WellSense HEALTH PLAN

WellSense.org | 855-833-8125

WellSense NH Prior Authorization CPT Code Look-up Tool

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

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

ALL services *rendered by out of network providers require prior authorization with limited exceptions. See Out-of-Network medical policy and member benefit documents.*

For Pharmacy authorization inquiries please see the Pharmacy section on WellSense.org

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

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

Please refer to the Provider Manual Section 8: Utilization Management and Prior Authorization for information regarding authorizations.

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

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

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

Please contact the WellSense Prior Authorization Team at 877-957-1300 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 Req'd?	Note	UM Service Group
		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 **Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search**	***UPDATED 12/5/2024 Please review carefully for changes***	
0001U	Red bld cell ant typing, DNA, human erythrocyte ant gene analy 35 antigens	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0004M	Scoliosis, DNA analysis 53 sing nucleotide polymorphisms,saliva	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0005U	Oncology (prostate) gene exp profile real-time RT-PCR of 3 genes,urine	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0006M	Oncology (hepatic), mRNA exp levels of 161 genes,tumor tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0007M	Oncology (gastroint neuroendocrine tumors), real-time PCR exp anlys 51 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0007U	Drug Tests(s), presumptive,any numb drug classes,urine,DNA auth	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details	
			Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	

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

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

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0034U	TPMT,NUDT15 gene analysis,common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes** **Policy:** eviCore Genetic Testing eviCore		
0036U	Exome,paired formalin/parrafin tissue and normal,seq analysis	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes** **Policy:** eviCore Genetic Testing eviCore		
0037U	Targeted genomic seq analy,solid org neoplasm, DNA analy 324 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes** **Policy:** eviCore Genetic Testing eviCore		
0042T	Cerebral perfusion analysis using CT w/contrast admin	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No** **Policy:** eviCore Radiology eviCore		
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene exp profile,12 genes,tissue	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes** **Policy:** eviCore Genetic Testing eviCore		
0047U	Oncology (prostate), mRNA, gene exp profiling RT-PCR,17 genes,tissue	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes** **Policy:** eviCore Genetic Testing eviCore		
0048U	Oncology (solid org neoplasia), DNA, targ seq protein-coding exons of 468 ca-assoc genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes** **Policy:** eviCore Genetic Testing eviCore		

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

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0071T	Focused US ablation uterine leiomyomata,incl MR guide;tot vol >200cc tiss	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0071U	CYP2D6,gene anlysis, full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0072T	Focused US ablation uterine leiomyomata,incl MR guide;tot vol >/=200cc tiss	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0072U	CYP2D6 gene analysis,targeted seq analysis,hybrid	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0073U	CYP2D6 gene analysis, targeted seq analysis,hybrid	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0074U	CYP2D6 gene analysis, targeted seq analysis,non-duplicated	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0075T	Transcath plcmnt extracranial vert art stent(s),incl RS&I,open/perc;init vessel	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		

Code	Short Description	PA Req'd? HMO/PPO	PA Req'd? Medicaid	PA Req'd? Clarity	Note	UM Service Group
		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 **Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search**				***UPDATED 12/5/2024 Please review carefully for changes***	
0075U	CYP2D6 gene analysis, targeted seq analysis,5'gene dup/mult	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0076T	Transcath plcmnt extracranial vert art stent(s),incl RS&I,open/perc;ea addl vessel	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0076U	CYP2D6 gene analysis, targeted seq analysis,3' dup/mult	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0078U	Pain mgmnt genotyping panel,16 com var,bucacl swab/tissue	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0079U	Comparative DNA analysis usings SNPs,urine/buccal DNA,spec ID verif	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0082U	Drug test(s),definitive,90 + drugs/subs,def chromatography w/mass spect,urine	**Yes**	**Yes**	**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	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	

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0087U	Cardiology(heart tx),mRNA gene exp profile microarray 1283 genes,biopsy tissue	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0088U	Transplant medicine,microarray profile 1494 genes,biopsy tissue	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0089U	Oncology(melanoma),gene exp profile by RTqPCR,PRAME,LINC00518, patches	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0090U	Oncology(colorectal) screening,circ tumor cells,whole blood	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0093U	Rx drug monitor,eval 65 commons drugs by LC-MS/MS urine,ea drug	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	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	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0095T	Removal total disc arthroplasty,ant appr,ea addl interspace,cervical	HMO/PPO: Yes; Medicaid: Yes; Clarity: No		
		Policy: eviCore Musculoskeletal eviCore		

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0098T	Revision incl replc total disc arthroplasty,ant appr,ea addl interspace,cervical	HMO/PPO: Yes Medicaid: Yes Clarity: No		
		Policy: eviCore Musculoskeletal eviCore		
0100T	Plcmnt subconjunctival retinal prosth rec/pulse gen,w/vitrectomy	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0101T	Extracorporeal shock wave MSK system,NOS	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0101U	Hereditary colon CA dis,gen seq panel,NGS,Sanger,MLPA,array CGH w/mRNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0102T	Extracorporeal shock wave by MD,req anesth oth than local,lat humeral epicondyle	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0102U	Hereditary brst CA related dis,gen seq panel,NGS,Sangar,MLPA,array CGH w/mRNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0103U	Hereditary ovarian CA,gen seq panel,NGS,Sanger,MLPA,array CGH w/mRNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		

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0106T	Quantitative sensory test, inerp per ext;touch press stimuli	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0107T	Quantitative sensory test, inerp per ext;vibration stimuli	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0108T	Quantitative sensory test, inerp per ext;cooling stimuli	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0109T	Quantitative sensory test, inerp per ext;heat-pain stimuli	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0110T	Quantitative sensory test, inerp per ext;other stimuli	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0111U	Oncology(Colon CA),targeted KRAS/NRAS gene analysis,tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0113U	Oncology(prostrate)measure PCA3/TMPRSS2-ERG,urine/PSA serum,RNA amp	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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0114U	Gastro-ent(Barrette's),VIM/CCNA1 methy anly,esophageal cells	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0116U	RX drug monitor,enzyme IA 35/more drugs conf w/LC-MS/MS,oral fluid	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	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	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0120U	Oncology(B-cell lymp)mRNA,gene exp profile,flour probe hybrid 58 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0129U	Hereditary breast CA-rel dis,gen seq anly and dele/dupl panel	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0130U	Hereditary colon CA dis,targ mRNA seq panel	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0131U	hereditary breast CA-rel dis,targ mRNA seq panel, 17 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	

