

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 | * High End Radiology |
| * Durable Medical Equipment (DME) | * Genetic Testing |
| * Transportation Services | * 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? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69
Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search

UPDATED 11/26/2024 Please review carefully for changes

0001U	Red bld cell ant typing, DNA, human erythrocyte ant gene analy 35 antigens	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0004M	Scoliosis, DNA analysis 53 sing nucleotide polymorphisms,saliva	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0005U	Oncology (prostate) gene exp profile real-time RT-PCR of 3 genes,urine	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0006M	Oncology (hepatic), mRNA exp levels of 161 genes,tumor tissue	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0007M	Oncology (gastroint neuroendocrine tumors), real-time PCR exp anlys 51 genes	MH	Clarity	SCO	
		Yes	Yes	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
		Yes	Yes	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	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					

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PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69

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0012M	Oncology (urothelial), mRNA, gene exp profile realtime quant PCR 5 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0013M	Oncology (urothelial), mRNA, gene exp profile realtime quant PCR 5 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0016M	Oncology(bladder),mRNA,microarray gene exp profile 209 genes,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0017M	Oncology(DLBCL),mRNA,gene exp profile by FPH 20 genes,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0018U	Oncology(thyroid),mRNA profile RT-PCR 10 seqs,fine aspirate	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0019U	Oncology,RNA,gene exp profile whole transcriptome seq,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0020M	Onc(cent nerv sys),anlys 30000 DNA methylation loci	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0022U	Targeted gen seq panel,choleangiocarcinoma,DNA/RNA,1-23genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0026U	Oncology(thyroid)DNA/mRNA 112 genes,next gen seq,aspirate	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0029U	Drug metabolism,targeted seq analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0031U	CYP1A2 gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0032U	COMT, gene analysis,c. 472G>A variant	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0033U	HTR2A,HTR2C gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0034U	TPMT,NUDT15 gene analysis,common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0036U	Exome,paired formalin/paraffin tissue and normal,seq analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0037U	Targeted genomic seq analy,solid org neoplasm, DNA analy 324 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0042T	Cerebral perfusion analysis using CT w/contrast admin	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Radiology eviCore
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene exp profile,12 genes,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0047U	Oncology (prostate), mRNA, gene exp profiling RT-PCR,17 genes,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0048U	Oncology (solid org neoplasia), DNA, targ seq protein-coding exons of 468 ca-assoc genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0050U	Targeted gen seq panel,acute myelogenous leukemia,DNA,194 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0053U	Oncology(Prostrate CA)FISH analysis 4 genes,biopsy specimen	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0055U	Cardiology(heart tx),cell-free DNA,PCR assay 96 DNA target seq,plasma	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0060U	Twin zygosity, gen-targeted seq analy chromo 2,circ cell-free fetal DNA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0067U	Oncology(breast)IHC,proteoin exp profile 4 biomark,pre-CA tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0069U	Oncology(colorectal),mRNA,RT-PCR exp profile miR-31-3p,tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0070U	CYP2D6 gene analysis,common/select rare variants	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0071T	Focused US ablation uterine leiomyomata,incl MR guide;tot vol >200cc tiss	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment

[PolicyTech](#)

0071U	CYP2D6,gene anlysis, full gene seq	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Genetic Testing

[eviCore](#)

0072T	Focused US ablation uterine leiomyomata,incl MR guide;tot vol >/=200cc tiss	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment

[PolicyTech](#)

0072U	CYP2D6 gene analysis,targeted seq analysis,hybrid	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Genetic Testing

[eviCore](#)

0073U	CYP2D6 gene analysis, targeted seq analysis,hybrid	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Genetic Testing

[eviCore](#)

0074U	CYP2D6 gene analysis, targeted seq analysis,non-duplicated	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Genetic Testing

[eviCore](#)

0075T	Transcath plcmnt extracranial vert art stent(s),incl RS&I,open/perc;init vessel	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment

[PolicyTech](#)

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0075U	CYP2D6 gene analysis, targeted seq analysis,5'gene dup/mult	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0076T	Transcath plcmnt extracranial vert art stent(s),incl RS&I,open/perc;ea addl vessel	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0076U	CYP2D6 gene analysis, targeted seq analysis,3' dup/mult	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0078U	Pain mgmnt genotyping panel,16 com var,bucacl swab/tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0079U	Comparative DNA analysis usings SNPs,urine/buccal DNA,spec ID verif	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0082U	Drug test(s),definitive,90 + drugs/subs,def chromatography w/mass spect,urine	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech
0084U	Red blood cell antigen typing,DNA genotyping 10 bld grps	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0087U	Cardiology(heart tx),mRNA gene exp profile microarray 1283 genes,biopsy tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0088U	Transplant medicine,microarray profile 1494 genes,biopsy tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0089U	Oncology(melanoma),gene exp profile by RTqPCR,PRAME,LINC00518, patches	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0090U	Oncology(colorectal) screening,circ tumor cells,whole blood	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0093U	Rx drug monitor,eval 65 commons drugs by LC-MS/MS urine,ea drug	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech
0094U	Genome,rapid seq analysis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0095T	Removal total disc arthroplasty,ant appr,ea addl interspace,cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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0098T	Revision incl replc total disc arthroplasty,ant appr,ea addl interspace,cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
0100T	Plcmnt subconjunctival retinal prosth rec/pulse gen,w/vitreotomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0101T	Extracorporeal shock wave MSK system,NOS	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0102T	Extracorporeal shock wave by MD,req anesth oth than local,lat humeral epicondyle	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0103U	Hereditary ovarian CA,gen seq panel,NGS,Sanger,MLPA,array CGH w/mRNA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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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
0107T	Quantitative sensory test, inerp per ext;vibration stimuli	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0108T	Quantitative sensory test, inerp per ext;cooling stimuli	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0109T	Quantitative sensory test, inerp per ext;heat-pain stimuli	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0110T	Quantitative sensory test, inerp per ext;other stimuli	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0111U	Oncology(Colon CA),targeted KRAS/NRAS gene analysis,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0113U	Oncology(prostrate)measure PCA3/TMPRSS2-ERG,urine/PSA serum,RNA amp	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0114U	Gastro-ent(Barrette's),VIM/CCNA1 methy anly,esophageal cells	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0116U	RX drug monitor,enzyme IA 35/more drugs conf w/LC-MS/MS,oral fluid	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details 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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0120U	Oncology(B-cell lymph)mRNA,gene exp profile,flour probe hybrid 58 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0129U	Hereditary breast CA-rel dis,gen seq anly and dele/dupl panel	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0130U	Hereditary colon CA dis,targ mRNA seq panel	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0131U	hereditary breast CA-rel dis,targ mRNA seq panel, 17 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0132U	Hereditary ovarian CA-rel dis,targ mRNA seq panel,17 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0133U	Hereditary prostate CA-rel dis,targ mRNA seq panel,11 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0134U	Hereditary pan CA,targ mRNA seq panel,18 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0135U	Hereditary gyne CA,targ mRNA seq panel, 12 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0136U	ATM,MRAN seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0137U	PALB2,MRAN seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0138U	BRCA1/BRCA2,mRNA seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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0153U	Oncology(breast),mRNA,gen exp profile next-gen seq 101 genes,tissue	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

0156U	Copy number,seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

0157U	APC,mRNA seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

0158U	MLH1,mRNA seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

0159U	MSH2,mRNA seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

0160U	MSH6,mRNA seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

0161U	PMS2,MRNA seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

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0162U	Hereditary colon CA,targ mRNA seq panel	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0165T	Revision incl replmt tot disc arthroplasty,ante appr,ea addtl space,lumbar	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
0169U	NUDT15/TPMT gene analysis,common variants	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0170U	Meurology,RNA,next gen seq,saliva	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0171U	Targ gen seq panel,myeloid luek/MDP synd/MP neoplasm,DNA,23 genes	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0172U	Oncology(solid tumor),somatoc mutation analy BRCA1,BRCA2,DNA,tissue	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0173U	Psychiatry,gen analy panel,incl variant 14 genes	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					

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0174T	Computer-aid detection,w/MD rev for I&R,digitization,concurrent	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0175T	ComputerOaid detection,w/MD rev for I&R,digitization,remotely	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0175U	Psychiatry,gen analysis panel, variant 15 genes	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Genetic Testing eviCore
0179U	Oncology(non sm cell lung CA),cell free DNA,targ seq anly 23 genes	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Genetic Testing eviCore
0184T	Excision rectal tumor,transanal endo microsurg appr,incl muscularis propria	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0198T	Measurement ocular bld flow,repete intracocular press sampl,w/I&R	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0203U	Autoimmune(IBD),mRNA,gene exp profile quant RT-PCR,17 genes,whole bld	MH Yes	Clarity Yes	SCO Yes	 Policy: eviCore Genetic Testing eviCore

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0205U	Ophthalmology(age-rel MD),anlys 3 gene variants,PCR/MALDI-TOF,buccal	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0207T	Evacutaion meibomian glands,automated,heat/pressure,unilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0208T	Pure tone audiometry(threshold),automated;air only	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0209T	Pure tone audiometry(threshold),automated;air/bone	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0209U	Cytogenic const anlys, copy numb/struct chngs/homozyg,chrn abnorms	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0210T	Speech audiometry threshold,automated;	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0211T	Speech audiometry threshold,automated;w/recognition	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>

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0211U	Oncology(pan-tumor),DNA/RNA next gen seq,tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0212T	Comp audiometry threshold eval/spch recog,automated	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: Experimental and Investigational Treatment PolicyTech
0212U	Rare diseases,whole gen/mDNA seq anlys,blood/saliva,proband	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0213T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;single	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
0213U	Rare diseases,whole gen/mDNA seq,blood/saliva,comparator	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0214T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;2nd lev	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
0214U	Rare diseases,whole exome/mDNA seq anlys,blood/saliva,proband	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0215T	Injection(s),diag/thera agent,paravertebral facet joint,w/UG,cerv/thor;3rd+lev	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
0215U	Rare diseases,whole exome/mdDNA seq anlys,blood/saliva,comparator	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0216T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;single	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
0216U	Neurology(inh ataxias)gen DNA seq 12 comm genes,bld/saliva,ID/categ	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0217T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;2nd lev	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
0217U	Neurology(inh ataxias)gen DNA seq 51 genes,bld/saliva,ID/categ	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0218T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;3rd+lev	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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0218U	Nuerology(MS),DMD gene seq anlys,blood/saliva,ID/charac	MH	Clarity	SCO	Policy: eviCore Genetic Testing eviCore
		Yes	Yes	Yes	
0219T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;cervical	MH	Clarity	SCO	InterQual® criteria used Policy: InterQual®
		Yes	Yes	Yes	
0220T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;thoracic	MH	Clarity	SCO	InterQual® criteria used Policy: InterQual®
		Yes	Yes	Yes	
0220U	Oncology(breast CA)image anys w/AI assess 12 hist/immuno features	MH	Clarity	SCO	Policy: eviCore Genetic Testing eviCore
		Yes	Yes	Yes	
0221T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;lumbar	MH	Clarity	SCO	InterQual® criteria used Policy: InterQual®
		Yes	Yes	Yes	
0222T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;ea addt lev	MH	Clarity	SCO	InterQual® criteria used Policy: Experimental and Investigational Treatment PolicyTech Policy: InterQual®
		Yes	Yes	Yes	
0227U	Drug assay,presumptive,30/more,urine,LC- MS/MS,using MRM	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech
		Yes	Yes	Yes	

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0228U	Oncology(prostate),multianalyte mol profile by photometric det,urine	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0229U	BCAT1/IKZF1 promotor methylation analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0230U	AR,full seq anlys,sml seq changes exonic/intronic reg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0231U	CACNA1A,full gene anlys,sml seq changes exonic/intronic reg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0232T	Injections(s),platelet rich plasma,any site,incl IG,harvest/prep	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0232U	CSTB,fullgene anlys,sml seq changes exonic/intronic reg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0233U	FXN,gene anlys,sml seq changes exonic/intronic reg	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0234T	Tranluminal periph arthrectomy,open/perc,incl R&I;renal artery	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment

[PolicyTech](#)

0234U	MECP2,full gene anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing

[eviCore](#)

0235T	Tranluminal periph arthrectomy,open/perc,incl R&I;visceral artery	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment

[PolicyTech](#)

0235U	PTEN,full gene anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing

[eviCore](#)

0236T	Tranluminal periph arthrectomy,open/perc,incl R&I;abd artery	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment

[PolicyTech](#)

0236U	SMN1,full gene anlys,sml seq changes exonic/intronic reg	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing

[eviCore](#)

0237T	Tranluminal periph arthrectomy,open/perc,incl R&I;brachiocephalic	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment

[PolicyTech](#)

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0237U	Cardiac ion chnnelopathies,gen seq panel,sml seq changes exonic/intronic reg	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0238T	Tranluminal periph arthrectomy,open/perc,incl R&l;iliac artery	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: InterQual®</div>
0238U	Oncology(lynch),gen DNA seq anlys,sml seq changes exonic/intronic reg	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0239U	Targeted gen seq panel,solid organ neoplasm, 311/more genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0242U	Targeted gen seq panel,solid organ neoplasm, DNA, 55-74 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0244U	Oncology(sol org),DNA,comp gen profile,257 genes,tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0245U	Oncology(thyroid),mutation anlys 10 genes,37 RNA fusions, next gen seq	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>

