Clarity	SCO
		Yes	Yes	Yes

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81401	Molecular pathology procedure, Level 2	MH	Clarity	SCO
		Yes	Yes	Yes

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81402	Molecular pathology procedure,Level 3	MH	Clarity	SCO
		Yes	Yes	Yes

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81403	Molecular pathology procedure,Level 4	MH	Clarity	SCO
		Yes	Yes	Yes

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81404	Molecular pathology procedure,Level 5	MH	Clarity	SCO
		Yes	Yes	Yes

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81405	Molecular pathology procedure,Level 6	MH	Clarity	SCO
		Yes	Yes	Yes

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81406	Molecular pathology procedure,Level 7	MH	Clarity	SCO
		Yes	Yes	Yes

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81407	Molecular pathology procedure,Level 8	MH	Clarity	SCO
		Yes	Yes	Yes

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81408	Molecular pathology procedure,Level 9	MH	Clarity	SCO
		Yes	Yes	Yes

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81410	Aortic dys/dilation;genomic seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

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81411	Aortic dys/dilation;dup/del analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81412	Ashkenazi Jewish assoc dis, genomic seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81413	Cardiac ion channelopathies;genomic seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81414	Cardiac ion channelopathies;dyup/del gene analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81415	Exome;sequence analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81416	Exome;seq analysis,each comparator exome	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81417	Exome;re-eval of prev exome seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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81418	Drug metabolism gen seq panel, at least 6 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81419	Epilepsy gen seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81422	Fetal chromosomal micordeletions gene seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81425	Genome; seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81426	Genome; seq analysis,each comparator genome	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81427	Genome; re-eval prev genome seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81430	Hearing loss;genomic seq panel at least 60 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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81431	Healing loss;dup/del panel incl copy num analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81432	Hereditary breast CA-rel dis;gen seq panel,at least 10 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81433	Hereditary breast CA-rel dis; dup/del panel	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81434	Hereditary retinal dis;gen seq panel, at least 15 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81435	Hereditary colon CA dis;gen seq panel,at least 10 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81436	Hereditary colon CA dis;dup/del panel, at least 5 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81437	Hereditary nueroendocrine tumor dis;gen seq panel,at least 6 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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81438	Hereditary nueroendocrine tumor dis;dup/del panel	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81439	Hereditary cardiomyopathy,gen seq panel,at least 5 related genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81440	Nuclear encoded mitochondrail genes,gen seq panel,at least 100 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81441	Inherited bone marrow failure synd,seq panel,at least 30 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81442	Noonan spectrum dis, gen sq panel,a t least 12 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81443	Gen Test severe inherited cond,gen seq panel,at least 15 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81445	Targeted gen seq panel,sold organ neoplasm, 5-50 genes;DNA/RNA	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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81448	Hereditary peripheral neuropathies,gen seq panel,at least 5 rel genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81449	Targeted gen seq panel,sold organ neoplasm, 5-50 genes;RNA analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81450	Targeted gen seq panel,solid organ/hematolymphoid, 5-50 genes;DNA/RNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81451	Targeted gen seq panel,solid organ/hematolymphoid, 5-50 genes;RNA analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81455	Targeted gen seq panel,solid organ/hematolymphoid,51/more genes;DNA/RNA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81456	Targeted gen seq panel,solid organ/hematolymphoid,51/more	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81457	Solid org neoplasm,gen seq anlys,inter seq vars;DNA anlys,micro instblty	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

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81458	Solid org neoplasm,gen seq anlys,inter seq vars;DNA anlys,copy no vars,micro instblty	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81459	Solid org neoplasm,gen seq anlys,inter seq vars;DNA/RN anlys	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81460	Whole mitochondrail genome,gen seq,heteroplasmy detection	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81462	Solid org neoplasm,gen seq anlys,cell free nuc acid;DNA/RNA anlys,cpy no vars	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81463	Solid org neoplasm,gen seq anlys,cell free nuc acid;DNA anlys	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81464	Solid org neoplasm,gen seq anlys,cell free nuc acid;DNA/RNA anlys,tum mute burden	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81465	Whole mitochondrial gen large deletion,incl heteroplasmy	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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81470	X-linked intellectual disability;gen seq panel, at least 60 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81471	X-linked intellectual disability;dup/del,a t least 60 genes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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81479	Unlisted molecular pathology procedure	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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81493	Coronary artery dis,mRNA,gene exp profile 23 genes,whole blood, risk score	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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81500	Oncology,biochem assay 5 proteins,serum,risk score	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
[eviCore](#)