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0132U	Hereditary ovarian CA-rel dis,targ mRNA seq panel,17 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0133U	Hereditary prostate CA-rel dis,targ mRNA seq panel,11 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0134U	Hereditary pan CA,targ mRNA seq panel,18 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0135U	Hereditary gyne CA,targ mRNA seq panel, 12 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0136U	ATM,MRAN seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0137U	PALB2,MRAN seq analyisis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0138U	BRCA1/BRCA2,mRNA seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		

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0153U	Oncology(breast),mRNA,gen exp profile next-gen seq 101 genes,tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0156U	Copy number,seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0157U	APC,mRNA seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0158U	MLH1,mRNA seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0159U	MSH2,mRNA seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0160U	MSH6,mRNA seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0161U	PMS2,MRNA seq analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		

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0162U	Hereditary colon CA,targ mRNA seq panel	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0165T	Revision incl replmt tot disc arthroplasty,ante appr,ea addtl space,lumbar	HMO/PPO: Yes Medicaid: Yes Clarity: No **Policy:** eviCore Musculoskeletal eviCore		
0169U	NUDT15/TPMT gene analysis,common variants	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0170U	Meurology,RNA,next gen seq,saliva	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0171U	Targ gen seq panel,myeloid luek/MDP synd/MP neoplasm,DNA,23 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0172U	Oncology(solid tumor),somatoc mutation analy BRCA1,BRCA2,DNA,tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0173U	Psychiatry,gen analy panel,incl variant 14 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		

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0174T	Computer-aid detection,w/MD rev for I&R,digitization,concurrent	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0175T	Computer0aid detection,w/MD rev for I&R,digitization,remotely	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Experimental and Investigational Treatment PolicyTech	
0175U	Psychiatry,gen analysis panel, variant 15 genes	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0179U	Oncology(non sm cell lung CA),cell free DNA,targ seq anly 23 genes	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0184T	Excision rectal tumor,transanal endo microsurg appr,incl muscularis propria	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0198T	Measurement occular bld flow,repete intracocular press sampl,w/I&R	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0203U	Autoimmune(IBD),mRNA,gene exp profile quant RT-PCR,17 genes,whole bld	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	

Code	Short Description	PA Req'd?	Note	UM Service Group
		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 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search	*UPDATED 12/5/2024 Please review carefully for changes*	
0205U	Opthalmology(age-rel MD),anlys 3 gene variants,PCR/MALDI-TOF,buccal	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0207T	Evacutaion meibomian glands,automated,heat/pressure,unilateral	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
0208T	Pure tone audiometry(threshold),automated;air only	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
0209T	Pure tone audiometry(threshold),automated;air/bone	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
0209U	Cytogenic const anlys, copy numb/struct chngs/homozyg,chrm abnorms	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0210T	Speech audiometry threshold,automated;	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
0211T	Speech audiometry threshold,automated;w/recognition	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	

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Code	Short Description	HMO/PPO	Medicaid	Clarity	Note	UM Service Group
0211U	Oncology(pan-tumor),DNA/RNA next gen seq,tissue	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0212T	Comp audiometry threshold eval/spch recog,automated	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0212U	Rare diseases,whole gen/mDNA seq anlys,blood/saliva,proband	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0213T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;single	Yes	Yes	No		
					Policy: eviCore Musculoskeletal eviCore	
0213U	Rare diseases,whole gen/mDNA seq,blood/saliva,comparator	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0214T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;2nd lev	Yes	Yes	No		
					Policy: eviCore Musculoskeletal eviCore	
0214U	Rare diseases,whole exome/mDNA seq anlys,blood/saliva,proband	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 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search	*UPDATED 12/5/2024 Please review carefully for changes*	
0215T	Injection(s),diagn/thera agent,paravertebral facet joint,w/UG,cerv/thor;3rd+lev	HMO/PPO: Yes Medicaid: Yes Clarity: No **Policy:** eviCore Musculoskeletal eviCore		
0215U	Rare diseases,whole exome/mDNA seq anlys,blood/saliva,comparator	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0216T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;single	HMO/PPO: Yes Medicaid: Yes Clarity: No **Policy:** eviCore Musculoskeletal eviCore		
0216U	Neurology(inh ataxias)gen DNA seq 12 comm genes,bld/saliva,ID/categ	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0217T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;2nd lev	HMO/PPO: Yes Medicaid: Yes Clarity: No **Policy:** eviCore Musculoskeletal eviCore		
0217U	Neurology(inh ataxias)gen DNA seq 51 genes,bld/saliva,ID/categ	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0218T	Injection(s),diag/ther agent,paravertebral facet joint,w/UG,lum/sac;3rd+lev	HMO/PPO: Yes Medicaid: Yes Clarity: No **Policy:** eviCore Musculoskeletal eviCore		

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Code	Short Description	HMO/PPO	Medicaid	Clarity	Note	UM Service Group
0218U	Nuerology(MS),DMD gene seq anlys,blood/saliva,ID/charac	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0219T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;cervical	Yes	Yes	No	InterQual® criteria used	Q24B-Spine Surg
					Policy: InterQual®	
0220T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;thoracic	Yes	Yes	No	InterQual® criteria used	Q24B-Spine Surg
					Policy: InterQual®	
0220U	Oncology(breast CA)image anlys w/AI assess 12 hist/immuno features	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0221T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;lumbar	Yes	Yes	No	InterQual® criteria used	Q24B-Spine Surg
					Policy: InterQual®	
0222T	Placement post intrafacet imp,uni/bilat,incl grafts/dev,single lev;ea addt lev	Yes	Yes	No	InterQual® criteria used	Q24B-Spine Surg
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: InterQual®	
0227U	Drug assay,presumptive,30/more,urine,LC-MS/MS,using MRM	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	L1CO-Drug Testing
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	

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	PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69		***UPDATED 12/5/2024 Please review carefully for changes***	
	Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search			
0228U	Oncology(prostate),multianalyte mol profile by photometric det,urine	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0229U	BCAT1/IKZF1 promotor methylation analysis	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0230U	AR,full seq anlys,sml seq changes exonic/intronic reg	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0231U	CACNA1A,full gene anlys,sml seq changes exonic/intronic reg	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0232T	Injections(s),platelet rich plasma,any site,incl IG,harvest/prep	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0232U	CSTB,fullgene anlys,sml seq changes exonic/intronic reg	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0233U	FXN,gene anlys,sml seq changes exonic/intronic reg	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
		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 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search				*UPDATED 12/5/2024 Please review carefully for changes*	
0234T	Tranluminal periph arthrectomy,open/perc,incl R&I;renal artery	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0234U	MECP2,full gene anlys,sml seq changes exonic/intronic reg	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0235T	Tranluminal periph arthrectomy,open/perc,incl R&I;visceral artery	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0235U	PTEN,full gene anlys,sml seq changes exonic/intronic reg	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0236T	Tranluminal periph arthrectomy,open/perc,incl R&I;abd artery	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0236U	SMN1,full gene anlys,sml seq changes exonic/intronic reg	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0237T	Tranluminal periph arthrectomy,open/perc,incl R&I;brachiocephalic	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	