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0246U	RBC antigen typing,DNA,16 bld grps,prediction 51 RBC antigens	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0250U	Oncology(sol org neo),targ gen seq DNA anlys 505 genes,SNVs	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0252U	Fetal aneuploidy short-tandem-rep comp anlys,fetal DNA	MH	Clarity	SCO	
		Yes	Yes	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	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0254U	Reproductive med, 24 chroms using embryonic DNA gen seq anlys	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

0258U	Autoimmune(psoraisis)mRNA,next-gen seq,gene exp profile 50-100 genes	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing
[eviCore](#)

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0260U	Rare diseases,ID copy numb variants,optical gen mapping	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0262U	Oncology(sol tumor),gene exp profile real time RT-PCR 7 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0263T	Intramuscular auto bone marr cell tx,w/prep,one leg;complete w/harvest	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0264T	Intramuscular auto bone marr cell tx,w/prep,one leg;exc harvest	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0264U	Rare diseases, ID copy num variants,optical gen mapping	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0265T	Intramuscular auto bone marr cell tx,w/prep,one leg;uni/bilat harv only therapy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0265U	Rare const/heritable dis,whole gen/mDNA seq anlys,tissue/saliva/cell	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0266T	Imp/Repl carotid sinus baroreflex act dev;total system	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](#)

0266U	Unexplained const/herit dis/synd,tiss spec gene exp whole-trans/next-gen seq	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Genetic Testing
[eviCore](#)

0267T	Imp/Repl carotid sinus baroreflex act dev;lead only,unilateral	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](#)

0267U	Rare const/herit dis,ID copy num variations,optical gen map/whole gen seq	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Genetic Testing
[eviCore](#)

0268T	Imp/Repl carotid sinus baroreflex act dev;pulse gen only	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](#)

0268U	Hematology(aHUS),gen seq anlys 15 genes,blood/buccal/amniotic	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Genetic Testing
[eviCore](#)

0269T	Rev/rem carotid sinus baroreflex act dev;total system	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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0269U	Hematology,(thromocytopenia),gen seq anlys 14 genes,blood/buccal,amnioitic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0270T	Rev/rem carotid sinus baroreflex act dev;lead only,unilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0270U	Hematolgy(cong coagulation dis),gen seq anlys 20 genes,bld/bucc/amniotic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0271T	Rev/rem carotid sinus baroreflex act dev;pulse gen only	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0271U	Hematology(cong neutropenia),gen seq anlys 23 genes,bld/buccal/amniotic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>
0272T	Interrogation dev eval,carotid sinus baroreflex act syst;	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Please review the WellSense policy for authorization/criteria details</div> <div>Policy: Experimental and Investigational Treatment</div> <div>PolicyTech</div>
0272U	Hematology(gen bleeding dis),gen seq anlys 51 genes,bld/bucc/amnio,compr	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	<div>Policy: eviCore Genetic Testing</div> <div>eviCore</div>

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0273T	Interrogation dev eval,carotid sinus baroreflex act syst;w/ prgming	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0273U	Hematology(hyperfibrinolysis)anlys 9 genes,next-gen seq/PLAU	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0274U	Hematology(platelet dis),gen seq anlsy 43 genes,bld/bucc/amnio	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0276U	Hematology(thrombocytopenia),gen seq anlys 42 genes,bld/bucc/amnio	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0277U	Hematology(platelet func dis),gen seq anlys 12 genes,bld/bucc/amnio	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0278T	Transcutaneous elec mod pain reprocessing,ea session	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0278U	Hematology(thrombosis)gen seq anlys 12 genes,bld/bucc/amnio	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0282U	RBC anitigen typing,DNA,12 bld grp syst genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0285U	Oncology,resp to radiation, cell-free DNA, quant branch chain DNA amp,plasma	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0286U	CEP72,NUDT15,TPMT,gene anlys,common variants	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0287U	Oncology(thyroid),DNA/mRNA, next-gen seq 112 genes,aspirate/tiss	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0288U	Oncology(lung),mRNA,quant PCR anlys 11 genes, tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0289U	Neurology(Alzeimer's),mRNA,gene exp profile RNA seq 24 genes,whole bld	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0290U	Pain mgmnt,mRNA,gene exp profile RNA seq 36 genes,whole bld	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0291U	Psychaitry(mood dis),mRNA,gene exp profile RNA seq 144 genes,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes
Policy: eviCore Genetic Testing eviCore				
0292U	Psychiatry(stress dis),mRNA,gene exp profile RNA seq 72 genes,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes
Policy: eviCore Genetic Testing eviCore				
0293U	Psychiatry(suicidal ideation),mRNA,gen exp profile RNA seq 54 genes,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes
Policy: eviCore Genetic Testing eviCore				
0294U	Longevity/mortality risk, mRNA, gene exp profile RNA seq 18 genes,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes
Policy: eviCore Genetic Testing eviCore				
0296U	Oncology(oralCA),gene exp profile RNA seq 20 molec features,saliva	MH	Clarity	SCO
		Yes	Yes	Yes
Policy: eviCore Genetic Testing eviCore				
0297U	Oncology(pan tum),,whole gen seq paired malig/norm DNA specimens	MH	Clarity	SCO
		Yes	Yes	Yes
Policy: eviCore Genetic Testing eviCore				
0298U	Oncology(pan tum),whole transc seq paired malig/norm RNA specimens	MH	Clarity	SCO
		Yes	Yes	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 Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0300U	Oncology(pan tum),whole gen seq/optical gen map paired malig/norm DNA spec	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0306U	Oncology(MRD),next-gen targ seq anlys,cell-free DNA, initial assess	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0307U	Oncology(MRD),next-gen targ seq anlys,cell-free DNA, subsequent assess	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0308T	Insertion ocular telescope proth incl rem crystalline/intrao lens prosth	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0313U	Oncology(pancreas),DNA/mRNA next gen seq anlys 74 genes,CEA gen exp	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0314U	Oncology(cutan melanoma),mRNA gene exp profile RT-PCR 40 genes,tissue	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0315U	Oncology(cutan SCC),mRNA gene exp profile RT-PCR 40 genes,tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0317U	Oncology(lung CA),four-probe FISH assay,whole blood	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0318U	Pediatrics(epigenetic dis),whole gen methylation anlys microarray 50 plus genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0319U	Nephology(renal TX),RNA exp transcriptome seq,blood	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0320U	Nephology(renal TX),RNA exp transcriptome seq,blood	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0326U	Targeted gen seq panel,sol org neo,circ DNA anlys 83/more genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0328U	Drug assay,definitive, 120/more drugs, urine,LC-MS/MS	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details 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	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0329U	Oncology(neoplasia),exome/transcriptome seq anlys for seq variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0330T	Tear film imaging,unilat/bilat, w/I&R	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0331T	Myocardial sympathetic innerv image,planar qual/quant assess;	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0331U	Oncology(HL neoplasia), opt gen mapping,copy num variants,DNA	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0332T	Myocardial sympathetic innerv image,planar qual/quant assess;w/SPECT	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0332U	Oncology(pan-tum),gen profile 8 DNA reg markers by qPCR, whole bld	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0333U	Oncology(liver)surv for HCC in high risk pts,anlys methyl patterns	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0334U	Oncology(sol org),tar gen seq anlys,FFPE tum tiss,DNA,84/more genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0335T	Insertion of sinus tarsi implant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0335U	Rare disease,whole gen seq anlys,fetal sample,ID/categ gen variants	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0336U	Rare disease,whole gen seq anlys,bld/saliva,ea comparator gen	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0338T	Trancatheter renal sympathetic denervation,perc appr;unilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0339T	Trancatheter renal sympathetic denervation,perc appr;bilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

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0339U	Oncology(prostate),mRNA exp profile HOXC6,DLX1, RT-PCR,urine	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0340U	Oncology(pan CA),anlys MRD from palsma, w/dis burden correlation	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0341U	Fetal aneuploidy DNA seq comp anlys,fetal DNA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0342T	Therapeutic apherisis w/ select HDL delipidation/plasma reinfusion	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0343U	Oncology(prostate),exosome-based analy 442 non-code RNAs,urine	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0345T	Transcatheter mitro valvce rep perc appr via coronary sinus	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0345U	Psychiatry,gen anlys panel,var anlys 15 genes,incl dele/dupl anlys CYP2D6	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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0347U	Drug metabolism/proc,whole bld/buccal,DNA anlys,16 gene rept	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0348U	Drug metabolism/proc,whole bld/buccal,DNA anlys,25 gene report	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0349U	Drug metabolism/proc,whole bld/buccal,DNA anlys,27 gene report	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0350U	Drug metabolism/proc,whole bld/buccal,DNA anlys,27 gene report,interactions	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0356U	Oncology(oropharygeal),eval 17 DNA biomark using ddPCR,cell-free DNA	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0362U	Oncology(pap thy CA),gene exp profile via targ hybrid capt-enrich RNA,82 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0363U	Oncology(urothelial),mRNA gen exp profile PCR 5 genes,urine	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0364U	Oncology(HL neo),gen seq anlys multiplex PCR/next-gen seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0368U	Oncology(colorectal CA),eval for mutations,multiplex quant PCR/cfDNA, plasma	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0379U	Targeted gen seq panel,sol org neop,DNA/RNA next-gen seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0380U	Drug metabolism,targ gen seq anlys,20 genes var/CYP2D6 dele/dupl w/ report	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0388U	Oncology(NSC lung CA),next-gen seq, 37 CA rel-genes, plasma	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0389U	Pediatric febrile illness(Kawasaki),IFI27/MCEMP1,RNA,RT- qPCA,blood	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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0391U	Oncology(sol tum),DNA/RNA next-gen seq, tissue,437 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0392U	Drug metabolism, variant anlys 16 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0395U	Oncology(lung),multi-omics,plasma	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0396U	Obstetrics(pre-imp GT),eval 300000 DNA SNPs,microarray,embryo tissue	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0398U	Gastroenterology(Barrett)P16,RUNX3,HPP1, FBN1 DNA methyl analy PCR,tissue	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0400U	Obstetrics, 145 genes next-gen seq frag anlys,DNA	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0401U	Cardiology(CAD),9 genes,targ variant genotyping,bld/saliva/buccal	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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0403U	Oncology(prostate)mRNA gene exp profile,18 genes,urine	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0405U	Oncology(pancreatic)59 mrkrs,next-gen seq,plasma	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0409U	Oncology(solid tumor),DNA(80 genes)/RNA(36 genes) next gen seq,plasma	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0410U	Oncology(pancreatic),DNA whole gen seq, w 5-hmc,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0411U	Psychiatry,gen seq panel,15 genes,analysis CYP2D6	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0413U	Oncology(lung),aug algorithmic anlys digitized whole slide image 8 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0414U	Oncology(lung)digitized slide,5 genes,tissue	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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0417U	Rare dis,whole mitoc gen seq,heteroplasmy det/del,335 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0418U	Oncology(breast),aug algorithmic anlys,digitized whole slide,8 feat	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0419U	Neuropsychiatry,gen seq anlys panel,13 genes,saliva	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0420U	Onc(urothelial),mRNA exp,realtime PCR,6 sing necleotide	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0421U	Onc(colorectal),screen,quant realtime trgt/sig amp,8 RNA mrkrs	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0422U	Onc(pansolid tmr),anlys biomrkr resp anti-CA thrpy	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0423U	Psychiatry,gen anlys pnl,var anlys 26 genes,buccal swab	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0424U	Onc(prostate),exosome-based anlys 53 sml non code RNAs	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0425U	Genome,rapid seq anlys,ea comparator genome	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0426U	Genome,ultra-rapid seq anlys	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0428U	Onc(breast),targ hybrid-capt gen seq anlys,circ tum DNA,56 plus genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0433U	Onc(prostate),5 DNA reg mrkrs quant PCR,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0434U	Drug Metab,gen seq anlys,var anlys 25 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0437U	Psychiatry,mRNA,gene exp profile RNA seq 15 biomrks,whole bld	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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0438U	Drug metab,buccal spcmn,gene-drg interact,33 genes, incl CYP2D6 anlys	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0439U	Cardiology(CHD),DNA,Anlys 5 SNPs,qPCR/dgtl PCR,whl bld, risk score	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0440T	Ablation, perc, cryoablation,incl IG;upper ext distal/periph nerve	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: InterQual®					
0440U	Cardiology(CHD),DNA,Anlys 10 SNPs,qPCR/dgtl PCR,whl bld, risk score	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0441T	Ablation, perc, cryoablation,incl IG;lower ext distal/periph nerve	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: InterQual®					
0442T	Ablation, perc, cryoablation,incl IG;nerve plexus/oth truncal nerve	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: InterQual®					
0444U	Oncology(sld org neo),tgtf gen seq anlys 361 genes,FFPE tmr tissue	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
0446T	Creation subcu pocket w/ ins imp interstitial glucose sens,incl act/train	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and Insulin Delivery Devices PolicyTech					

Code	Short Description	PA Required?			Note
		Yes= Auth Required via Medical Policy or InterQual			
		No= Auth not applicable, review Benefits and/or Payment Policies			

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0448T	Removal imp interstitial glucose sens from subc pocket via incision	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details 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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0449U	Carrier screen severe inherited conditions,5 gene anlsys	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0452U	Onc(bladder),methylated PENK DNA detect by LTE-Qmsp	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0453U	Oncology(colorectal CA),cfDNA,methylation-based quant PCR assay	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0454U	Rare diseases, identification by optical genome mapping	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0456U	Autoimmune(RH Arth),next gen sew 19 genes reported as TNFi	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