81503	Oncology,biochem assay 4 proteins,intact PSA,hK2,plasma/serum, prob score	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>

Policy: eviCore Genetic Testing
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81504	Oncology,microarray gene exp profile > 2000 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81518	Oncology,mRNA,gene exp profile 11 genes,tissue,percent risk	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81519	Oncology,mRNA,gene exp profile 21 genes,tissue, recurrence score	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81520	Oncology,mRNA,gene exp profile 58 genes,tissue,recurrence score	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81521	Oncology,mRNA,microarray gene exp profile 70/465 genes,tissue,metastasis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81522	Oncology,mRNA,gene exp profile 12 genes,tissue, recurrence score	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81523	Oncology,mRNA, next gen seq gen exp profile 70/31 genes,tissue,metastasis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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81525	Oncology, mRNA, gene exp profile 12 genes, tissue, recurrence score	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
81529	Oncology, mRNA, gene exp profile 31 genes, tissue, sentinel lymph metastasis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
81540	Oncology, mRNA, gene exp profile 15 genes, tissue, metastasis risk	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
81541	Oncology, MRNA, gene exp profile 46 genes, tissue, mortality risk	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
81542	Oncology, mRNA, micorarray gene exp profile 22 genes, tissue, metastasis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
81546	Oncology, mRNA, gene exp analysis 10,196 genes, aspirate, categorical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			
81551	Oncology, promotor methylation profile 3 genes, tissue, prostate CA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing eviCore			

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81552	Oncology,MRNA,gene exp profile 15 genes, tissue,metastasis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
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81554	Pulmonary dis,MRNA,gene exp analysis 190 genes,categorical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
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81595	Cardiology,mRNA,gene exp profile 20 genes, periph blood,rejection risk	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

81599	Unlisted multianalyte assay w/algorithmic analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: eviCore Genetic Testing
[eviCore](#)

82397	Chemiluminescent assay	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

83520	Immunoassay analyte other than inf agent/antigen;quant, NOS	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

83993	Calprotectin, fecal	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details. No auth req for DX K50.00-K50.919,K51.01-K51.919, K52.3, K58.0, K59.1, R19.5 and R19.7
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

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84112	Eval cervicovaginal fluid amniotic proteins,qualitative,each	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
84999	Unlisted chemistry procedure	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: eviCore Genetic Testing			
		eviCore			
89240	Unlisted miscellaneous pathology test	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89250	Culture of oocyte(s)/embryos,less than 4 days;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89251	Culture of oocyte(s)/embryos,less than 4 days;w/co-culture	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89253	Assisted embryo ahtching,microtechniques	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89254	Oocyte identification from follicular fluid	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			

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89255	Prep of embryo for transfer	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89257	Sperm identification from aspiration	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89258	Cryopreservation;embryo(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89259	Cryopreservation;sperm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89260	Sperm isolation;simple prep for insemination/DX w/analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89261	Sperm isolation;complex prep for insemination/DX w/ analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89264	Sperm identification from testis tissue,fresh/cryo	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			

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89268	Insemination of oocytes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89272	Extended culture of oocytes/embryos,4-7 days	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89280	Assisted oocyte fertilization,microtechnique;less/equal to 10	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89281	Assisted oocyte fertilization,microtechnique;greater than 10	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89290	Biopsy,oocyte polar body/embryo blastomere,microtech;less/equal 5	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Preimplantation Genetic Testing			
		PolicyTech			
89291	Biopsy,oocyte polar body/embryo blastomere,microtech;more than 5	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Preimplantation Genetic Testing			
		PolicyTech			
89325	Sperm antibodies	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			