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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 12/5/2024 Please review carefully for changes***	
0237U	Cardiac ion chnnelopathies,gen seq panel,sml seq changes exonic/intronic reg	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0238T	Tranluminal periph arthrectomy,open/perc,incl R&I;iliac artery	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: InterQual®		
0238U	Oncology(lynch),gen DNA seq anlys,sml seq changes exonic/intronic reg	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0239U	Targeted gen seq panel,solid organ neoplasm, 311/more genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0242U	Targeted gen seq panel,solid organ neoplasm, DNA, 55-74 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0244U	Oncology(sol org),DNA,comp gen profile,257 genes,tissue	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0245U	Oncology(thyroid),mutation anlys 10 genes,37 RNA fusions, next gen seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		

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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 12/5/2024 Please review carefully for changes***	
0246U	RBC antigen typing,DNA,16 bld grps,prediction 51 RBC antigens	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0250U	Oncology(sol org neo),targ gen seq DNA anlys 505 genes,SNVs	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0252U	Fetal aneuploidy short-tandem-rep comp anlys,fetal DNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0253T	Insertion ant seq aqueous drain dev,w/out extraocc res,suprachoroidal space	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0253U	Reproductive med,RNA gene exp profile,238 genes,next gen seq,endo tissue	HMO/PPO: Yes Medicaid: Yes Clarity: No		
		Policy: eviCore Genetic Testing eviCore		
0254U	Reproductive med, 24 chroms using embryonic DNA gen seq anlys	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0258U	Autoimmune(psoraisis)mRNA,next-gen seq,gene exp profile 50-100 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		

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0260U	Rare diseases,ID copy numb variants,optical gen mapping	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0262U	Oncology(sol tumor),gene exp profile real time RT-PCR 7 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0263T	Intramuscular auto bone marr cell tx,w/prep,one leg;complete w/harvest	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense NH policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0264T	Intramuscular auto bone marr cell tx,w/prep,one leg;exc harvest	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0264U	Rare diseases, ID copy num variants,optical gen mapping	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0265T	Intramuscular auto bone marr cell tx,w/prep,one leg;uni/bilat harv only therapy	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0265U	Rare const/heritable dis,whole gen/mDNA seq anlys,tissue/saliva/cell	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		

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		Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies				
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0266T	Imp/Repl carotid sinus baroreflex act dev;total system	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0266U	Unexplained const/herit dis/synd,tiss spec gene exp whole-trans/next-gen seq	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0267T	Imp/Repl carotid sinus baroreflex act dev;lead only,unilateral	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0267U	Rare const/herit dis,ID copy num variations,optical gen map/whole gen seq	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0268T	Imp/Repl carotid sinus baroreflex act dev;pulse gen only	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0268U	Hematology(aHUS),gen seq anlys 15 genes,blood/buccal/amniotic	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0269T	Rev/rem carotid sinus baroreflex act dev;total system	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	

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0269U	Hematology,(thromocytpenia),gen seq anlys 14 genes,blood/buccal,amnioitic	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0270T	Rev/rem carotid sinus baroreflex act dev;lead only,unilateral	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0270U	Hematolgy(cong coagulation dis),gen seq anlys 20 genes,bld/bucc/amniotic	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0271T	Rev/rem carotid sinus baroreflex act dev;pulse gen only	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0271U	Hematology(cong neutropenia),gen seq anlys 23 genes,bld/buccal/amniotic	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		
0272T	Interrogation dev eval,carotid sinus baroreflex act syst;	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0272U	Hematology(gen bleeding dis),gen seq anlys 51 genes,bld/bucc/amnio,compr	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Genetic Testing eviCore		

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0273T	Interrogation dev eval,carotid sinus baroreflex act syst;w/ prgming	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0273U	Hematologyhyperfibrinolysis)anlys 9 genes,next-gen seq/PLAU	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0274U	Hematology(platelet dis),gen seq anlsy 43 genes,bld/bucc/amnio	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0276U	Hematology(thrombocytopenia),gen seq anlys 42 genes,bld/bucc/amnio	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0277U	Hematology(platelet func dis),gen seq anlys 12 genes,bld/bucc/amnio	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0278T	Transcutaneous elec mod pain reprocessing,ea session	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0278U	Hematology(thrombosis)gen seq analys 12 genes,bld/bucc/amnio	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	

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

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0291U	Psychaitry(mood dis),mRNA,gene exp profile RNA seq 144 genes,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0292U	Psychiatry(stress dis),mRNA,gene exp profile RNA seq 72 genes,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0293U	Psychiatry(suicidal ideation),mRNA,gen exp profile RNA seq 54 genes,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0294U	Longevity/mortality risk, mRNA, gene exp profile RNA seq 18 genes,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0296U	Oncology(oralCA),gene exp profile RNA seq 20 molec features,saliva	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0297U	Oncology(pan tum),,whole gen seq paired malig/norm DNA specimens	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0298U	Oncology(pan tum),whole transc seq paired malig/norm RNA specimens	HMO/PPO: Yes Medicaid: Yes Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		

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	PA REQUIRED for any CPT code used w/TMJ DX Codes M26.60-69		***UPDATED 12/5/2024 Please review carefully for changes***	
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0299U	Oncology(pan tum)whole gen optical gen map paired malig/norm DNA spec	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0300U	Oncology(pan tum),whole gen seq/optical gen map paired malig/norm DNA spec	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0306U	Oncology(MRD),next-gen targ seq anlys,cell-free DNA, initial assess	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0307U	Oncology(MRD),next-gen targ seq anlys,cell-free DNA, subsequent assess	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0308T	Insertion ocular telescope proth incl rem crystalline/intrao lens prosth	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0313U	Onclolgy(pancreas),DNA/mRNA next gen seq anlys 74 genes,CEA gen exp	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0314U	Oncology(cutan melanoma),mRNA gene exp profile RT-PCR 40 genes,tissue	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		