Code	Short Description	PA Required?			Note
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0460U	Oncology,wh bld/buccal,SMP genotyping by real time PCR	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0461U	Oncology,pharmacogenetic anlys of SNP by real time PCR of 24genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0463U	Oncology(cervix),mRNA gene exp profile 14 biomarkers by NASBA	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0464U	Oncology(colorectal),screening,quant real time methylated DNA marker	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0465U	Oncology(urothelial carcinoma),DNA,quant methyl specific PCR 2 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0466U	Cardiology(CAD),DNA,genome wide assoc studies polygenic risk	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0467U	Oncology(bladder),DNA,next gen seq 60 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0469U	Rare diseases,fetal results based on phenotype	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0470U	Oncology(oropharyngeal),detect min residual dis by NGS 8 DNA targets	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0471U	Oncology(colorectal CA), qual real time PCR 35 variants of KRAS/NRAS genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0473U	Oncology(solid tumor) NGS of DNA from FFPE,648 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0474U	Hereditary pan-CA,gen sew anlys panel 88 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0475U	Hereditary prostate CA rel dis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
0476U	Drug metabolism,psych,genotyping 14 genes/CYP2D6	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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0477U	Drug metabolism,psych,genotype 14genes/CYP2D6	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0478U	Oncology(non sml cell lung CA),DNA/RNA,digt PCR anlys 9 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0481U	IDH1,IDH2 and TERT promoter,next gen seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0485U	Oncology(solid tumor),cell free DNA/RNA next gen seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0486U	Oncology(pan-solid tumor),next gen seq of tumor methylation markers	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0487U	Oncology(solid tumor),cell-free circ DNA trgtd gen seq 84 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0488U	Obstetrics(fetal antgn non invasive prenatal test)DNA seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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0489U	Obstetrics(sngl-gene non invasive prenatal test),DNA seq 1/more targets	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0493U	Transplantation med, quant donor derived cell free DNA,next gen seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0494U	Red bld cellantigen(fetal RhD)next gen seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0495U	Oncology(prostate)anly ciculating proteins/germline risk score(60 var)	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0496U	Oncology(colorectal),cell-free DNA, 15 genes,RT-PCR	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0497U	Oncology(prostate)mRNA gene exp prfl RT-PCR 6 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

0498U	Oncology(colorectal)next gen seq 88genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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0499U	Oncology(colorectal/lung),DNA from tissue,next gen seq 8 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Policy: eviCore Genetic Testing
[eviCore](#)

0501U	Oncology(colorectal),blood,quant measmnt cfDNA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Policy: eviCore Genetic Testing
[eviCore](#)

0506U	Gastroenterology(Barrett's)DNA mthyl by next-gen seq 89 diff gen regions	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Policy: eviCore Genetic Testing
[eviCore](#)

0507U	Oncology(ovarian)DNA,whole gen seq 5hmC enrichment	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Policy: eviCore Genetic Testing
[eviCore](#)

0508U	TnspInt med,quant donor cfDNA,40 SNPs	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Policy: eviCore Genetic Testing
[eviCore](#)

0509U	Trnsplnt med,quant donor cfDNA using up to SNPs	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Policy: eviCore Genetic Testing
[eviCore](#)

0510T	Removal of sinus tarsi implant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>
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Please review the WellSense policy for authorization/criteria details

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

Policy: Medically Necessary
[PolicyTech](#)

Code	Short Description	PA Required?			Note
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0510U	Oncology(pancreatic CA)aug algorithmic anlys 16 genes,prev seq RNA	MH	Clarity	SCO	Policy: eviCore Genetic Testing eviCore
		Yes	Yes	Yes	
0511T	Removal/reinsertion of sinus tarsi implant	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
		Yes	Yes	Yes	
0512T	Extracorporeal shock wave for integ wound healing;initial wound	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
		Yes	Yes	Yes	
0513T	Extracorporeal shock wave for integ wound healing;ea addtl wound	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
		Yes	Yes	Yes	
0515T	Insertion wireless cardiac stim left vent pacing;complete system	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
		Yes	Yes	Yes	

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0516T	Insertion wireless cardiac stim left vent pacing;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](#)

0516U	Drug metabolism,whole bld,40 genes and CYP2D6	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Genetic Testing

[eviCore](#)

0517T	Insertion wireless cardiac stim left vent pacing;pulse gen comp 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](#)

0518T	Removal of only pulse gen comp 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](#)

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](#)

Code	Short Description	PA Required?			Note
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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 encout 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					
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					

Code	Short Description	PA Required?			Note
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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	Prgrm 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 PolicyTech					
0529T	Interrogation dev eval intracardiac ischmia mon syst w/ anlys,rep,rev	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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0530T	Removal intracardiac ischemia mon syst;compete system	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					
0531T	Removal 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					
0532T	Removal intracardiac ischemia mon syst;impl mon 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					
0537T	Chimeric ant receptor T-Cell(CAR-T) therapy;harvesting for devel	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech					
Policy: Gene Therapy and Cell Therapy Included on MH Acute Hospital Carve-Out Drugs List Policy Tech					
0538T	Chimeric ant receptor T-Cell(CAR-T) therapy;prep for transport	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech					
Policy: Gene Therapy and Cell Therapy Included on MH Acute Hospital Carve-Out Drugs List Policy Tech					

Code	Short Description	PA Required?			Note
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0539T	Chimeric ant receptor T-Cell(CAR-T) therapy;reciept/prep admin	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech					
Policy: Gene Therapy and Cell Therapy Included on MH Acute Hospital Carve-Out Drugs List Policy Tech					
0540T	Chimeric ant receptor T-Cell(CAR-T) therapy;CAR-T ceall admin,autologous	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech					
Policy: Gene Therapy and Cell Therapy Included on MH Acute Hospital Carve-Out Drugs List Policy Tech					
0541T	Myocardial image by MCG,det of card ischemia,single study;	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					
0542T	Myocardial image by MCG,det of card ischemia,single study;I&R	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					
0546T	Radiofrequency spectroscopy,real time, intraop marg assess, part mastectomy	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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0552T	Low-lev laser therapy,dyn photonic/thermokinetic energies,by MD	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
0584T	Islet cell transplant;percutaneous	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Medically Necessary PolicyTech					
0585T	Islet cell transplant;laparoscopic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Medically Necessary PolicyTech					
0586T	Islet cell transplant; open	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Medically Necessary PolicyTech					
0587T	Perc Impl/repl integrated sing dev neurostim bladder dys,PTN	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Peripheral Nerve Stimulation Policy Tech					
0588T	Rev/Rem perc intergrated sing dev neurostim bladder dys,PTN	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Peripheral Nerve Stimulation Policy Tech					
0609T	MR spectroscopy, discogenic pain;sing voxal data,per disc,biomark,3 discs	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Radiology eviCore					

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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0610T	MR spectroscopy, discogenic pain;transm biomark data	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Radiology
[eviCore](#)

0611T	MR spectroscopy, discogenic pain;postprocess anlys biomark data	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Radiology
[eviCore](#)

0612T	MR spectroscopy, discogenic pain;l&R	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Radiology
[eviCore](#)

0620T	Endovascular ven arterialization,tibial/peroneal vein	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

0623T	Auto quant/chara coronary atherosclerotic plaque,CTA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Radiology
[eviCore](#)

0624T	Auto quant/chara coronary atherosclerotic plaque,CTA;data prep/transm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Radiology
[eviCore](#)

0625T	Auto quant/chara coronary atherosclerotic plaque,CTA;data anlys	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
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Policy: eviCore Radiology
[eviCore](#)

Code	Short Description	PA Required?			Note
		Yes= Auth Required via Medical Policy or InterQual			
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0626T	Auto quant/chara coronary atherosclerotic plaque,CTA;rev I&R	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Radiology eviCore
0627T	Perc inj allogenic cell/tissue based pdct,invert disc,unilat/bilat,lumb;fist lev	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0628T	Perc inj allogenic cell/tissue based pdct,invert disc,unilat/bilat,lumb;ea addl lev	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0629T	Perc inj allogenic cell/tissue based pdct,invert disc,uni/bil,w/CT,lumb;first lev	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0630T	Perc inj allogenic cell/tissue based pdct,invert disc,uni/bil,w/CT,lumb;ea add lev	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0631T	Tansc visible light hyperspectral image msrmt oxy/deoxy hemogl,per extr	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0632T	Perc transcath US ablation nerves pulm art,incl r hrt cath,pulm art angio,IG	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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0633T	CT,breast,inc 3d rendering,unilat;w/ out contrast	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

0634T	CT,breast,inc 3d rendering,unilat;w/contrast	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

0635T	CT,breast,inc 3d rendering,unilat;w/out cont followed by contrast	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

0636T	CT,breast w 3D rendering, bilateral;w/out contrast	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

0637T	CT,breast w 3D rendering, bilateral;w/contrast	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

0638T	CT,breast w 3D rendering, bilateral;w/out cont followed by contrast	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

0639T	Wireless skin sens therm anisotropy msrmnts/assess flow CS fluid shunt	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

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

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

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0660T	Implantation anterior seg intraocular non-biodeg drug-eluting syst,internal appr	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0661T	Removal/re-imp anterior seg intraocular non-biodeg drug-eluting impl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0662T	Scalp cooling,mechanical;init msrmnt/calibration of cap	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0663T	Scalp cooling,mechanical;plcmnt of dev,monito,remvl dev	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0671T	Insertion anter seg aqueous drain dev,trab mshwrk,w/out ext resev,one/more	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0673T	Ablation,benign thyroid nodes,perc,laser,incl IG	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0686T	Histotripsy,malignant hepatocellular tissue,incl IG	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details 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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0690T	Quant US tissue charact,incl I&R, w/ diag US exam same anatomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0692T	Therapeutic ultrafiltration	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0693T	Comprehensive full body PC-based 3D kinematic/kinetic motion anly/rprt	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0694T	3D volumetric image/reconst breast/ax lymph tiss,each spec,I&R,intraop	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0695T	Body surface-activ map pacemaker/pacing cardio-defib leads;at time of imp	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0696T	Body surface-activ map pacemaker/pacing cardio-defib leads;follow up dev eval	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

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

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0711T	Noninv aerterial 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 aerterial 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 aerterial 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	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	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	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
0789T	Elec anlys complex prgmmng,imp integrated neurostim syst,spinal cord/sacral	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
0790T	Rev/repl/rem thoracolumbar/lumbar tethering	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0791T	Motor-cogn,semi-immersive VR-facilitated gait train,ea 15mins	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0793T	Perc transcath thermal ablation nerves pulm arteries,IG	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0794T	Pt-spec,assistive,rule-based alghthm,rank pharmaco-oncologic tx	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
0807T	Pulm tissue ventil anlys,data CF images;w/prev CT image	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

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0808T	Pulm tissue ventil anlys,data CF images;w/CT image	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0811T	Remote multi day complex uroflowmetry;setup	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0812T	Remote multi day complex uroflowmetry;device supply	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0813T	Esophagogastroduodenoscopy,fex,trnsrl,vol adj bar balloon	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0816T	Open insrt/repl integrated neurostim syst blddr dysf,PTN;subcutaneous	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech

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0817T	Open insrt/repl integrated neurostim syst blddr dysf,PTN;subfascial	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Peripheral Nerve Stimulation Policy Tech					
0818T	Rev/Rem integrated neurostim syst blddr dysf,PTN;subcutaneous	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Peripheral Nerve Stimulation Policy Tech					
0819T	Rev/Rem integrated neurostim syst blddr dysf,PTN;subfascial	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Peripheral Nerve Stimulation Policy Tech					
0857T	Opto-acoustic image,breast,unilat,inc axilla,realtime w/image doc	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Experimental and Investigational Treatment PolicyTech					
0858T	Ext applied transcranial mag stim w/ evkd corticol potentials	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Experimental and Investigational Treatment PolicyTech					
0859T	Noncontact infred spect,non periph arterial dis;ea addtl site	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Experimental and Investigational Treatment PolicyTech					
0860T	Non-cntct near-infrd spect,for periph art dis, one/both low ext	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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0864T	Low-intsty extracorporeal shck wave ther inv corpus cavernosm,low energy	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
0865T	Quant MRI anlys brain w/comp to prior MRI,w/out diag MRI	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Radiology eviCore
0866T	Quant MRI anlys brain w/comp to prior MRI,w/diag MRI	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Radiology eviCore
11042	Debridement,subc tiss,;first 20sqcm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11043	Debridement,muscle/fascia;first 20sqcm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11200	Removal skin tags,multi fibrocutaneous tags,any area;up to 15 lesions	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
11201	Removal skin tags,multi fibrocutaneous tags,any area;ea addtl 10 lesions	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
11400	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;0.5cm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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11401	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;0.6-1.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11402	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;1.1-2.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11403	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;2.1-3.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11404	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;3.1-4.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11406	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;over 4.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11420	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;0.5cm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11421	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;0.6-1.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11422	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;1.1-2.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®
11423	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;2.1-3.0cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0 Policy: InterQual®

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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®					
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®					
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®					
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®					
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®					
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®					
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®					
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®					

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

[PolicyTech](#)

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

[PolicyTech](#)

11950	Subcutaneous inj fill material e.g collagen; 1cc/less	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: Cosmetic Reconstructive, and Restorative Services

[PolicyTech](#)

Policy: Gender Affirmation Surgeries

[PolicyTech](#)

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

[PolicyTech](#)

Policy: Gender Affirmation Surgeries

[PolicyTech](#)

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

[PolicyTech](#)

Policy: Gender Affirmation Surgeries

[PolicyTech](#)