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89329	Sperm evaluation;hamster penetration test	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89330	Sperm eval;cerv mucos penetration test,w or w/our spinnbarkeit	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89331	Sperm eval, retrograde ejaculation,urine	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89335	Cryopreservation,reproductive tissue,testicular	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89337	Cryopreservation,mature oocytes	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89342	Storage(per year);embryo(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			
89343	Storage(per year); sperm/semen	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: Infertility Services			
		PolicyTech			

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89344	Storage(per year);repro tissue,testicular/ovarian	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

89346	Storage(per year);oocyte(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

89352	Thawing of cryopreserved;embryo(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

89353	Thawing od cryopreserved;sperm/semen,each aliquot	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

89354	Thawing od cryopreserved;repro tissue,testicular/ovarian	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

89356	Thawing od cryopreserved;oocyte(s)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

89398	Unliste repro medicine lab procedure	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	

Policy: Infertility Services
[PolicyTech](#)

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90867	Ther rep TMS Trmnt;del and mgmnt	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Plan medical auth for Neurologist specialties only, all others contact the BH vendor
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: InterQual® criteria is available

90868	Ther rep TMS trmnt;susqnt del and mgmnt	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Plan medical auth for Neurologist specialties only, all others contact the BH vendor
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: InterQual® criteria is available

90869	Ther rep TMS trmnt;susqnt motor thrsh re-determ	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Plan medical auth for Neurologist specialties only, all others contact the BH vendor
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: InterQual® criteria is available

90901	Biofeedback training by any modality	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation
[PolicyTech](#)

90912	Biofeedback training, perineal/anorectal/urethral,incl EMG;init 15 mins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation
[PolicyTech](#)

90913	Biofeedback training, perineal/anorectal/urethral,incl EMG;ea addt 15 mins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation
[PolicyTech](#)

91110	GI tract image,intraluminal,esophagus-ileum,w/ I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: InterQual® criteria is available

91111	GI rtract image,intraluminal,esophagus w/ I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	

Policy: InterQual® criteria is available

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91113	GI tract image,intraluminal,colon,w/ I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
92065	Orthoptic training;perf by MD/other qual HC prof	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Vision Therapy PolicyTech			
92071	Fitting of contact lens for treat ocular surface disease	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Contact Lens and Scleral Lens PolicyTech			
92072	Fitting of contact lens for mgt keratoconos, init fitting	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Contact Lens and Scleral Lens PolicyTech			
92310	RX of opt/phys traits of/fitting contact lens;corneal lens,both, exc aphakia	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Contact Lens and Scleral Lens PolicyTech			
92313	RX of opt/phys traits of/fitting contact lens;corneoscleral lens	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Contact Lens and Scleral Lens PolicyTech			
92314	RX of opt/phys traits of/fitting contact lens w/MD sup;corneal,both exc aphakia	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Contact Lens and Scleral Lens PolicyTech			

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92317	RX of opt/phys traits of/fitting contact lens w/MD sup;corneal scleral lens	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Contact Lens and Scleral Lens PolicyTech
92325	Modification contact lens,w/ med sup of adaptation	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Contact Lens and Scleral Lens PolicyTech
92326	Replacement of contact lens	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Contact Lens and Scleral Lens PolicyTech
92507	Tx of speech,lang,voice,comm/aud process dis;individual	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used in conjunction with medical policy. For ICD F64.0-F64.9, Z87.890 see Gender AS policy Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting PolicyTech
92508	Tx of speech,lang,voice,comm/aud process dis;group,2/more	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used in conjunction with medical policy. For ICD F64.0-F64.9, Z87.890 see Gender AS policy Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: Gender Affirmation Surgeries PolicyTech Policy: InterQual® criteria is available Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting PolicyTech