Code	Short Description	PA Req'd?	Note	UM Service Group
		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 **Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search**	***UPDATED 12/5/2024 Please review carefully for changes***	
0315U	Oncology(cutan SCC),mRNA gene exp profile RT-PCR 40 genes,tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0317U	Oncology(lung CA),four-probe FISH assay,whole blood	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0318U	Pediatrics(epigenetic dis),whole gen methylation anlys microarray 50 plus genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0319U	Nephology(renal TX),RNA exp transcriptome seq,blood	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0320U	Nephology(renal TX0,RNA exp transcriptome seq,blood	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0326U	Targeted gen seq panel,sol org neo,circ DNA anlys 83/more genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0328U	Drug assay,definitive, 120/more drugs, urine,LC-MS/MS	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
		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 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search			*UPDATED 12/5/2024 Please review carefully for changes*	
0329T	Monitoring intraoccular pressure,24hrs/more,unil/bilat,w/I&R	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0329U	Oncology(neoplasia),exome/transciptome seq anlys for seq variants	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0330T	Tear film imaging,unilat/bilat, w/I&R	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0331T	Myocardial sympathetic innerv image,planar qual/quant assess;	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0331U	Oncology(HL neoplasia), opt gen mapping,copy num variants,DNA	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	
0332T	Myocardial sympathetic innerv image,planar qual/quant assess;w/SPECT	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0332U	Oncology(pan-tum),gen profile 8 DNA reg markers by qPCR, whole bld	Yes	Yes	Yes		
					Policy: eviCore Genetic Testing eviCore	

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	Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search			
0333U	Oncology(liver)surv for HCC in high risk pts,anlys methyl patterns	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0334U	Oncology(sol org),tar gen seq anlys,FFPE tum tiss,DNA,84/more genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0335T	Insertion of sinus tarsi implant	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0335U	Rare disease,whole gen seq anlys,fetal sample,ID/categ gen variants	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0336U	Rare disease,whole gen seq anlys,bld/saliva,ea comparator gen	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0338T	Trancatheter renal sympathetic denervation,perc appr;unilateral	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
0339T	Trancatheter renal sympathetic denervation,perc appr;bilateral	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		

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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 12/5/2024 Please review carefully for changes***	
0339U	Oncology(prostate),mRNA exp profile HOXC6,DLX1, RT-PCR,urine	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0340U	Oncology(pan CA),anlys MRD from palsma, w/dis burden correlation	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0341U	Fetal aneuploidy DNA seq comp anlys,fetal DNA	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0342T	Therapeutic apherisis w/ select HDL delipidation/plasma reinfusion	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
0343U	Oncology(prostate),exosome-based analy 442 non-code RNAs,urine	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
0345T	Transcatheter mitro valvce rep perc appr via coronary sinus	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
0345U	Psychiatry,gen anlys panel,var anlys 15 genes,incl dele/dupl anlys CYP2D6	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	

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

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0363U	Oncology(urothelial),mRNA gen exp profile PCR 5 genes,urine	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0364U	Oncology(HL neo),gen seq anlys multiplex PCR/next-gen seq	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0368U	Oncology(colorectal CA),eval for mutations,multiplex quant PCR/cfDNA, plasma	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0379U	Targeted gen seq panel,sol org neop,DNA/RNA next-gen seq	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0380U	Drug metabolism,targ gen seq anlys,20 genes var/CYP2D6 dele/dupl w/ report	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0388U	Oncology(NSC lung CA),next-gen seq, 37 CA rel-genes, plasma	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0389U	Pediatric febrile illness(Kawasaki),IFI27/MCEMP1,RNA,RT-qPCA,blood	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	

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0391U	Oncology(sol tum),DNA/RNA next-gen seq, tissue,437 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0392U	Drug metabolism, variant anlys 16 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0395U	Oncology(lung),multi-omics,plasma	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0396U	Obstetrics(pre-imp GT),eval 300000 DNA SNPs,microarary,embryo tissue	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0398U	Gastroenterology(Barrett)P16,RUNX3,HPP1, FBN1 DNA methyl analy PCR,tissue	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0400U	Obstetrics, 145 genes next-gen seq frag anlys,DNA	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0401U	Cardiology(CAD),9 genes,targ variant genotyping,bld/saliva/buccal	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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0403U	Oncology(prostrate)mRNA gene exp profile,18 genes,urine	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0405U	Oncology(pancreatic)59 mrkrs,next-gen seq,plasma	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0409U	Oncology(solid tumor),DNA(80 genes)/RNA(36 genes) next gen seq,plasma	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0410U	Oncology(pancreatic),DNA whole gen seq, w 5-hmc,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0411U	Psychiatry,gen seq panel,15 genes,analysis CYP2D6	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0413U	Oncology(lung),aug algorithmic anlys digitized whole slide image 8 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0414U	Oncology(lung)digitized slide,5 genes,tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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

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0424U	Onc(prostate),exosome-based anlys 53 sml non code RNAs	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0425U	Genome,rapid seq anlys,ea comparator genome	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0426U	Genome,ultra-rapid seq anlys	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0428U	Onc(breast),targ hybrid-capt gen seq anlys,circ tum DNA,56 plus genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0433U	Onc(prostate),5 DNA reg mrkrs quant PCR,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0434U	Drug Metab,gen seq anlys,var anlys 25 genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0437U	Psychiatry,mRNA,gene exp profile RNA seq 15 biomrkrs,whole bld	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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0438U	Drug metab,buccal spcmn,gene-drg interact,33 genes, incl CYP2D6 anlys	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0439U	Cardiology(CHD),DNA,Anlys 5 SNPs,qPCR/dgtl PCR,whl bld, risk score	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0440T	Ablation, perc, cryoablation,incl IG;upper ext distal/periph nerve	HMO/PPO: Yes Medicaid: Yes Clarity: No	InterQual® criteria used	**Q24B-Spine Surg**
		Policy: InterQual®		
0440U	Cardiology(CHD),DNA,Anlys 10 SNPs,qPCR/dgtl PCR,whl bld, risk score	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0441T	Ablation, perc, cryoablation,incl IG;lower ext distal/periph nerve	HMO/PPO: Yes Medicaid: Yes Clarity: No	InterQual® criteria used	**Q24B-Spine Surg**
		Policy: InterQual®		
0442T	Ablation, perc, cryoablation,incl IG;nerve plexus/oth trunctal nerve	HMO/PPO: Yes Medicaid: Yes Clarity: No	InterQual® criteria used	**Q24B-Spine Surg**
		Policy: InterQual®		
0444U	Oncology(sld org neo),tgtf gen seq anlys 361 genes,FFPE tmr tissue	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0446T	Creation subcu pocket w/ ins imp interstitial glucose sens,incl act/train	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1JO-CGMS**
		Policy: Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and Insulin Delivery Devices PolicyTech		