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11954	Subcutaneous fill material e.g. collagen; over 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					
11960	Insert tissue exp(s) other than breast,incl subseq expansion	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					
11970	Replacement tissue expander w/ perm prothesis	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					
11971	Removal tissue expander(s) w/out insert prothesis	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					
13100	Repair,complex,trunk;1.1cm-2.5cm	MH	Clarity	SCO	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		Yes	Yes	Yes	
Policy: InterQual®					
13101	Repair,complex,trunk;2.6cm-7.5cm	MH	Clarity	SCO	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0
		Yes	Yes	Yes	
Policy: InterQual®					

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

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

Policy: InterQual®

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®

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®

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®

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

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15150	Tissue cult skin autogft,trnk/arms/legs;first 25sqcm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
15155	Tissue cult skin autogft,fc/sclp/eyld/mth/nck/ears/orb/gen/hnd/ft;first 25sqcm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
15200	Full thick gft,free,incl dir close donor site,trunk;20sqcm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
15220	Full thick gft,free,incl dir close donor site,sclp/arms/lgs;20sqcm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
15240	Full thick gft,free,incl dir close donor site,frhd/cks/chn/mth/nck/ax/gen,hnd/ft;20sqcm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
15260	Full thick gft,free,incl dir close donor site,nose/ears/eylds/lips;20sqcm/less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech
15576	Formation dir/tubed pedicale,w/or w/out trnsfr;eylds/nose/ears/lips/oral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech

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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					
15731	Forehead flap w/ preservation vasc pedicle	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: InterQual®					
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					
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					
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,harvstdir 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					
15773	Grafting autolog fat harv by lipo tech,fce/eylds/mth/nck/ears/orb/gen/hnd/f t;25cc/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					
15774	Grafting autolog fat harv by lipo tech,fce/eylds/mth/nck/ears/orb/gen/hnd/f t;addtl 25cc	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					
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					

Code	Short Description	PA Required?			Note
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15776	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	
<div>Policy: Cosmetic Reconstructive, and Restorative Services</div> <div>PolicyTech</div>					
<div>Policy: Gender Affirmation Surgeries</div> <div>PolicyTech</div>					
15777	Implantation biologic impl,soft tiss reinforcement	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
<div>Policy: Breast Reconstruction</div> <div>PolicyTech</div>					
15780	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	
<div>Policy: Cosmetic Reconstructive, and Restorative Services</div> <div>PolicyTech</div>					
<div>Policy: Gender Affirmation Surgeries</div> <div>PolicyTech</div>					
15781	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	
<div>Policy: Cosmetic Reconstructive, and Restorative Services</div> <div>PolicyTech</div>					
<div>Policy: Gender Affirmation Surgeries</div> <div>PolicyTech</div>					
15782	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	
<div>Policy: Cosmetic Reconstructive, and Restorative Services</div> <div>PolicyTech</div>					
<div>Policy: Gender Affirmation Surgeries</div> <div>PolicyTech</div>					

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15783	Dermabrasion;superficial,any site	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: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15786	Abrasion;single lesion(e.g keratosis,scar)	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: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15787	Abrasion;each addtl 4 lesions or less	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: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15788	Chemical peel,facial;epidermal	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: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

15789	Chemical peel, facial;dermal	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: Cosmetic Reconstructive, and Restorative Services
[PolicyTech](#)

Policy: Gender Affirmation Surgeries
[PolicyTech](#)

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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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
		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
		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
		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®					
15821	Blepharaoplasty,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®					
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®					

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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	
<p>Policy: Gender Affirmation Surgeries PolicyTech</p>					
<p>Policy: InterQual®</p>					
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	
<p>Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech</p>					
<p>Policy: Gender Affirmation Surgeries PolicyTech</p>					
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	
<p>Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech</p>					
<p>Policy: Gender Affirmation Surgeries PolicyTech</p>					
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	
<p>Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech</p>					
<p>Policy: Gender Affirmation Surgeries PolicyTech</p>					
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	
<p>Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech</p>					
<p>Policy: Gender Affirmation Surgeries PolicyTech</p>					

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15829	Rhytidectomy,SMAS flap	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		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	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			
15835	Excision,excess skin/subcu tissue;buttock	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			
15836	Excision,excess skin/subcu tissue; arm	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			
15837	Excision,excess skin/subcu tissue;forearm or hand	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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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®			
15841	Graft, facial nerve paralysis,muscle	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			
15842	Graft, facial nerve paralysis,muscle flap	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			
15845	Graft,facial nerve paralysis,muscle transfer	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			

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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	
		<p>Policy: Cosmetic Reconstructive, and Restorative Services</p> <p>PolicyTech</p>			
<p>Policy: Gender Affirmation Surgeries</p> <p>PolicyTech</p>					
<p>Policy: Panniculectomy and Related Redundant Skin Surgery</p> <p>PolicyTech</p>					
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	
		<p>Policy: Gender Affirmation Surgeries</p> <p>PolicyTech</p>			
<p>Policy: Panniculectomy and Related Redundant Skin Surgery</p> <p>PolicyTech</p>					
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	
		<p>Policy: Cosmetic Reconstructive, and Restorative Services</p> <p>PolicyTech</p>			
<p>Policy: Gender Affirmation Surgeries</p> <p>PolicyTech</p>					
<p>Policy: Panniculectomy and Related Redundant Skin Surgery</p> <p>PolicyTech</p>					
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	
		<p>Policy: Cosmetic Reconstructive, and Restorative Services</p> <p>PolicyTech</p>			
<p>Policy: Gender Affirmation Surgeries</p> <p>PolicyTech</p>					
<p>Policy: Panniculectomy and Related Redundant Skin Surgery</p> <p>PolicyTech</p>					

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15879	Suction assisted lipectomy; lower 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					
17360	Chemical exfoliation for acne	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
17380	Electrolysis epilation, each 30 mins	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					
17999	Unlisted proc,skin,mucous memb and subcu tissue	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					
19300	Mastectomy for Gynecomastia	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Gynecomastia Surgery PolicyTech					
19301	Mastectomy, partial	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®					

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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19302	mastectomy;partial, w lymphnode rem	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			
19303	Mastectomy,simple,complete	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®			
19305	Mastectomy,radical	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			
19306	Mastectomy; radical,urban type	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			
19307	Mastectomy; mod radical	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
		Policy: InterQual®			
19316	Mastopexy	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: Mastopexy			
		PolicyTech			
19318	Breast reduction	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 Reduction Surgery			
		PolicyTech			
		Policy: Gender Affirmation Surgeries			
		PolicyTech			

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19325	Breast augmentation with implant	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](#)

19328	Removal of breast implant	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

19330	Removal of implant material	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

19340	Immediate breast prosthesis	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

19342	Delayed breast prosthesis	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Breast Reconstruction
[PolicyTech](#)

19350	Nipple/areaola reconstruction	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](#)

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19355	Correction of inverted nipple(s)	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19357	Tissue Exp placement in breast recon	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19361	Breast recons with lateral flap	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19364	Breast recons with free flap	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19367	Breast recons with TRAM flap	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19368	Breast recons with TRAM flap supercharging	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19369	Breast recons w/ biped TRAM flap	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					

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19370	Rev of peri-implant capsule,breast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19371	Peri-implant capsulectomy,breast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
19380	Revision reconstructed breast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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					
19396	Prep of moulage cust breast impant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Breast Reconstruction PolicyTech					
20930	Allograft, osteopromotive material,spine surg only	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					
20931	Allograft, structural,spine surg only	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					
20936	Autograft for spine surg only;local	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					

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

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21079	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	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	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	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	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	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	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	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	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	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	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®					
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®					

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21122	Genioplasty;sliding osteotomies, 2 or more	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®					
21123	Genioplasty;sliding,aug with bone grafts	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®					
21125	Augmentation, mandibular body or angle; prosthetic material	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®					
21127	Augmentation, mandibular body or angle; with bone graft	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®					
21137	Reduction forehead;contouring only	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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21138	Reduction forehead;cont and app pros mat/bone graft	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					
21139	Reduction forehead;cont and setback ant frontal sinus wall	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					
21141	Recon midface,LeFort 1;2pieces w/out bone graft	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®					
21142	Recon midface,LeFort 1; 2 pieces w/out bone graft	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®					
21143	Recon midface,LeFort 1;3 or more,w/out bone graft	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®					

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21145	Recon midface,LeFort 1; single piece,req bone grafts	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®					
21146	Recon midface,LeFort 1; 2 pieces,req bone graft	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®					
21147	Recon midface,LeFort 1; 3 or more,req bone graft	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®					
21150	Recon midface,LeFort II; anterior intrusion	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					
21151	Recon midface,LeFort II; any direction,req bone graft	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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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					
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					
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					
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					
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 PolicyTech					

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21175	Recon,bifrontal,SL orb rims/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 PolicyTech					
21179	Recon,entire forhd/supraorb rims;w grafts	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					
21180	Recon, entire forhd/supraorb rims;w autograft	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					
21188	Recons misface,osteotomies/vone grafts	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®					
21196	Recon mandibular rami/body,sagittal split;w int fix	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®					
21206	Osteotomy,maxilla,segmetal(eg Wassmund/Schuchard)	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: InterQual®					

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21208	Osteoplasty, facial bones;augmentation	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®					
21209	Osteoplasty, facial bones;reduction	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					
21210	Graft, bone;nasal,max/malar areas	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®					
21230	Graft;rib cart,autogenous, toface,chin,nose ear	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®					
21244	Recon mandible,extroral, w transosteal bone plate	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: Gender Affirmation Surgeries PolicyTech					
Policy: InterQual®					

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21245	Recon mandible/mailla,subperiosteal imp;partial	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®					
21246	Recon mandible/maxilla,subperiosteal imp;complete	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®					
21248	Recon mandible/maxilla,endosteal imp;partial	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®					
21249	Recon mandible/maxilla,endosteal imp;complete	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®					
21270	Malar augmentation,prosth material	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®					
21275	Secondary rev orbitocranialfacial recon	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					

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21280	Medial canthopexy	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
Policy: Medically Necessary PolicyTech					
21282	Lateral canthopexy	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					
21295	Reduction masseter musc/bone;extroral approach	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
Policy: Medically Necessary PolicyTech					
21296	Reduction masseter musc/bone;intraoral approach	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
Policy: Medically Necessary PolicyTech					
21740	Recon repair pectus excavatum/caronatum;open	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
Policy: InterQual®					

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21742	Recon repair pectus excavatum/caronatum;min inv appr w/o thoracoscopy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
21743	Recon repair pectus excavatum/caronatum;min inv appr w/ thoracoscopy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
22206	Osteotomy spine,post/postlat appr,3 col,1vert seg;thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					
22207	Osteotomy spine,post/postlat appr,3 col,1vert seg;lumbar	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					
22208	Osteotomy of spine, post/posterolateral app;each addl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					
22210	Part excision of vert body,w/out decomp;cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					
22212	Osteotomy of spine, post or posterolateral app, 1 vert seg; thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	
Policy: eviCore Musculoskeletal eviCore					

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

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22511	Percutaneous vertebroplasty;lumbosacral	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22512	Percutaneous vertebroplasty;each addtl	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22513	Percutaneous vertebral augmentation	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22514	Percutaneous vertebral augmentation	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22515	Percutaneous vertebral augmentation	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22532	Arthodesis,lat excav tech,incl min discectomy pre interspace;thoracic	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22533	Arthodesis,lat excav tech,incl min discectomy pre interspace;lumbar	MH	Clarity	SCO
		Yes	Yes	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	Arthrodesis, ant interbody, incl disc sp prep, disc, osteo, decomp; cerv below C2	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22552	Arthrodesis, 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	Arthrodesis, ant interbody tech, inc min discectomy prep intersp; cerv below C2	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22556	Arthrodesis, ant interbody tech, inc min discectomy prep intersp; thoracic	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
22558	Arthrodesis, 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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
22590	Arthrodesis,posterior tech,craniocervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
22595	Arthrodesis,posterior tech,atlas-axis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
22600	Arthrodesis, post/postlat tech, single space;cerv below C2	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
22610	Arthrodesis, post/postlat tech, single space;thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
22612	Arthrodesis, post/postlat tech, single space; lumbar	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
22614	Arthrodesis, post,single;each addtnl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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

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

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22837	Ant thoracic vert body tethering;8/more segs	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment

[PolicyTech](#)

22838	Rev/Repl/Rem thoracic vert body tethering	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	

Policy: Experimental and Investigational Treatment

[PolicyTech](#)

22840	Post non seg instrumentation rod tech	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal

[eviCore](#)

22841	Internal spinal fix wiring spinal processes	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal

[eviCore](#)

22843	Post seg instrumentation rod tech;7 to 12 vert segs	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal

[eviCore](#)

22844	Post seg instrumentation rod tech;13 or more vert segs	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal

[eviCore](#)

22845	Anterior instrumentation;2 to 3 vert segs	MH	Clarity	SCO	
		Yes	Yes	Yes	

Policy: eviCore Musculoskeletal

[eviCore](#)

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22846	Anterior instrumentation; 4 to 7 vert segs	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22847	Anterior instrumentation; 8 or more vert segs	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22848	Pelvic fixation other than sacrum	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22849	Reinsertion of spinal fix dev	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22853	Insertion interbody biomech dev;each interspace	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22854	Insertion intervertebral biomech dev	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

22856	Tot disc arthroplasty(art disc),ant appr;cervical	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

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

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

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

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23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
23472	Arthroplasty, glenohumeral joint; total shoulder	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
23473	Rev tot shoulder arthroplasty, incl allograft when perf; humeral/glenoid comp	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
23474	Rev tot shoulder arthroplasty, incl allograft when perf; humeral/glenoid comp	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
23700	Manipulation under anesthesia, shoulder joint, inc app fixation apparatus	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
25000	Inc,extensor tend sheath,wrist	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria information Policy: Medically Necessary PolicyTech