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92517	Vestibular evoked myogenic potential(VEMP) w/I&R; cervical	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
92518	Vestibular evoked myogenic potential(VEMP) w/I&R;ocular	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
92519	Vestibular evoked myogenic potential(VEMP) w/I&R;cervical/ocular	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
92526	Tx of swallowing dysfunction/oral function for feeding	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting			
		PolicyTech			
92616	Flex endo eval swallowing/larygeal sensory test cine/vid rec;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
92630	Auditory rehab;perilingual hearing loss	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: InterQual® criteria is available			
		Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting			
		PolicyTech			

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92633	Auditory rehab; postlingual hearing loss	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: InterQual® criteria is available			
		Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting			
		PolicyTech			
93150	Therapy act impl phrenic nerve stim syst,inc interr/prgrm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
93151	Interr/prgm impl phrenic nerve stim syst	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
93152	Interr/prgm impl phrenic nerve stim syst during polysomnography	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
93153	Interr w/out prgm impl phrenic nerve stim syst	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
NEW		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Peripheral Nerve Stimulation			
		Policy Tech			
93228	Ext mobile cardioV telemetry w/ECG rec,> 24hrs,30days;R&I by MD	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			
93229	Ext mobile cardioV telemetry w/ECG rec,> 24hrs,30days;tech support	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			

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93241	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;R&I,rec,scan	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93242	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;recording	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93243	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;scan/report	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93244	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;R&I	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93245	Ext ECG rec >7days-15days by CRR&S;rec,scan,R&I	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93246	Ext ECG rec >7days-15days by CRR&S;recording	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93247	Ext ECG rec >7days-15days by CRR&S;scanning	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech

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93248	Ext ECG rec >7days-15days by CRR&S;R&I	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			
93264	Rem monitor wireless pul art press sens 30days w/I&R by MD	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
		Policy: Medically Necessary			
		PolicyTech			
93268	Ext pt ECG rec memory loop 30days,24hr rec;trans,R&I, MD attendance	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			
93270	Ext pt ECG rec memory loop 30days,24hr rec;recording	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			
93271	Ext pt ECG rec memory loop 30days,24hr rec; transmission/analysis	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			
93272	Ext pt ECG rec memory loop 30days,24hr rec;I&R	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors)			
		PolicyTech			
94625	OP MD pulmonary rehab;w/out cont oximetry mon(per session)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			

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94626	OP MD pulmonary rehab;w/ cont oximetry mon(per session)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
95711	EEG w/video,rev data,by EEG tech,2-12hrs;unmonitored	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Video Electroencephalography (EEG) Monitoring PolicyTech			
95712	EEG w/video,rev data,by EEG tech,2-12hrs;w/intermittent mon/maint	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Video Electroencephalography (EEG) Monitoring PolicyTech			
95713	EEG w/video,rev data,by EEG tech,2-12hrs;w/cont real time mon/maint	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Video Electroencephalography (EEG) Monitoring PolicyTech			
95714	EEG w/video,rev data,by EEG tech,12-26hrs;unmonitored	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Video Electroencephalography (EEG) Monitoring PolicyTech			
95715	EEG w/video,rev data,by EEG tech,12-26hrs;w/ intermittent mon/maint	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Video Electroencephalography (EEG) Monitoring PolicyTech			
95716	EEG w/video,rev data,by EEG tech,12-26hrs;w/cont real time mon/maint	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Video Electroencephalography (EEG) Monitoring PolicyTech			

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95718	EEG spike/seizure ID,rev data,by MD;2-12hrs; w/video	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95720	EEG spike/seizure ID,rev data,by MD;12-26hrs;w/video	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95722	EEG spike/seizure ID,rev data,by MD;36-60hrs w/video	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95724	EEG spike/seizure ID,rev data,by MD;60-84hrs w/video	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95726	EEG spike/seizure ID,rev data,by MD;>84hrs w/video	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95803	Actigraphy testing,rec,analysis,I&R(72hrs-14days)	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Actigraphy Testing PolicyTech
95805	Multiple sleep latency/maint wakefulness test,anly,R&I,multi trials	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only. Policy: InterQual® criteria is available