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
		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	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1JO-CGMS**
					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	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0449U	Carrier screen severe inherited conditions,5 gene anlsys	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0452U	Onc(bladder),methylated PENK DNA detect by LTE-Qmsp	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0453U	Oncology(colorectal CA),cfDNA,methylation-based quant PCR assay	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0454U	Rare diseases, identification by optical genome mapping	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
0456U	Autoimmune(RH Arth),next gen sew 19 genes reported as TNFi	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	

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

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

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0477U	Drug metabolism,psych,genotype 14genes/CYP2D6	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0478U	Oncology(non sml cell lung CA),DNA/RNA,digt PCR anlys 9 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0481U	IDH1,IDH2 and TERT promoter,next gen seq	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0485U	Oncology(solid tumor),cell free DNA/RNA next gen seq	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0486U	Oncology(pan-solid tumor),next gen seq of tumor methylation markers	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0487U	Oncology(solid tumor),cell-free circ DNA trgtd gen seq 84 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
0488U	Obstetrics(fetal antgn non invasive prenatal test)DNA seq	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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0489U	Obstetrics(sngl-gene non invasive prenatal test),DNA seq 1/more targets	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0493U	Transplantation med, quant donor derived cell free DNA,next gen seq	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0494U	Red bld cellantigen(fetal RhD)next gen seq	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0495U	Oncology(prostate)anly ciculating proteins/germline risk score(60 var)	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0496U	Oncology(colorectal),cell-free DNA, 15 genes,RT-PCR	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0497U	Oncology(prostate)mRNA gene exp prfl RT-PCR 6 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		
0498U	Oncology(colorectal)next gen seq 88genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes **Policy:** eviCore Genetic Testing eviCore		

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0499U	Oncology(colorectal/lung),DNA from tissue,next gen seq 8 genes	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0501U	Oncology(colorectal),blood,quant measrmnt cfDNA	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0506U	Gastroenterology(Barrett's)DNA mthyl by next-gen seq 89 diff gen regions	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0507U	Oncology(ovarian)DNA,whole gen seq 5hmC enrichment	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0508U	Tnsplnt med,quant donor cfDNA,40 SNPs	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0509U	Trnsplnt med,quant donor cfDNA using up to SNPs	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
0510T	Removal of sinus tarsi implant	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		
		Policy: Medically Necessary PolicyTech		

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0510U	Oncology(pancreatic CA)aug algorithmic anlys 16 genes,prev seq RNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
			Policy: eviCore Genetic Testing eviCore	
0511T	Removal/reinsertion of sinus tarsi implant	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
			Policy: Medically Necessary PolicyTech	
0512T	Extracorporeal shock wave for integ wound healing;initial wound	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
			Policy: Medically Necessary PolicyTech	
0513T	Extracorporeal shock wave for integ wound healing;ea addtl wound	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
			Policy: Medically Necessary PolicyTech	
0515T	Insertion wireless cardiac stim left vent pacing;complete system	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
			Policy: Experimental and Investigational Treatment PolicyTech	
			Policy: Medically Necessary PolicyTech	

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0516T	Insertion wireless cardiac stim left vent pacing;electrode only	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0516U	Drug metabolism,whole bld,40 genes and CYP2D6	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
					Policy: eviCore Genetic Testing eviCore	
0517T	Insertion wireless cardiac stim left vent pacing;pulse gen comp only	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0518T	Removal of only pulse gen comp wireless card stim left vent pacing	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0519T	Removal/repl wireless card stim left ventr pacing;pulse gen comp	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	

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0520T	Removal/repl wireless card stim left ventr pacing;pulse gen,inlc repl electrode	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0521T	Interrogation dev eval per pt encount wireless card stim left vent pacing	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					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	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0523T	Intraprocedural coronary FFR w/3D func map color-coded FFR values	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0524T	Endovenous cath dirct chem ablation w/balloon isol incomp ext vein,open/perc	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	

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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 12/5/2024 Please review carefully for changes*	
0525T	Insertion/repl intracardiac ischemia mon syst;complete syst	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0526T	Insertion/repl intracardiac ischemia mon syst;electrode only	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0527T	Insertion/repl intracardiac ischemia mon syst;imp monitor only	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0528T	Prgrm dev eval intracardiac ischemia mon syst w/ iterative adj	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0529T	Interrogation dev eval intracardiac ischmia mon syst w/ anlys,rep,rev	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	

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0530T	Removal intracardiac ischemia mon syst;compete system	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0531T	Removal intracardiac ischemia mon syst;ellectrode only	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0532T	Removal intracardiac ischemia mon syst;impl mon only	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
0537T	Chimeric ant receptor T-Cell(CAR-T) therapy;harvesting for devel	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1DO-CAR T**
					Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech	
0538T	Chimeric ant receptor T-Cell(CAR-T) therapy;prep for transport	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1DO-CAR T**
					Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech	
0539T	Chimeric ant receptor T-Cell(CAR-T) therapy;reciept/prep admin	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details	**M1DO-CAR T**
					Policy: Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech	

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0540T	Chimeric ant receptor T-Cell(CAR-T) therapy;CAR-T ceall admin,autologous	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech	**M1DO-CAR T**
0541T	Myocardial image by MCG,det of card ischemia,single study;	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech **Policy:** Medically Necessary PolicyTech	**M1EB-MN/E&I**
0542T	Myocardial image by MCG,det of card ischemia,single study;I&R	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech **Policy:** Medically Necessary PolicyTech	**M1EB-MN/E&I**
0546T	Radiofrequency spectroscopy,real time, intraop marg assess, part mastectomy	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0584T	Islet cell transplant;percutaneous	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	**M1EB-MN/E&I**
0585T	Islet cell transplant;laparoscopic	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	**M1EB-MN/E&I**