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27096	Inj proc for sacroiliac joint,anesth/steroid	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Musculoskeletal
[eviCore](#)

27125	Hemiarthoplasty,hip,partial	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Musculoskeletal
[eviCore](#)

27130	Arthoplasty, prosthtic repl, total hip	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Musculoskeletal
[eviCore](#)

27132	Conversion prev hip surg to total arthroplasty	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Musculoskeletal
[eviCore](#)

27134	Rev total hip arthroplasty, both comps	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Musculoskeletal
[eviCore](#)

27137	Rev total hip arthroplasty,acetabular comp only	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Musculoskeletal
[eviCore](#)

27138	Rev total hip arthroplasty,femoral comp only	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
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27278	Arthrodesis,SIJ,perc,w/out plcmnt trnsfix dev	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27279	Arthrodesis, sacroiliac joint, percutaneous or min inv w IG	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27332	arthrotomy w exc cart knee;med or lat	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27333	Arthrotomy w exc cart knee;med and lat	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27335	Arthrotomy, with synovectomy, knee; ant AND post incl popliteal area	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27403	Arthrotomy with meniscus repair, knee	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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27405	Repair, primary, torn ligament and/or capsule, knee; collateral	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27412	Autologous chondrocyte imp;knee	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27415	Osteochondral allograft,knee;open	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27416	Osteochondral autograph,knee;open	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27422	Recon of dis patella; w extensor realign and/or muscle adv or release	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					

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27424	Recon of dislocating patella; with patellectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27425	Lateral retinacular release, open	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27427	Ligamentous reconstruction knee extra-articular	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27428	Ligamentous reconstruction knee intra-articular	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27429	Ligmos rcnstj agmntj kne intra-articular xtr	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27430	Quadricepsplasty (eg, Bennett or Thompson type)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
27437	Artroplasty,patella;wout prothesis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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27438	Arthroplasty,patella;w prosthesis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

27440	Arthoplasty,knee,tibial plateau	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

27441	Arthroplasty,knee,tibial plateau; w debrid/part synovectomy	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

27442	Arthroplasty fem condyles/tib plateau knee	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

27443	Arthroplasty fen condyles/tib plateau knee;w debrid/part syno	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

27445	Arthroplasty knee hinge prothesis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

27446	Arthroplasty,knee,condyle and plateau,med or lat comp	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

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27447	Arthroplasty,knee,condyle and plateau,med and lat comp	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27486	Rev total knee arthroplasty,w or w/out allograft	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27487	Rev toatl knee arthroplasty, femoral and entire tibial comp	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
27570	Manipulation of knee joint under general anesthesia	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
28890	Extracorporeal shock wave, by MD, plantar fascia	MH	Clarity	SCO	InterQual® criteria used
		No	No	Yes	
Policy: InterQual®					
29805	Arthroscopy, shoulder, diagnostic, w/wout synovial biopsy	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					

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

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

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29863	Arthroscopy,hip;w synovectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
29866	Arthroscopy,knee,surgial;osteochondral autograft	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
29867	Arthroscopy,knee,surgial;osteochondral allograft	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
29868	Arthroscopy, knee, surgical; meniscal transpl, med/lat	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
29873	Arthroscopy, knee, surgical; with lateral release	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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29874	Arthroscopy, knee, surgical; rem of loose body or foreign body	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29875	Arthroscopy, knee, surgical; synovectomy, limited	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more comps	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29877	Arthroscopy, knee, surg; debrid/shaving of articular cartilage	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29879	Arthroscopy, knee, surgical; abrasion arthroplasty	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29880	Arthroscopy, knee, surg; with meniscectomy, med and lat	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore
29881	Arthroscopy, knee, surg; with meniscectomy, med OR lat	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Musculoskeletal eviCore

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

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29889	Arthroscopically aided pcl repair/augmentation or recons	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
29892	Arthro aided rep large osteochondritis dissecans les, talar dome fract,tibial plafond fract	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
29914	Arthroscopy,hip,surg; w/ femoroplasty(i.e. cam lesion)	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
29915	Arthroscopy,hip,surg; w/ acetabuloplasty(i.e pincer lesion)	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
29916	Arthroscopy,hip,surg;w/ labral repair	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Musculoskeletal eviCore					
30400	Rhinoplasty, prime, lat/alar cart	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®					

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30410	Rhinoplasty,primary,complete	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®					
30420	Rhinoplasty,primary incl sept rep	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®					
30430	Rhinoplasty,secondary;minor rev	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®					
30435	Rhinoplasty,secondary;intermediate rev	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®					
30450	Rhinoplasty, secondary;major rev	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®					
30460	Rhinoplasty, nasal deform;tip only	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®					

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30462	Rhinoplasty, nasal deform;tip,sept,osteo	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®					
30465	Repair nasal vestibular stenosis	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					
30468	Rpr nsl vlv collapse w/implt	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Experimental and Investigational Treatment PolicyTech					
30520	Septoplasty or submucous resection	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®					
30540	Repair choanal atrsia;intranasal	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
30545	Repair choanal atrsia;transpalatine	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		Yes	Yes	Yes	
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					

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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
		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
		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
		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
		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
		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 Dilation 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 Dilation PolicyTech					

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31297	Nasal/Sinus endo,surg,with ballon dilation; Sphenoid sinus ostium	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Balloon Sinus Ostial Dilation PolicyTech					
31298	Nasal/Sinus endo,surg,with ballon dilation;frontal/sphenoid sinus ostia	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Balloon Sinus Ostial Dilation PolicyTech					
31587	Laryngoplasty,cricoid split,w/out graft	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
31599	Unlisted procedure,larynx	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
31750	Tracheoplasty;cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
32851	Lung transplant, single;w/out CP bypass	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Transplantation of Lung or Lobar Lung PolicyTech					
32852	Lung transplant, single;w/ CP bypass	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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 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 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 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 Policy: Experimental and Investigational Treatment PolicyTech
33269	Exclusion,lft atrial append,thorascopic, any method	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
33276	Ins phrenic nerve stim syst	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
33277	Insert phrenic nerve stim trnsvenous stim sensing lead	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech

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33285	Insertion,subq cardiac rhythm monitor, incl programming	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech					
33287	Rem/Repl phrenic nerve stim;pulse gen	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Peripheral Nerve Stimulation Policy Tech					
33288	Rem/Repl phrenic nerve stim;trnsvenous stim sensing leads	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Peripheral Nerve Stimulation Policy Tech					
33340	Perq transcath closure left atrial appendage w/endocard imp	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
<div>Policy:</div> InterQual®					
33361	Transcath aortic valve rep(TAVR/TAVI) w/ prosth valve;perq fem art appr	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
<div>Policy:</div> InterQual®					
33365	Transcath aortic valve rep(TAVR/TAVI) w/ prosth valve;transaortic appr	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
<div>Policy:</div> InterQual®					
33366	Transcath aortic valve rep(TAVR/TAVI) w/ prosth valve;transapical exp	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
<div>Policy:</div> InterQual®					
33370	Transcath plcmnt/subseq rem cerebral embolic protection dev	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Experimental and Investigational Treatment PolicyTech					

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33894	Endovasc stent rep of coarctation,aorta,inv stent place;across maj side brnchs	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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 cadiectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
33928	Rem/Repl total repl heart syst(artificial heart)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
33929	Rem total repl heart syst for heart transplantation	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
33945	Heart transplantation,w or w/out rec cadiectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
33975	Insert ventricular assist dev;extracorporeal,sing ventricular	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
33976	Insert ventricular assist dev;extracorporeal,biventricular	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®

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

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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®
37220	Revasc,endovascular,open/perq,iliac art,unilat,init vessal;w/translum angioplasty	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
37221	Revasc,endovascular,open/perq,iliac art,unilat,init vessal;w/translum stent	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
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®
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®
37224	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLA	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
37225	Revasc,endovascular,open/perq,femoral,po part,unilat;w/atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
37226	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLS	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
37227	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLS and atherectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®

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

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

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37785	Ligation/Div and/or exc of varicose vein cluster(s), 1 leg	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
37788	Penile revascularization,artery,w or w/out vein graft	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
37790	Penile venous occlusive procedure	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
37799	Unlisted procedure, vascular surgery	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
38232	Bone marrow harvest for transplant;autologous	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
38240	Hematopoietic progenitor cell(HPC);allogenic transplant per donor	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
38241	Hematopoietic progenitor cell(HPC);autologous transplant	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
40700	Plastic rep cleft lip/nasal def;primary,part/comp, unilateral	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: InterQual®					
40701	Plastic rep cleft lip/nasal def;primary bilateral,1 stage proc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: InterQual®					

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40702	Plastic rep cleft lip/nasal def;primary bilateral,1 of 2 stages	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: InterQual®
40720	Plastic rep cleft lip/nasal def;secondary,by reaction def and reclosure	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: InterQual®
40761	Plastic rep cleft lip/nasal def;w/cross lip ped flap,incl sec/ins pedicle	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: InterQual®
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 supsension,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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42120	Resection palate or ext resect of lesion	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42140	Uvulectomy,exc of uvula	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42145	Palatopharyngoplasty	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
42160	Dest of lesion,palate/uvula(therm,cryo,chem)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42180	Repair,laceration of palate;up to 2cm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42182	Repair,laceration of palate;over 2cm/complex	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42200	Palatoplasty cleft palate,soft and/or hard palate only	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					

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

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42281	Insertion of pin-retained palatal prothesis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42299	Unlisted procedure,palate,uvula	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42300	Drainage of abcess;parotid,simple	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
42305	Drainage of abcess;parotid,complicated	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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43327	Esophogastric fundoplasty part/comp;laparotomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43328	Esophogastric fundoplasty part/comp;thoracotomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
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®
43645	Laparoscopy,surg,gastric rest proc;w bypass and sm intest recon	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43647	Laparoscopy,surg;implant/repl gastric neurostim elec,antrum	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43648	Laparoscopy,surg;rev/rem gastric neurostim elec,antrum	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43659	Unlisted laparascopy procedure, stomach	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43770	Laparoscopy,surg,gastric rest proc;plcmnt adj gastric restr dev	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®

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

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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®
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®
43881	Implant/Replc gastric neurostim electrodes,antrum,open	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43882	Rev/Rem gastric neurostim electrodes,antrum,open	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43886	Gastric restr proc,open;rev of subq port comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43887	Gastric restr proc,open;rem of subq port comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
43888	Gastric restr proc,open;rem/repl of subq port comp only	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
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

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

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49329	Peritoneal flap,unlisted	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

50320	Donor nephectomy;open,from living donor	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
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Policy: InterQual®

50340	Recipient nephrectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
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Policy: InterQual®

50360	Renal allotransplantation,imp grft;w/out rec nephrectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
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Policy: InterQual®

50365	Renal allotransplantation,imp grft;w rec nephrectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
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Policy: InterQual®

52284	Cystourethrscopy,w/mech urethral dil/drug deliv,male	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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Policy: Experimental and Investigational Treatment
[PolicyTech](#)

53410	Urethroplasty,1 stage recon	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
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Policy: Gender Affirmation Surgeries
[PolicyTech](#)

53415	Urethroplasty,transoubic or perineal,1 stage	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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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53420	Urethroplasty,2 stage recon	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 Policy: Gender Affirmation Surgeries PolicyTech
53425	Urethroplasty,2 stage recon;2nd stage	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 Policy: Gender Affirmation Surgeries PolicyTech
53430	Urethroplasty,recon,female	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 Policy: Gender Affirmation Surgeries PolicyTech
53450	Urethomeatoplasty,w muc adv	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 Policy: Gender Affirmation Surgeries PolicyTech
53451	Periurethral transperineal adj balloon cont dev;bilat insert	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
53452	Periurethral transperineal adj balloon cont dev;unilat inset	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
53453	Periurethral transperineal adj balloon cont dev;removal each	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details 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 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 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 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 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 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 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 Policy: Gender Affirmation Surgeries PolicyTech

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

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55970	Intersex surgery;male to female	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Gender Affirmation Surgeries PolicyTech
55980	Intersex surgery;female to male	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Gender Affirmation Surgeries PolicyTech
56620	Vulvectomy simple;partial	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
56625	Vulvectomy simple;complete	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
56800	Plastic repair of introitus	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
56805	Clitoroplasty for intersex state	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Gender Affirmation Surgeries PolicyTech
56810	Perineoplasty,non obstetrical	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

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57106	Vaginectomy,partial rem of vaginal wall	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
57107	Vaginectomy,partial;w rem paravaginal tiss	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
57109	Vaginectomy,part rem vag wall;w rem paravag tiss w bilat tot pel lymph	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	InterQual® criteria used
Policy: InterQual®					
57110	Vaginectomy,complete rem of vaginal wall	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
57111	Vaginectomy,complete;w rem of paravaginal tissue	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
57291	Constr of artificial vagina;w/out graft	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					
57292	Constr of artificial vagina;w graft	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890
Policy: Gender Affirmation Surgeries PolicyTech					

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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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
		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
		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;lap appr	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					
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®					
58152	Tat abd hysterectomy;w colpo-urethrocystopexy	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: InterQual®					

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58180	Supracervical abdominal hysterectomy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®
58200	Tot abd hysterectomy,incl part vaginectomy,lymph sampling	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
58210	Rad abd hysterectomy,w bilat tat pel lymphadectomy and sampling	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
58260	Vaginal hysterectomy, for uterus 250g or less	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®
58262	Vaginal hysterectomy,uterus 250g or less;w rem T&O	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®
58263	Vag hysterectomy,for uterus 250g or less;w rem T&O w rep enterocele	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
58267	Vag hysterectomy,for uterus 250g or less;w colpo-urethrocystopexy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®