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95807	Sleep study,rec ventilation,resp effort,ECG,O2 sat, tech attend	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for mbrs age 21 and older only.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
95808	Polysomnography;any age,sleep stage w/1-3 parameters,tech attend	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for mbrs age 21 and older only.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
95810	Polysomnography;age 6 +,4 parameters,tech attend	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for mbrs age 21 and older only.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
95811	Polysomnography;age 6+,4 paramets, CPAP/vent,tech attend	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used. PA req'd for mbrs age 21 and older only.
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
95965	Magnetoencephalography,R&A;spntaneous brain mag activity	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
95966	Magnetoencephalography,R&A;evoked mag fields,sing modality	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
95967	Magnetoencephalography,R&A;evoked mag fields,ea addl modality	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			
95980	Elec analysis imp neurostim pulse gen syst,gastric;introperative w/prgm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment PolicyTech			

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95981	Elec analysis imp neurostim pulse gen syst,gastric;subsequent w/out prgm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
95982	Elec analysis imp neurostim pulse gen syst,gastric;subsequent w/prgm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
96000	Comp PC-based motion only by video-tape/3D kinematics;	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
96001	Comp PC-based motion only by video-tape/3D kinematics;w/plantar	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="No"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
96002	Dynamic surf electromyography,walk/func activities,1-12 musc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
96003	Dynamic fine wire electromyography,walk/func activities,1 musc	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			
96004	R&I by MD of electromyography procedures	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Experimental and Investigational Treatment			
		PolicyTech			

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96900	Actinotherapy(UV light)	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech			
96904	Whole body integ photo for high risk/familial Hx melanoma	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Whole Body Integumentary Photography PolicyTech			
96910	Photochemotherapy;tar/UVB or petrolatum/UVB	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech			
96912	Photochemotherapy;psoralens and UVA	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech			
96913	Photochemotherapy for severe photoresponsive deramtozes 4-8hrs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech			
96920	Laser treatment for imflammatory skin dis;<250sqcm	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech			

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96921	Laser treatment for imflammatory skin dis;250-500sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech
96922	Laser treatment for imflammatory skin dis;>500sqcm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech
97010	App of modality to 1 plus areas,supervised;hot/cold packs	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used in conjunction with medical policy Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: InterQual® criteria is available Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech
97012	App of modality to 1 plus areas,supervised;traction,mechanical	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used in conjunction with medical policy Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: InterQual® criteria is available Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech

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97014	App of modality to 1 plus areas,supervised;elec stim	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder PolicyTech			
97016	App of modality to 1 plus areas,supervised;vasopneumatic dev	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech			
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
97018	App of modality to 1 plus areas,supervised;parrafin bath	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech			
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech			
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech			
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech			
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			

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97022	App of modality to 1 plus areas,supervised;whirpool	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97024	App of modality to 1 plus areas,supervised;diathermy	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97026	App of modality to 1 plus areas,supervised;infrared	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

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97028	App of modality to 1 plus areas,supervised;ultraviolet	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy	
		Yes	Yes	Yes		
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment				
		PolicyTech				
		Policy: InterQual® criteria is available				
97032	App of modality to 1 plus areas,cons attend;elec stim,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy	
		Yes	Yes	Yes		
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment				
		PolicyTech				
		Policy: InterQual® criteria is available				
97033	App of modality to 1 plus areas,cons attend;iontophoresis,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy	
		Yes	Yes	Yes		
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment				
		PolicyTech				
		Policy: InterQual® criteria is available				

Code	Short Description	PA Required?			Note
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97034	App of modality to 1 plus areas,cons attend;contrast baths,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97035	App of modality to 1 plus areas,cons attend;ultrasound,ea 15 min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97036	App of modality to 1 plus areas,cons attend;Hubbard tank,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97037	Appl of modality to 1/more areas;low lev laser ther for post op pain reduc	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment
[PolicyTech](#)

Code	Short Description	PA Required?			Note
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97110	Therapetic proc,1 plus area,ea 15min;strength/endurance	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97112	Therapetic proc,1 plus area,ea 15min;neuromusc re-educ	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97113	Therapetic proc,1 plus area,ea 15min;aquatic tx	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