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0586T	Islet cell transplant; open	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Medically Necessary PolicyTech		
0587T	Perc Impl/repl integrated sing dev neurostim bladder dys,PTN	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**S1TB-Post Nerve**
		Policy: Peripheral Nerve Stimulation Policy Tech		
0588T	Rev/Rem perc intergrated sing dev neurostim bladder dys,PTN	HMO/PPO: Yes; Medicaid: Yes; Clarity: No	Please review the WellSense policy for authorization/criteria details	**S1TB-Post Nerve**
		Policy: Peripheral Nerve Stimulation Policy Tech		
0609T	MR spectroscopy, discogenic pain;sing voxal data,per disc,biomark,3 discs	HMO/PPO: Yes; Medicaid: Yes; Clarity: No		
		Policy: eviCore Radiology eviCore		
0610T	MR spectroscopy, discogenic pain;transm biomark data	HMO/PPO: Yes; Medicaid: Yes; Clarity: No		
		Policy: eviCore Radiology eviCore		
0611T	MR spectroscopy, discogenic pain;postprocess anlys biomark data	HMO/PPO: Yes; Medicaid: Yes; Clarity: No		
		Policy: eviCore Radiology eviCore		
0612T	MR spectroscopy, discogenic pain;I&R	HMO/PPO: Yes; Medicaid: Yes; Clarity: No		
		Policy: eviCore Radiology eviCore		

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0620T	Endovascular ven arterialization,tibial/peroneal vein	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0623T	Auto quant/chara coronary atherosclerotic plaque,CTA	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0624T	Auto quant/chara coronary atherosclerotic plaque,CTA;data prep/transm	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0625T	Auto quant/chara coronary atherosclerotic plaque,CTA;data anlys	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0626T	Auto quant/chara coronary atherosclerotic plaque,CTA;rev I&R	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0627T	Perc inj allogenic cell/tissue based pdct,invert disc,unilat/bilat,lumb;fist lev	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0628T	Perc inj allogenic cell/tissue based pdct,invert disc,unilat/bilat,lumb;ea addl lev	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	

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0629T	Perc inj allogenic cell/tissue based pdct,invert disc,uni/bil,w/CT,lumb;first lev	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0630T	Perc inj allogenic cell/tissue based pdct,invert disc,uni/bil,w/CT,lumb;ea add lev	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0631T	Tansc visible light hyperspectral image msrmnt oxy/deoxy hemogl,per extr	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0632T	Perc trancath US ablation nerves pulm art,incl r hrt cath,pulm art angio,IG	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0633T	CT,breast,inc 3d rendering,unilat;w/ out contrast	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0634T	CT,breast,inc 3d rendering,unilat;w/contrast	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0635T	CT,breast,inc 3d rendering,unilat;w/out cont followed by contrast	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	

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0636T	CT,breast w 3D rendering, bilateral;w/out contrast	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** eviCore Radiology eviCore		
0637T	CT,breast w 3D rendering, bilateral;w/contrast	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** eviCore Radiology eviCore		
0638T	CT,breast w 3D rendering, bilateral;w/out cont followed by contrast	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** eviCore Radiology eviCore		
0639T	Wireless skin sens therm anisotropy msrmnts/assess flow CS fluid shunt	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** Experimental and Investigational Treatment PolicyTech	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
0640T	Noncontact near-infared spect study flap/wound;image,I&R,each	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** Experimental and Investigational Treatment PolicyTech	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
0643T	Transcatheter L ventr restoration dev imp,anterior appr	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** Experimental and Investigational Treatment PolicyTech	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
0644T	Transcath Rmvl/Debulk intracard mass via suction dev,perc appr	HMO/PPO: Yes; Medicaid: Yes; Clarity: No **Policy:** Experimental and Investigational Treatment PolicyTech	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**

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0645T	Transcath imp coronary sinus reduct dev,inc IG/supv/interp	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0646T	Transcath tricuspid valve imp/repl w/prosth valve,perc appr	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0647T	Insertion gastostomy tube,perc,w/ magn gastropexy,UG,img doc/rprt	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0648T	Quant MR anlys tiss comp;single organ	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0649T	Quant MR anlys tiss comp;single organ;multi organs	**Yes**	**Yes**	**No**		
					Policy: eviCore Radiology eviCore	
0651T	Magnetically cntrlld capsule endo,esoph-stomach,w/ I&R	**Yes**	**Yes**	**No**	InterQual® criteria used	**Q2GB-GI Surg**
					Policy: InterQual®	
0655T	Transperineal focal laser ablation malig prostrate tiss, w/MR-fused image	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	

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0656T	Vertebral body tethering,anterior;up to 7 vert segs	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0657T	Vertebral body tethering,anterior;8/more vert segs	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0658T	Electric impedance spectroscopy 1/more skin lesions,melanoma	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0659T	Transcath intracoronary infusion supersat O2 w/perc coro revasc,acute MI	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0660T	Implantation anterior seg intraocular non-biodeg drug-eluting syst,internal appr	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0661T	Removal/re-imp anterior seg intraocular non-biodeg drug-eluting impl	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0662T	Scalp cooling,mechanical;init msrmnt/calibration of cap	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**

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0663T	Scalp cooling,mechanical;plcmnt of dev,monito,remvl dev	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0671T	Insertion anter seg aqueous drain dev,trab mshwrk,w/out ext resev,one/more	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0673T	Ablation,benign thyroid nodes,perc,laser,incl IG	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0686T	Histotripsy,malignant hepatocellular tissue,incl IG	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0689T	Quant US tissue charact,incl I&R, w/out diag US exam same anatomy	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0690T	Quant US tissue charact,incl I&R, w/ diag US exam same anatomy	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0692T	Therapeutic ultrafiltration	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**

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0693T	Comprehensive full body PC-based 3D kinematic/kinietic motion anly/rprt	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0694T	3D volumetic image/reconst breast/ax lymph tiss,each spec,I&R,intraop	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0695T	Body surface-activ map pacemaker/pacing cardio-defib leads;at time of imp	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0696T	Body surface-activ map pacemaker/pacing cardio-defib leads;follow up dev eval	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0697T	Quant MR anlys tissue comp,w/out diagnostic MRI; multi organs	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0698T	Quant MR anlys tissue comp w/diagnostic MRI;multi organs	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0699T	Injection posterior chamber eye,medication	**Yes**	**Yes**	**No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**

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0700T	Molecular flourescent image suspicious nevi;first lesion	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0701T	Molecular flourescent image suspicious nevi;ea addtl lesion	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0707T	Injection,bone-subs material in subchondral bone dfct,incl IG/arth assist	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0710T	Noninv aerterial plaque analysis;all inclusive	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0711T	Noninv aerterial plaque analysis;data prep/transm	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0712T	Noninv aerterial plaque analysis;quant struct/compo vess wall	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**
0713T	Noninv aerterial plaque analysis;data rev/I&R	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**