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58270	Vag hysterectomy,for uterus 250g or less;w rep or enterocele	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used	
Policy: InterQual®						
58275	Vaginal hysterectomy,w tot or part vaginectomy;	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®						
58280	Vaginal hysterectomy,w tot or part vaginectomy;w/rep enterocele	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used	
Policy: InterQual®						
58285	Vag hysterectomy,radical(Schauta type)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used	
Policy: InterQual®						
58290	Vaginal hysterectomy, for uterus greater than 250g	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®						
58291	Vaginal hysterectomy,uterus >250g, w rem T&O	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®						
58292	Vaginal hysterectomy,uterus >250g;w rem T&O w rep enterocele	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used	
Policy: InterQual®						

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58294	Vaginal hysterectomy,uterus >250g;w rep of enterocele	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
58321	Artificial insemination;intra-cervical	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
58322	Artificial insemination;intra-uterine	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
58323	Sperm wasihng for artificial insemination	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
58541	Laparoscopy,surg,supracervial hyst, utereus <250g	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®					
58542	Laparoscopy,surg,supracervical hyst,uterus <250g,rev T&O	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®					
58543	Laparoscopy,surg,supracervical hyst,uterus >250g	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®					

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58544	Laparoscopy,surg,supracervical hyst,uterus >250g,rev T&O	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®					
58548	Laparoscopy,surg,w rad hyst,w bilat tot pel lymph w rem T&O	MH	Clarity	SCO	InterQual® criteria used
		Yes	Yes	Yes	
Policy: InterQual®					
58550	Laparoscopy,surg,w vaginal hyst,uterus <250g	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®					
58552	Laparoscopy,surg,w vaginal hyst,utereus >250g,w T&O rem	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®					
58553	Laparoscopy,surg w vaginal hyst,uterus >250g	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®					
58554	Laparoscopy,surg,w vaginal hyst,utereus >250g,w T&O rem	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®					

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58570	Laparoscopy,surg, w total hyst, uterus <250g	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®					
58571	Laparoscopy,surg, w total hyst, uterus <250g,w rem T&O	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®					
58572	Laparoscopy,surg,w total hyst, uterus >250g	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®					
58573	Laparoscopy,surg,w total hyst,uterus >250g,w rem T&O	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®					
58661 NEW	Laparoscopy,surg;w removal adnexal structures	MH	Clarity	SCO	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria. DX Z30.2 does not require auth for non Medicare plans.
		Yes	Yes	Yes	
Policy: Gender Affirmation Surgeries PolicyTech					
Policy: InterQual®					
58720	Salpingo-oophorectomy,comnp/part,uni/bilat	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®					

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

Policy: Gender Affirmation Surgeries

[PolicyTech](#)

Policy: InterQual®

58970	Follicle puncture for oocyte retrieval,any method	<div>MH</div>	<div>Clarity</div>	<div>SCO</div>	Please review the WellSense policy for authorization/criteria details
		<div>No</div>	<div>Yes</div>	<div>No</div>	

Policy: Infertility Services

[PolicyTech](#)

58974	Embryo transfer,intrauterine	<div>MH</div>	<div>Clarity</div>	<div>SCO</div>	Please review the WellSense policy for authorization/criteria details
		<div>No</div>	<div>Yes</div>	<div>No</div>	

Policy: Infertility Services

[PolicyTech](#)

58976	Ganete,zygote,embryo intrafallopian transfer,any method	<div>MH</div>	<div>Clarity</div>	<div>SCO</div>	Please review the WellSense policy for authorization/criteria details
		<div>No</div>	<div>Yes</div>	<div>No</div>	

Policy: Infertility Services

[PolicyTech](#)

59866	Multifetal pregnancy reduction(s)	<div>MH</div>	<div>Clarity</div>	<div>SCO</div>	Please review the WellSense policy for authorization/criteria details
		<div>No</div>	<div>Yes</div>	<div>No</div>	

Policy: Infertility Services

[PolicyTech](#)

60280	Exc of thyroglossal duct cyst or sinus	<div>MH</div>	<div>Clarity</div>	<div>SCO</div>	Please review the WellSense policy for authorization/criteria details
		<div>Yes</div>	<div>Yes</div>	<div>Yes</div>	

Policy: Medically Necessary

[PolicyTech](#)

60281	Exc of thyroglossal duct cyst or sinus;recurrent	<div>MH</div>	<div>Clarity</div>	<div>SCO</div>	Please review the WellSense policy for authorization/criteria details
		<div>Yes</div>	<div>Yes</div>	<div>Yes</div>	

Policy: Medically Necessary

[PolicyTech](#)

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

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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®
61889	Ins skull mount cranial neurostim pulse gen/rec,incl craniectomy/otomy	MH Yes	Clarity Yes	SCO Yes	Policy: InterQual®
61891	Rev/Repl skull mount cranial neurostim pulse gen/rec	MH Yes	Clarity Yes	SCO Yes	Policy: InterQual®
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	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

62321	inj diag/ther subs,epidural/subarachnoid,cerv/thor;w IG	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

62322	inj diag/ther subs,epidural/subarachnoid,lum/sac;w/out IG	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

62323	inj diag/ther subs,epidural/subarachnoid,lum/sac;w IG	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

62324	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,cerv/thor;w/out IG	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

62325	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,cerv/thor;w IG	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

62326	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,lum/sac;w/out IG	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Musculoskeletal
[eviCore](#)

Code	Short Description	PA Required?			Note
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62327	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,lum/sac;w IG	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63001	Laminectomy w exp and/or decomp,1 or 2 segs;cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63003	Laminectomy w exp and/or decomp,1 or 2 segs;thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63005	Laminectomy w exp and/or decomp,1 or 2 segs;lumbar	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63012	Laminectomy w rem abn facets w decomp,lumbar(Gill type)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63015	Laminectomy w exp and/or decomp, more than 2 segs;cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63016	Laminectomy w exp and/or decomp, more than 2 segs;thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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

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

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63052	Lam w/ decomp of sp cord;lumbar,single	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63053	Lam w/ decomp of sp cord;lumbar,each addtl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63055	Transpedicular appr w decomp,single seg;thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63056	Transpedicular appr w decomp,single seg;lumbar	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63057	Transpedicular app w decomp spinal cord, equina,nerve root(s);each addtl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63064	Costovertebral appr w decomp;thoracic,single seg	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
63075	Discectomy,ant,w decomp;cervical,sing space	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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

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63088	Vert corpectomy,par/comp,low thor/lumb;each addtl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63090	Vertebral corpectomy,part/comp,transper/retroper appr,lum/sac;single seg	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63091	Vert corpectomy,par/comp,low thor/lumb;each addtl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63101	Vert Corpectomy,par/comp,;thor single seg	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63102	Vert corpectomy,par/comp,low thor/lumb;single seg	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63103	Vert corpectomy,par/comp,low thor/lumb;each addtl	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
63185	Laminectomy with rhizotomy; more than 2 segments	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
64400	Inj,anest/ster;trigeminal nerve,ea branch	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
64405	Inj,anest/ster;greater occipital nerve	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Medically Necessary PolicyTech
64451	Inj,anest/ster;nerves innervating SIJ,w IG	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
64479	Inj,anest/ster;tranforaminal epidural,w IG,cerv/thor,single level	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
64480	Inj,anest/ster;tranforaminal epidural,w IG,cerv/thor,ea addtl level	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore
64483	Inj,anest/ster;tranforaminal epidural,w IG,lumb/sac,single level	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Musculoskeletal eviCore

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

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

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

64605	Destruction neuro agent,trigem nerve;2nd/3rd div branches	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual®

64610	Destruction neuro agent,trigem nerve;2nd/3rd div branches w rad monitor	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
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Policy: InterQual®

64620	Destruction neuro agent,intercostal nerve	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: InterQual®

64625	Radiofreq ablation, nerves innervating SIJ,w IG	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Musculoskeletal
[eviCore](#)

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

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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

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67900	Reapir brow ptosis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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®					
67901	Repair of blepharoptosis;frontalis musc tech w/ suture	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
67902	Repair of blepharoptosis;frontalis musc tech w/autogolous fascial sling	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
67903	Repair of blepharoptosis;levator resect/advance,int approach	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
67904	Repair of blepharoptosis;levator resect/advance,ext approach	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
67906	Repair of blepharoptosis;superior rectus tech w fascial sling	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
67908	Repair of blepharoptosis;conjunctivo-tarso-Muller's musc-levator resect	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
67909	Reduction of overcorrection of ptosis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					

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67911	Correction of lid retraction	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®
67912	Correction of lagophthalmos,w/ imp upper eyelid lid load	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used 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®
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®
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®
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®
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®
67975	Reconstruction eyelid,full thick by trans flap;second stage	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used Policy: InterQual®

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67999	Unlited procedure, eyelids	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Medically Necessary PolicyTech					
69300	Otoplasty,protuding ear, w/ w out size reduction	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech					
69705	Nasopharyngoscopy,surg,w dilation of eustachain tube;unilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
69706	Nasopharyngoscopy,surg,w dilation of eustachain tube;bilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
69710	Implantation/repl electromag bone conduct hear dev temporal bone	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech					
69711	Removal/repair electromag bone cond hear dev temporal bone	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech					
69714	Implantation,osseointegrated imp,skull;w perc attach ext sp proc	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
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	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech
69717	Replacement osseointegrated imp,skull;w perq attach ext sp proc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech
69719	Replacement osseointegrated imp,skull;w mag tranq attach ext sp proc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech
69729	Implantation,osseointegrated imp,skull;w mag transq attach ext sp proc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech
69730	Replacement (including removal of existing device), osseointegrated implant, skull;	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech
69930	Cochlear dev implantation;w or w out mastoidectomy	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. Policy: InterQual®
70336	MRI,temporomandibular joint(s)	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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70450	CT,head or brain; w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
70460	CT,head or brain; with contrast material(s)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
70470	CT,head or brain;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
70480	CT,orbit,sella,post fossa or ear;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
70481	CT,orbit,sella,post fossa or ear; w/ contrast amterial(s)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
70482	CT,orbit,sella,post fossa or ear;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
70486	CT,maxillofacial area;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					

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

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70540	MRI,orbit,face,neck;w/out contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

70542	MRI,orbit,face,neck; w contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

70543	MRI,orbit,face,neck;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	

Policy: eviCore Radiology
[eviCore](#)

70544	MRI, head; w/out contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

70545	MRI, head; w/ contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

Policy: eviCore Radiology
[eviCore](#)

70546	MRI, head;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	

Policy: eviCore Radiology
[eviCore](#)

70547	MR angiography,neck;w/out contrast material	MH	Clarity	SCO	For information about PA requirements, please contact eviCore via FAX 888-693-3210
		Yes	Yes	Yes	

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

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71250	CT,thorax,diagnostic;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71260	CT,thorax,diagnostic;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71550	MRI, chest; w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71551	MRI, chest; w/contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
71555	MRI angiography,chest,w or w/out contrast materials	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72125	CT,cervical spine;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72126	CT,cervical spine; w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72127	CT, cervical spiine;w/out contrast material,followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72128	CT, thoracic spine;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72129	CT,thoracic spine;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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72130	CT,thoracic spine;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72132	CT,lumbar spine;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
72148	MRI,spinal canal/contents,lumbar;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
72149	MRI,spinal canal/contents,lumbar;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
72156	MRI,spinal canal/contents;w/out CM,followed by contrast;cervical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
72157	MRI,spinal canal/contents;w/out CM,followed by contrast;thoracic	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
72158	MRI,spinal canal/contents;w/out CM,followed by contrast;lumbar	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
72159	MRI angioplasty,spinal canal/contents,w or w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					

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72191	CT angiography,pelvis,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
72192	CT,pelvis;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
72193	CT,pelvis;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
72194	CT, pelvis;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
72195	MRI,pelvis;w/out contrast materials	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72196	MRI,pelvis;w/ contrast materials	MH Yes	Clarity Yes	SCO Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
72197	MRI,pelvis;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

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

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73220	MRI,upper extremity,other than joint;w/out contrast material,followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73221	MRI,any joint upper extremity;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73222	MRI,any joint upper extremity;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73223	MRI,any joint upper extremity;w/out contrast material,followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73225	MRA,upper extremity, w/ or w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73700	CT,low extremity;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73701	CT,low extremity;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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73702	CT,low extremity;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73706	CT angiography,low ext,w/ contrast, incl non contrast images	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73718	MR,low extremity other than joint;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73719	MR,low extremity other than joint;w/contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73720	MR,low extremity other than joint;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73721	MRI,any joint low extremity;w/out contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73722	MRI,any joint low extremity;w/contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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73723	MRI,any joint low extremity;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
73725	MRA,low extremity,w/ or w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
74150	CT,abdomen;w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
74160	CT,abdomen; w/ contrast material(s)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
74174	CT angiography, abdomen/pelvis,w/ contrast,incl noncontrast images	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
74175	CT angiography,abdomen,w/ contrast,incl non contrast images	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					
74176	CT,abdomen/pelvis;w/ contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
<div>Policy:</div> eviCore Radiology eviCore					

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74177	CT,abdomen/pelvis;w/contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
74178	CT,abdomen/pelvis;w/out CM in one/both regions followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
74181	MRI,abdomen;w/out contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
74182	MRI,abdomen;w/contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
74183	MRI,abdomen;w/out contrast material, followed by contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
74185	MRA,abdomen,w or w/out contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
74261	CT, colonography,diagnostic,incl imaging;w/out contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
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74262	CT,colonography,diagnostic,incl imaging;w/contrast material	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
74263	CT,colonography,screening,incl image process	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech
75557	Cardiac MRI,morphology/function w/out contrast	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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