Code	Short Description	PA Required?			Note
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97116	Therapetic proc,1 plus area,ea 15min;gait training	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment			
		PolicyTech			
		Policy: InterQual® criteria is available			
Policy: Occupational Therapy in the Outpatient Setting					
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
97124	Therapetic proc,1 plus area,ea 15min;massage	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment			
		PolicyTech			
		Policy: InterQual® criteria is available			
Policy: Occupational Therapy in the Outpatient Setting					
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
97129	Therapeutic intervention of cog func,direct:initial 15mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting			
		PolicyTech			
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting					
PolicyTech					

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97130	Therapeutic intervention of cog func,direct:ea addtl 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy	
		Yes	Yes	Yes		
		Policy: InterQual® criteria is available				
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech				
		Policy: Physical Therapy in the Outpatient Setting PolicyTech				
Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting PolicyTech						
97140	Manual therapy techniques,1 plus regions,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy	
		Yes	Yes	Yes		
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech				
		Policy: InterQual® criteria is available				
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech				
Policy: Physical Therapy in the Outpatient Setting PolicyTech						
97150	Therapeutic proc(s),group(2 plus ind)	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy	
		Yes	Yes	Yes		
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech				
		Policy: InterQual® criteria is available				
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech				
Policy: Physical Therapy in the Outpatient Setting PolicyTech						

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97164	Re-eval of PT established plan of care,30mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97168	Re-eval of OT established plan of care,30mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

97530	Therapeutic activities,direct,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment
[PolicyTech](#)

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97533	Sensory integrative tech sensory/adaptive resp,direct,ea 15mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

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97535	Selfcare/home mgmt training,direct,ea 15min	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting PolicyTech			
97537	Community/work reintegration trianing,direct,ea 15min	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting PolicyTech			
97542	Wheelchair mgmnt,ea 15mins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting PolicyTech			
97545	Work hardening/conditioning;init 2hrs	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting PolicyTech			

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97546	Work hardening/conditioning;ea addl hr	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97750	Phy performance test/measure w/report,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97755	Assitive tech assessment,direct,w/report,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		No	No	Yes	

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

97760	Orthotic mgmnt/train,low ext/trunk,initial,ea 15mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	

Policy: InterQual® criteria is available

Policy: Occupational Therapy in the Outpatient Setting
[PolicyTech](#)

Policy: Physical Therapy in the Outpatient Setting
[PolicyTech](#)

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97761	Prosthetic training,upper/low ext,initial,ea 15mins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting PolicyTech			
97763	Orth/Prosth tmgmnt/train,up/low/trunk,subsequent,ea 15min	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	InterQual® criteria used in conjunction with medical policy
		<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	<input type="button" value="Yes"/>	
		Policy: InterQual® criteria is available			
		Policy: Occupational Therapy in the Outpatient Setting PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting PolicyTech			
97810	Acupuncture,1/more needles;w/out elec stim,init 15mins	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Acupuncture PolicyTech			
97811	Acupuncture,1/more needles;w/out elec stim,ea addl 15min,re-inset	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Acupuncture PolicyTech			
97813	Acupuncture,1/more needles;w/elec stim,init 15min	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Acupuncture PolicyTech			
97814	Acupuncture,1/more needles;w/elec stim,ea addl 15min,re-insert	<input type="button" value="MH"/>	<input type="button" value="Clarity"/>	<input type="button" value="SCO"/>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
		<input type="button" value="No"/>	<input type="button" value="No"/>	<input type="button" value="Yes"/>	
		Policy: Acupuncture PolicyTech			

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99183	MD atten/super of hyperbaric oxygen therapy,per session	<input type="button" value="MH"/> <input type="button" value="Yes"/>	<input type="button" value="Clarity"/> <input type="button" value="Yes"/>	<input type="button" value="SCO"/> <input type="button" value="Yes"/>	InterQual® criteria used in conjunction with medical policy
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Policy: Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)
[PolicyTech](#)

Policy: InterQual® criteria is available