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0784T	Ins/repl perc electrode,spinal,integrated neurostim	HMO/PPO: Yes; Medicaid: No; Clarity: No		
			Policy: eviCore Musculoskeletal eviCore	
0785T	Rev/Rem neurostim electrode,sinal,integrated neurostim	HMO/PPO: Yes; Medicaid: No; Clarity: No		
			Policy: eviCore Musculoskeletal eviCore	
0786T	Ins/Repl perc electrode,sacral,integrated neurostim	HMO/PPO: Yes; Medicaid: No; Clarity: No	Please review the WellSense policy for authorization/criteria details	**S1ZB-Sacral Nerve**
			Policy: Peripheral Nerve Stimulation Policy Tech	
0787T	Rev/Rem neurostim electrode,sacral,integrated neurostim	HMO/PPO: Yes; Medicaid: No; Clarity: No	Please review the WellSense policy for authorization/criteria details	**S1ZB-Sacral Nerve**
			Policy: Peripheral Nerve Stimulation Policy Tech	
0788T	Elec anlys simple prgmmng,imp integrated neurostim syst,spinal cord/sacral	HMO/PPO: Yes; Medicaid: No; Clarity: No	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	HMO/PPO: Yes; Medicaid: No; Clarity: No	Please review the WellSense policy for authorization/criteria details	
			Policy: Peripheral Nerve Stimulation Policy Tech	
0790T	Rev/repl/rem thoracolumbar/lumbar tethering	HMO/PPO: Yes; Medicaid: No; Clarity: No	Please review the WellSense policy for authorization/criteria details	
			Policy: Experimental and Investigational Treatment PolicyTech	

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0791T	Motor-cogn,semi-immersive VR-facilitated gait train,ea 15mins	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0793T	Perc transcath thermal ablation nerves pulm arteries,IG	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0794T	Pt-spec,assistive,rule-based algthm,rank pharmaco-oncologic tx	Yes	Yes	No		
					Policy: eviCore Genetic Testing eviCore	
0807T	Pulm tissue ventil anlys,data CF images;w/prev CT image	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0808T	Pulm tissue ventil anlys,data CF images;w/CT image	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
0811T	Remote multi day complex uroflowmetry;setup	Yes	No	No	Please review the WellSense policy for authorization/criteria details	
					Policy: Experimental and Investigational Treatment PolicyTech	
0812T	Remote multi day complex uroflowmetry;device supply	Yes	No	No	Please review the WellSense policy for authorization/criteria details	
					Policy: Experimental and Investigational Treatment PolicyTech	

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0813T	Esophagogastroduodenoscopy,fex,trnsrl,vol adj bar balloon	HMO/PPO: Yes Medicaid: No Clarity: No	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	HMO/PPO: Yes Medicaid: No Clarity: No	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	HMO/PPO: Yes Medicaid: No Clarity: No	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	HMO/PPO: Yes Medicaid: No Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1TB-Post Nerve**
0817T	Open insrt/repl integrated neurostim syst blddr dysf,PTN;subfascial	HMO/PPO: Yes Medicaid: No Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1TB-Post Nerve**
0818T	Rev/Rem integrated neurostim syst blddr dysf,PTN;subcutaneous	HMO/PPO: Yes Medicaid: No Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1TB-Post Nerve**
0819T	Rev/Rem integrated neurostim syst blddr dysf,PTN;subfascial	HMO/PPO: Yes Medicaid: No Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1TB-Post Nerve**

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0857T	Opto-acoustic image,breast,unilat,inc axilla,realtime w/image doc	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	
0858T	Ext applied transcranial mag stim w/ evkd corticol potentials	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	
0859T	Noncontact infred spect,non periph arterial dis;ea addtl site	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	
0860T	Non-cntct near-infrd spect,for periph art dis, one/both low ext	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	
0864T	Low-intsty extracorporeal shck wave ther inv corpus cavernosm,low energy	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	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	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	**Policy:** eviCore Radiology eviCore	
0866T	Quant MRI anlys brain w/comp to prior MRI,w/diag MRI	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	**Policy:** eviCore Radiology eviCore	

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11042 NEW	Debridement,subc tiss,;first 20sqcm/less	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11043 NEW	Debridement,muscle/fascia;first 20sqcm/less	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11200 NEW	Removal skin tags,multi fibrocutaneous tags,any area;up to 15 lesions	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
11201 NEW	Removal skin tags,multi fibrocutaneous tags,any area;ea addtl 10 lesions	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
11400 NEW	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;0.5cm/less	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11401 NEW	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;0.6-1.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11402 NEW	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;1.1-2.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11403 NEW	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;2.1-3.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	

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11404 NEW	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;3.1-4.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11406 NEW	Excision,benign les incl margs,exc skin tag,trunk/arms/legs;over 4.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11420 NEW	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;0.5cm/less	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11421 NEW	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;0.6-1.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11422 NEW	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;1.1-2.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11423 NEW	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;2.1-3.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11424 NEW	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;3.1-4.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd when treatment is related to ICD10 code L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11426 NEW	Excision,ben les incl margs,exc skin tag,sclp/nck/hnds/ft,gntlia;over 4.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11440 NEW	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;0.5cm less	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	

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11441 NEW	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;0.6-1.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11442 NEW	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;1.1-2.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11443 NEW	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;2.1-3.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11444 NEW	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;3.1-4.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11446 NEW	Excision,ben les incl margs,exc skin tag,fce/ears/eylds/nose/lips/mm;over 4.0cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
11920 NEW	Tatooing,intraderm pigmnts corr color defcts incl micropgmnt;6.0sqcm/less	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1RB-Breast Recon
					Policy: Breast Reconstruction PolicyTech	
11921 NEW	Tatooing,intraderm pigmnts corr color defcts incl micropgmnt;6.1-20.0sqcm	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1RB-Breast Recon
					Policy: Breast Reconstruction PolicyTech	