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75580	Noninvasive est coronary FFR aug sftwr anlys data set from coronary CTA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
75635	CT,angiography,abd aorta/bilat ilifemoral low ext runoff,w/contrast,images	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76380	CT, limited/localized follow-up stusy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76390	Magnetic resonance spectroscopy	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76391	Magnetic resonance elastography	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76497	Unlisted CT procedure	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
76498	Unlisted magnetic resonance procedure	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
77011	CT guidance for stereotactic localization	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
77012	CT guidance for needle placement	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
77013	CT guidance/monitoring parenchymal tissue ablation	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
77021	MRI guidance for needle placement	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
77022	MRI guidance/monitoring,parachymal tissue ablation	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					
77046	MRI,breast,w/out contrast;unilateral	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210
Policy: eviCore Radiology eviCore					

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

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77385	IMRT delivery,incl IG/tracking;simple	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech					
77386	IMRT delivery,incl IG/tracking;complex	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech					
77432	Stereotactic rad treatment mgmnt cranial lesions	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Medically Necessary PolicyTech					
77520	Proton treatment delivery;simple,w/out compensation	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
77522	Proton treatment delivery;simple,with compensation	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
77523	Proton treatment delivery;intermediate	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
77525	Proton treatment delivery;complex	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used
Policy: InterQual®					
78429	Myocard imaging, PET metabolic eval study,single study;w/concur CT scan	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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;	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78452	Myocard perf Image,SPECT;multiple studies	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78454	Myocard perf image,planar;multiple study,rest/stress	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78459	Myocard Image,PET metabolic eval study,single study;	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78466	Myocard image,infarct avid,planar;qual/quant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78468	Myocard image,infarct avid,planar;w/eject fraction first pass tech	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78469	Myocard image,infarct avid,planar;tomo SPECT w/or w/out quant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore
78472	Card blood pool image,gated equil;planar, sing study	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	For information about PA requirements, please contact eviCore via FAX 888-693-3210 Policy: eviCore Radiology eviCore

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78473	Card blood pool image,gated equil;multiple studies	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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
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
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
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
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
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
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
Policy: eviCore Radiology eviCore					

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78816	PET image w/concur acquired CT,attenuation corr;full 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](#)

80305	Drug test,presumptive;read by dir optical obv only	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

80306	Drug test,presumptive;read by instrument assist dir optical obv	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

80307	Drug test,presumptive;by instrument chem analyzers	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
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Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

80354	Fentanyl	MH No	Clarity No	SCO No	Please review the WellSense policy for authorization/criteria details
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Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances
[PolicyTech](#)

81162	BRCA1,BRCA2 gene analysis;full seq,full dup/del analysis	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Genetic Testing
[eviCore](#)

81163	BRCA1,BRCA2 gene analysis;full seq analysis	MH Yes	Clarity Yes	SCO Yes	
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Policy: eviCore Genetic Testing
[eviCore](#)

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81164	BRCA1, BRCA2 gene analysis; full dup/del analysis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81165	BRCA1 gene analysis; full seq analysis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81166	BRCA1 gene analysis; full dup/del analysis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81167	BRCA2 gene analysis; full dup/del analysis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81173	AR gene analysis; full gene seq	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81174	AR gene analysis; known familial variant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81185	CACNA1A gene analysis; full gene seq	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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81186	CACNA1A gene analysis;known familial variant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81189	CSTB gene analysis;full gene seq	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81190	CSTB gene analysis;known familial variant	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81201	APC gene anlysis;full gene seq	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81202	APC gene anlysis;known familial variants	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81203	APC gene anlysis;dup/del variants	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81212	BRCA1 gene analysis;185delAG,5385insC,6174delT variants	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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81215	BRCA1 gene analysis;know familial variant	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81216	BRCA2 gene analysis; full seq analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81217	BRCA2 gene analysis; known familial variant	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81221	CFTR gene analysis;known familial variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81222	CFTR gene analysis;dup/del variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81223	CFTR gene analysis; full gene seq	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81225	CYP2C19 gene analysis; common variants	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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81259	HBA1/HBA2, gene analysis; full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81269	HBA1/HBA2 gene analysis;dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81277	Cytogenomic neoplasia microarray analysis,heterozygosity var	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81283	IFNL3 gene analysis,rs12979860 variant	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81286	FXN gene analysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81289	FXN gene analysis;known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81291	MTHFR gene analysis,common variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

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81292	MLH1 gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

81293	MLH1 gene analysis;known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

81294	MLH1 gene analysis; dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

81295	MSH2 gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

81296	MSH2 gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

81297	MSH2 gene analysis; dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

[eviCore](#)

81298	MSH6 gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy:
eviCore Genetic Testing

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
[eviCore](#)

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

Policy: eviCore Genetic Testing
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81307	PALB2 gene analysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81308	PALB2 gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81313	PCA3/KLK3 ratio	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81317	PMS2 gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81318	PMS2 gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81319	PMS2 gene analysis; dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
[eviCore](#)

81321	PTEN gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81322	PTEN gene analysis; known familial variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81323	PTEN gene analysis; dup/del variant	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81325	PMP22 gene analysis;full seq analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81326	PMP22 gene analysis; known familial variant	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81327	SEPT9 promoter methylation analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81328	SLCO1B1 gene analysis, common variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81335	TPMT gene analysis;common variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81336	SMNI gene analysis;full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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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

Policy: eviCore Genetic Testing
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81349	Cytogenomic analysis const chrom abn;heterozygosity var, low pass seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81350	UGT1A1 gene analysis, common variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81351	TP53 gene analysis; full gene sequence	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81353	TP53 gene analysis; known familial variant	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81355	VKORC1 gene analysis, common varients	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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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

Policy: eviCore Genetic Testing
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81363	HBB; dup/del variants	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81364	HBB; full gene seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81400	Molecular pathology procedure, Level 1	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81401	Molecular pathology procedure, Level 2	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81402	Molecular pathology procedure,Level 3	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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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

Policy: eviCore Genetic Testing
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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

Policy: eviCore Genetic Testing
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81407	Molecular pathology procedure,Level 8	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81408	Molecular pathology procedure,Level 9	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81410	Aortic dys/dilation;genomic seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81411	Aortic dys/dilation;dup/del analysis	MH	Clarity	SCO
		Yes	Yes	Yes

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81412	Ashkenazi Jewish assoc dis, genomic seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81413	Cardiac ion channelopathies;genomic seq analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81414	Cardiac ion channelopathies;dyup/del gene analysis panel	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81415	Exome;sequence analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81416	Exome;seq analysis,each comparator exome	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81417	Exome;re-eval of prev exome seq	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81418	Drug metabolism gen seq panel, at least 6 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81419	Epilepsy gen seq analysis panel	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81422	Fetal chromosomal micordeletions gene seq analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81425	Genome; seq analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81426	Genome; seq analysis,each comparator genome	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81427	Genome; re-eval prev genome seq	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81430	Hearing loss;genomic seq panel at least 60 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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81431	Healring loss;dup/del panel incl copy num analysis	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81432	Hereditary breast CA-rel dis;gen seq panel,at least 10 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81433	Hereditary breast CA-rel dis; dup/del panel	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81434	Hereditary retinal dis;gen seq panel, at least 15 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81435	Hereditary colon CA dis;gen seq panel,at least 10 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81436	Hereditary colon CA dis;dup/del panel, at least 5 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore
81437	Hereditary nueroendocrine tumor dis;gen seq panel,at least 6 genes	MH Yes	Clarity Yes	SCO Yes	Policy: eviCore Genetic Testing eviCore

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81438	Hereditary nueroendocrine tumor dis;dup/del panel	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81439	Hereditary cardiomyopathy,gen seq panel,at least 5 related genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81440	Nuclear encoded mitochondrail genes,gen seq panel,at least 100 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81441	Inherited bone marrow failure synd,seq panel,at least 30 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81442	Noonan spectrum dis, gen sq panel,a t least 12 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81443	Gen Test severe inherited cond,gen seq panel,at least 15 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81445	Targeted gen seq panel,sold organ neoplasm, 5-50 genes;DNA/RNA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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81448	Hereditary peripheral neuropathies,gen seq panel,at least 5 rel genes	MH	Clarity	SCO
		Yes	Yes	Yes

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81449	Targeted gen seq panel,sold organ neoplasm, 5-50 genes;RNA analysis	MH	Clarity	SCO
		Yes	Yes	Yes

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81450	Targeted gen seq panel,solid organ/hematolymphoid, 5-50 genes;DNA/RNA	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81451	Targeted gen seq panel,solid organ/hematolymphoid, 5-50 genes;RNA analysis	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81455	Targeted gen seq panel,solid organ/hematolymphoid,51/more genes;DNA/RNA	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81456	Targeted gen seq panel,solid organ/hematolymphoid,51/more genes;RNA	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81457	Solid org neoplasm,gen seq anlys,inter seq vars;DNA anlys,micro instblty	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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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	MH	Clarity	SCO
		Yes	Yes	Yes

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81471	X-linked intellectual disability;dup/del,a t least 60 genes	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81479	Unlisted molecular pathology procedure	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81493	Coronary artery dis,mRNA,gene exp profile 23 genes,whole blood, risk score	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81500	Oncology,biochem assay 5 proteins,serum,risk score	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81503	Oncology,biochem assay 4 proteins,intact PSA,hK2,plasma/serum, prob score	MH	Clarity	SCO
		Yes	Yes	Yes

Policy: eviCore Genetic Testing
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81504	Oncology,microarray gene exp profile > 2000 genes	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81518	Oncology,mRNA,gene exp profile 11 genes,tissue,percent risk	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81519	Oncology,mRNA,gene exp profile 21 genes,tissue, recurrence score	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81520	Oncology,mRNA,gene exp profile 58 genes,tissue,recurrence score	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81521	Oncology,mRNA,microarray gene exp profile 70/465 genes,tissue,metastasis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81522	Oncology,mRNA,gene exp profile 12 genes,tissue, recurrence score	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81523	Oncology,mRNA, next gen seq gen exp profile 70/31 genes,tissue,metastasis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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81525	Oncology, mRNA, gene exp profile 12 genes, tissue, recurrence score	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81529	Oncology, mRNA, gene exp profile 31 genes, tissue, sentinel lymph metastasis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81540	Oncology, mRNA, gene exp profile 15 genes, tissue, metastasis risk	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81541	Oncology, MRNA, gene exp profile 46 genes, tissue, mortality risk	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81542	Oncology, mRNA, micorarray gene exp profile 22 genes, tissue, metastasis	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81546	Oncology, mRNA, gene exp analysis 10,196 genes, aspirate, categorical	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
81551	Oncology, promotor methylation profile 3 genes, tissue, prostate CA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore

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81552	Oncology,MRNA,gene exp profile 15 genes, tissue,metastasis	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
81554	Pulmonary dis,MRNA,gene exp analysis 190 genes,categorical	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
81595	Cardiology,mRNA,gene exp profile 20 genes, periph blood,rejection risk	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
81599	Unlisted multianalyte assay w/algorithmic analysis	MH	Clarity	SCO	
		Yes	Yes	Yes	
Policy: eviCore Genetic Testing eviCore					
82397	Chemiluminescent assay	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		No	Yes	No	
Policy: Infertility Services PolicyTech					
83520	Immunoassay analyte other than inf agent/antigen;quant, NOS	MH	Clarity	SCO	Please review the WellSense policy for authorization/criteria details
		No	Yes	No	
Policy: Infertility Services PolicyTech					
83993	Calprotectin, fecal	MH	Clarity	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
		Yes	Yes	Yes	
Policy: Experimental and Investigational Treatment PolicyTech					

Code	Short Description	PA Required?			Note
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84112	Eval cervicovaginal fluid amniotic proteins,qualitative,each	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
84999	Unlisted chemistry procedure	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Policy: eviCore Genetic Testing eviCore
89240	Unlisted miscellaneous pathology test	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech
89250	Culture of oocyte(s)/embryos,less than 4 days;	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech
89251	Culture of oocyte(s)/embryos,less than 4 days;w/co-culture	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech
89253	Assisted embrto ahtching,microtechniques	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech
89254	Oocyte identification from follicular fluid	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details Policy: Infertility Services PolicyTech

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89255	Prep of embryo for transfer	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89257	Sperm identification from aspiration	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89258	Cryopreservation;embryo(s)	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89259	Cryopreservation;sperm	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89260	Sperm isolation;simple prep for insemination/DX w/analysis	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89261	Sperm isolation;comlex prep for insemination/DX w/ analysis	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89264	Sperm identification from testis tissue,fresh/cryo	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					

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89268	Insemination of oocytes	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89272	Extended culture of oocytes/embryos,4-7 days	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89280	Assisted oocyte fertilization,microtechnique;less/equal to 10	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89281	Assisted oocyte fertilization,microtechnique;greater than 10	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89290	Biopsy,oocyte polar body/embryo blastomere,microtech;less/equal 5	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Preimplantation Genetic Testing PolicyTech					
89291	Biopsy,oocyte polar body/embryo blastomere,microtech;more than 5	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Preimplantation Genetic Testing PolicyTech					
89325	Sperm antibodies	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					

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89329	Sperm evaluation;hamster penetration test	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					
89330	Sperm eval;cerv mucos penetration test,w or w/our spinnbarkeit	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					
89331	Sperm eval, retrograde ejaculation,urine	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					
89335	Cryopreservation,reproductive tissue,testicular	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					
89337	Cryopreservation,mature oocytes	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					
89342	Storage(per year);embryo(s)	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					
89343	Storage(per year); sperm/semen	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
<div>Policy:</div> Infertility Services PolicyTech					

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89344	Storage(per year);repro tissue,testicular/ovarian	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89346	Storage(per year);oocyte(s)	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89352	Thawing of cryopreserved;embryo(s)	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89353	Thawing od cryopreserved;sperm/semen,each aliquot	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89354	Thawing od cryopreserved;repro tissue,testicular/ovarian	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89356	Thawing od cryopreserved;oocyte(s)	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					
89398	Unliste repro medicine lab procedure	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	Please review the WellSense policy for authorization/criteria details
Policy: Infertility Services PolicyTech					

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90867	Ther rep TMS Trmnt;del and mgmnt	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Plan medical auth for Neurologist specialties only, all others contact the BH vendor Policy: InterQual®
90868	Ther rep TMS trmnt;susqnt del and mgmnt	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Plan medical auth for Neurologist specialties only, all others contact the BH vendor Policy: InterQual®
90869	Ther rep TMS trmnt;susqnt motor thrsh re-determ	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Plan medical auth for Neurologist specialties only, all others contact the BH vendor Policy: InterQual®
90901	Biofeedback training by any modality	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation PolicyTech
90912	Biofeedback training, perineal/anorectal/urethral,incl EMG;init 15 mins	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation PolicyTech
90913	Biofeedback training, perineal/anorectal/urethral,incl EMG;ea addt 15 mins	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation PolicyTech
91110	GI tract image,intraluminal,esophagus-ileum,w/ I&R	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®
91111	GI rctact image,intraluminal,esophagus w/ I&R	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used Policy: InterQual®

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91113	GI tract image,intraluminal,colon,w/ I&R	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used
Policy: InterQual®					
92065	Orthoptic training;perf by MD/other qual HC prof	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Vision Therapy PolicyTech					
92071	Fitting of contact lens for treat ocular surface disease	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Contact Lens and Scleral Lens PolicyTech					
92072	Fitting of contact lens for mgt keratoconos, init fitting	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Contact Lens and Scleral Lens PolicyTech					
92310	RX of opt/phys traits of/fitting contact lens;corneal lens,both, exc aphakia	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Contact Lens and Scleral Lens PolicyTech					
92313	RX of opt/phys traits of/fitting contact lens;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					
92314	RX of opt/phys traits of/fitting contact lens w/MD sup;corneal,both exc aphakia	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Contact Lens and Scleral Lens PolicyTech					

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92317	RX of opt/phys traits of/fitting contact lens w/MD sup;corneoscleral 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®					
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®					
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	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
92518	Vestibular evoked myogenic potential(VEMP) w/I&R;ocular	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
92519	Vestibular evoked myogenic potential(VEMP) w/I&R;cervical/ocular	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
92526	Tx of swallowing dysfunction/oral function for feeding	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used in conjunction with medical policy Policy: InterQual® 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;	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
92630	Auditory rehab;perilingual hearing loss	MH Yes	Clarity Yes	SCO No	InterQual® criteria used in conjunction with medical policy Policy: InterQual® 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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>No</div>	InterQual® criteria used in conjunction with medical policy Policy: InterQual® 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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
93151	Interr/prgm impl phrenic nerve stim syst	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
93152	Interr/prgm impl phrenic nerve stim syst during polysomnography	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
93153	Interr w/out prgm impl phrenic nerve stim syst	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Peripheral Nerve Stimulation Policy Tech
93228	Ext mobile cardioV telemetry w/ECG rec,> 24hrs,30days;R&I by MD	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93229	Ext mobile cardioV telemetry w/ECG rec,> 24hrs,30days;tech support	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech

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93241	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;R&l,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&l	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&l	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	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93264	Rem monitor wireless pul art press sens 30days w/I&R by MD	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
93268	Ext pt ECG rec memory loop 30days,24hr rec;trans,R&I, MD attendance	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93270	Ext pt ECG rec memory loop 30days,24hr rec;recording	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93271	Ext pt ECG rec memory loop 30days,24hr rec; transmission/analysis	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
93272	Ext pt ECG rec memory loop 30days,24hr rec;I&R	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech
95711	EEG w/video,rev data,by EEG tech,2- 12hrs;unmonitored	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech

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95712	EEG w/video,rev data,by EEG tech,2-12hrs;w/intermittent mon/maint	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95713	EEG w/video,rev data,by EEG tech,2-12hrs;w/cont real time mon/maint	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95714	EEG w/video,rev data,by EEG tech,12-26hrs;unmonitored	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95715	EEG w/video,rev data,by EEG tech,12-26hrs;w/ intermittent mon/maint	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95716	EEG w/video,rev data,by EEG tech,12-26hrs;w/cont real time mon/maint	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
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

Code	Short Description	PA Required? Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies			Note
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95722	EEG spike/seizure ID,rev data,by MD;36-60hrs w/video	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Video Electroencephalography (EEG) Monitoring PolicyTech
95803	Actigraphy testing,rec,analysis,I&R(72hrs-14days)	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details Policy: Actigraphy Testing PolicyTech
95805	Multiple sleep latency/maint wakefulness test,only,R&I,multi trials	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for mbrs age 21 and older only. Policy: InterQual®
95807	Sleep study,rec ventilation,resp effort,ECG,O2 sat, tech attend	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for mbrs age 21 and older only. Policy: InterQual®
95808	Polysomnography;any age,sleep stage w/1-3 parameters,tech attend	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for mbrs age 21 and older only. Policy: InterQual®
95810	Polysomnography;age 6 +,4 parameters,tech attend	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used. PA req'd for mbrs age 21 and older only. Policy: InterQual®

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95811	Polysomnography;age 6+,4 paramets, CPAP/vent,tech attend	MH Yes	Clarity Yes	SCO Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only.
Policy: InterQual®					
95965	Magnetoencephalography,R&A;sptaneous brain mag activity	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
95966	Magnetoencephalography,R&A;evoked mag fields,sing modality	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
95967	Magnetoencephalography,R&A;evoked mag fields,ea addl modality	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
95980	Elec analysis imp neurostim pulse gen syst,gastic;introperative w/prgm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
95981	Elec analysis imp neurostim pulse gen syst,gastic;subsequent w/out prgm	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details
Policy: Experimental and Investigational Treatment PolicyTech					
95982	Elec analysis imp neurostim pulse gen syst,gastic;subsequent w/prgm	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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96000	Comp PC-based motion only by video-tape/3D kinematics;	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
96001	Comp PC-based motion only by video-tape/3D kinematics;w/plantar	MH No	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
96002	Dynamic surf electromyography,walk/func activities,1-12 musc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
96003	Dynamic fine wire electromyography,walk/func activities,1 musc	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
96004	R&I by MD of electromyography procedures	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Experimental and Investigational Treatment PolicyTech
96900	Actinotherapy(UV light)	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
96904	Whole body integ photo for high risk/familial Hx melanoma	MH Yes	Clarity Yes	SCO Yes	Please review the WellSense policy for authorization/criteria details Policy: Whole Body Integumentary Photography PolicyTech

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96910	Photochemotherapy;tar/UVB or petrolatum/UVB	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech					
96912	Photochemotherapy;psoralens and UVA	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech					
96913	Photochemotherapy for severe photoresponsive deramtoes 4-8hrs	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech					
96920	Laser treatment for imflammatory skin dis;<250sqcm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech					
96921	Laser treatment for imflammatory skin dis;250-500sqcm	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	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	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details
Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech					

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97010	App of modality to 1 plus areas,supervised;hot/cold packs	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®			
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	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment			
		PolicyTech			
		Policy: InterQual®			
Policy: Occupational Therapy in the Outpatient Setting					
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
97014	App of modality to 1 plus areas,supervised;elec stim	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	No	
		Policy: InterQual®			
		Policy: Occupational Therapy in the Outpatient Setting			
		PolicyTech			
Policy: Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder					
PolicyTech					
Policy: Peripheral Nerve Stimulation					
Policy Tech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					

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97016	App of modality to 1 plus areas,supervised;vasopneumatic dev	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®
					Policy: Occupational Therapy in the Outpatient Setting
					PolicyTech
					Policy: Physical Therapy in the Outpatient Setting
					PolicyTech
97018	App of modality to 1 plus areas,supervised;parrafin bath	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®
					Policy: Occupational Therapy in the Outpatient Setting
					PolicyTech
					Policy: Physical Therapy in the Outpatient Setting
					PolicyTech
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®
					Policy: Occupational Therapy in the Outpatient Setting
					PolicyTech
					Policy: Physical Therapy in the Outpatient Setting
					PolicyTech

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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®			
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®			
Policy: Occupational Therapy in the Outpatient Setting					
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
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®			
Policy: Occupational Therapy in the Outpatient Setting					
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					

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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®			
		Policy: Occupational Therapy in the Outpatient Setting			
PolicyTech					
Policy: Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder					
PolicyTech					
Policy: Peripheral Nerve Stimulation					
Policy Tech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
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®			
		Policy: Occupational Therapy in the Outpatient Setting			
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
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®			
		Policy: Occupational Therapy in the Outpatient Setting			
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					

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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 Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: InterQual® Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech
		Yes	Yes	Yes	
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 Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: InterQual® Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech
		Yes	Yes	Yes	
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 Policy: Experimental and Investigational Treatment PolicyTech
		Yes	Yes	No	
97110	Therapetic proc,1 plus area,ea 15min;strength/endurance	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy Policy: Autism Spectrum Disorders Medical Diagnosis and Treatment PolicyTech Policy: InterQual® Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech
		Yes	Yes	Yes	

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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®
					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®
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech
					Policy: Physical Therapy in the Outpatient Setting PolicyTech
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®
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech
					Policy: Physical Therapy in the Outpatient Setting PolicyTech

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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®			
		Policy: Occupational Therapy in the Outpatient Setting			
		PolicyTech			
		Policy: Physical Therapy in the Outpatient Setting			
		PolicyTech			
97129	Therapeutic intervention of cog func,direct:intial 15mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual®			
		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			
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®			
		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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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®			
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®			
Policy: Occupational Therapy in the Outpatient Setting					
PolicyTech					
Policy: Physical Therapy in the Outpatient Setting					
PolicyTech					
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®			
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®			
		Policy: Occupational Therapy in the Outpatient Setting			
		PolicyTech			

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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®
					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®			
		Policy: Occupational Therapy in the Outpatient Setting			
					PolicyTech
					Policy: Physical Therapy in the Outpatient Setting
					PolicyTech
97535	Selfcare/home mgmt training,direct,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual®			
		Policy: Occupational Therapy in the Outpatient Setting			
					PolicyTech
					Policy: Physical Therapy in the Outpatient Setting
					PolicyTech
97537	Community/work reintergration trianing,direct,ea 15min	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		No	No	Yes	
		Policy: InterQual®			
		Policy: Occupational Therapy in the Outpatient Setting			
					PolicyTech
					Policy: Physical Therapy in the Outpatient Setting
					PolicyTech

Code	Short Description	PA Required?			Note
		Yes= Auth Required via Medical Policy or InterQual			
		No= Auth not applicable, review Benefits and/or Payment Policies			

PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69

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97542	Wheelchair mgmnt,ea 15mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual®			
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech
					Policy: Physical Therapy in the Outpatient Setting PolicyTech
97545	Work hardening/conditioning;init 2hrs	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		No	No	Yes	
		Policy: InterQual®			
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech
					Policy: Physical Therapy in the Outpatient Setting PolicyTech
97546	Work hardening/conditioning;ea addl hr	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual®			
					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®			
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech
					Policy: Physical Therapy in the Outpatient Setting PolicyTech

Code	Short Description	PA Required?			Note
		Yes= Auth Required via Medical Policy or InterQual			
		No= Auth not applicable, review Benefits and/or Payment Policies			

PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69

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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® 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® Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech			
97761	Prosthetic training,upper/low ext,initial,ea 15mins	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual® 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	MH	Clarity	SCO	InterQual® criteria used in conjunction with medical policy
		Yes	Yes	Yes	
		Policy: InterQual® Policy: Occupational Therapy in the Outpatient Setting PolicyTech Policy: Physical Therapy in the Outpatient Setting PolicyTech			

Code	Short Description	PA Required?			Note
		Yes= Auth Required via Medical Policy or InterQual			
		No= Auth not applicable, review Benefits and/or Payment Policies			

PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69

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97810	Acupuncture,1/more needles;w/out elec stim,init 15mins	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
Policy: Acupuncture PolicyTech					
97811	Acupuncture,1/more needles;w/out elec stim,ea addl 15min,re-inset	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
Policy: Acupuncture PolicyTech					
97813	Acupuncture,1/more needles;w/elec stim,init 15min	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
Policy: Acupuncture PolicyTech					
97814	Acupuncture,1/more needles;w/elec stim,ea addl 15min,re-insert	<div>MH</div> <div>No</div>	<div>Clarity</div> <div>No</div>	<div>SCO</div> <div>Yes</div>	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.
Policy: Acupuncture PolicyTech					
99183	MD atten/super of hyperbaric oxygen therapy,per session	<div>MH</div> <div>Yes</div>	<div>Clarity</div> <div>Yes</div>	<div>SCO</div> <div>Yes</div>	InterQual® criteria used in conjunction with medical policy
Policy: Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT) PolicyTech					
Policy: InterQual®					