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11950 **NEW**	Subcutaneous inj fill material e.g collagen; 1cc/less	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
11951 **NEW**	Subcutaneous inj fill material e.g. collagen;1.1-5.0cc	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
11952 **NEW**	Subcutaneous inj fill material e.g. collagen;5.1-10.0cc	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
11954 **NEW**	Subcutaneous fill material e.g. collagen; over 10.0cc	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
11960 **NEW**	Insert tissue exp(s) other than breast,incl subsq expansion	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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11970 NEW	Replacement tissue expander w/ perm prothesis	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1RB-Breast Recon,S11O-GendAS
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
11971 NEW	Removal tissue expander(s) w/out insert prothesis	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1RB-Breast Recon,S11O-GendAS
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
13100 NEW	Repair,complex,trunk;1.1cm-2.5cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13101 NEW	Repair,complex,trunk;2.6cm-7.5cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13102 NEW	Repair,complex,trunk;ea addtl 5cm/less	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13120 NEW	Repair,complex,sclp/arms/legs;1.1cm-2.5cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13121 NEW	Repair,complex,sclp/arms/legs;2.6cm-7.5cm	Yes	Yes	Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	

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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 12/5/2024 Please review carefully for changes*	
13122 NEW	Repair,complex,sclp/arms/legs;ea addtl 5.0cm/less	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13131 NEW	Repair,complex,frhd/chks/chn/mth/nck/gen/hnd/ft;1.1cm-2.5cm	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13132 NEW	Repair,complex,frhd/chks/chn/mth/nck/gen/hnd/ft; 2.6cm-7.5cm	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13133 NEW	Repair,complex,frhd/chks/chn/mth/nck/gen/hnd/ft;ea addtl 5cm/less	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13151 NEW	Repair,complex,eylds/nose/ears/lips; 1.1cm-2.5cm	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
13152 NEW	Repair,complex,eylds/nose/ears/lips;2.6cm-7.5cm	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
					Policy: InterQual®	
14040 NEW	Adj tiss trsfr/rearrange,frhd/cks/chn/mth/nck/ax/gen/hnds/ft;10sqcm/less	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
14041 NEW	Adj tiss trsfr/rearrange,frhd/cks/chn/mth/nck/ax/gen/hnds/ft;10.1-30sqcm	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	

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14060 NEW	Adj tiss trsfr/rearrange,eylds/nose/ears/lips;10sqcm /less	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech		
14061 NEW	Adj tiss trsfr/rearrange,eylds/nose/ears/lips;10.1-30sqcm	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used	S1CB-Cosmetic
		Policy: InterQual®		
15002 NEW	Surg prep/create recip site by exc,wound/burn,trnk/arms/legs;first 100sqcm	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
		Policy: InterQual®		
15003 NEW	Surg prep/create recip site by exc wnd/burn,trnk/arms/legs;ea addtl 100sqcm	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
		Policy: InterQual®		
15004 NEW	Surg prep/create recip site,exc wnd/burn,fce/sclp/eylds/mth/nck/ears;first 100sqcm	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used. PA req'd for treatment related to ICD10 L90.5 and L91.0	Q33B-Keloid Scar
		Policy: InterQual®		
15050 NEW	Pinch graft,sing/multi,cover sm ulcer/digit tip/oth min open area,up to 2cm	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech		
15100 NEW	Split-thick autogft,trnk/arms/lgs;first 100sqcm/less	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
		Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech		

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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 12/5/2024 Please review carefully for changes*	
15110 NEW	Epidermal autogft,trnk/arms/lgs;first 100sqcm/less	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15115 NEW	Epidermal autogft fce/sclp/eylds/mth/nck/ears/orbt/gen,hnd/ft;first 100sqcm	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15120 NEW	Split-thick autogft,fce/sclp/eyld/mth/nck/ears/orb/gen/hnd/ft;first 100sqcm	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15130 NEW	Dermal autogft,tnk/arms/legs;first 100sqcm	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15135 NEW	dermal autogft,fc/sclp/eyld/mth/nck/ear/orb/gen/hnd/ft;first 100sqcm	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15150 NEW	Tissue cult skin autogft,trnk/arms/legs;first 25sqcm	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15155	Tissue cult skin autogft,fc/sclp/eyld/mth/nck/ears/orb/gen/hnd/ft;first 25sqcm	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	

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15200 **NEW**	Full thick gft,free,incl dir close donor site,trunk;20sqcm/less	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15220 **NEW**	Full thick gft,free,incl dir close donor site,sclp/arms/lgs;20sqcm/less	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15240 **NEW**	Full thick gft,free,incl dir close donor site,frhd/cks/chn/mth/nck/ax/gen,hnd/ft;20 sqcm/less	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15260 **NEW**	Full thick gft,free,incl dir close donor site,nose/ears/eylds/lips;20sqcm/less	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15576 **NEW**	Formation dir/tubed pedicale,w/or w/out trnsfr;eylds/nose/ears/lips/oral	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15630 **NEW**	Delay of flap/sectioning of flap;at eylds/nose/ears/lips/oral	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15731 **NEW**	Forehead flap w/ preservation vasc pedicle	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: InterQual®	

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15756 **NEW**	Free muscl/myocutaneous flap w/microvasc anastomosis	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Medically Necessary PolicyTech	
15757 **NEW**	Free skin flap w/microvasc anastomosis	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Medically Necessary PolicyTech	
15758 **NEW**	Free fascial flap w/micorvasc anastomosis	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Medically Necessary PolicyTech	
15769 **NEW**	Grafting autologous soft tiss,other,harvstd dir excision	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1RB-Breast Recon, S11O-GendAS**
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15771 **NEW**	Grafting autolog fat harv by lipo tech,trnk/brst/sclp/arms/lgs;50cc/less	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1RB-Breast Recon, S11O-GendAS**
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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15772 **NEW**	Grafting autolog fat harv by lipo tech,trnk/brst/sclp/arms/lgs;ea addtl 50cc	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1RB-Breast Recon, S11O-GendAS**
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15773 **NEW**	Grafting autolog fat harv by lipo tech,fce/eylds/mth/nck/ears/orb/gen/hnd/ft;25cc/less	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15774 **NEW**	Grafting autolog fat harv by lipo tech,fce/eylds/mth/nck/ears/orb/gen/hnd/ft;addtl 25cc	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15775 **NEW**	Punch graft for hair transplant;1-15gfts	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15776 **NEW**	Punch graft for hair transplant; more/15gfts	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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15777 **NEW**	Implantation biologic impl,soft tiss reinforcement	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1RB-Breast Recon**
					Policy: Breast Reconstruction PolicyTech	
15780 **NEW**	Dermabrasion;total face	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15781 **NEW**	Dermabrasion;segmental,face	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15782 **NEW**	Dermabrasion;regional,other than face	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15783 **NEW**	Dermabrasion;superficial,any site	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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15786 **NEW**	Abrasion;single lesion(e.g keratosis,scar)	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
			Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
			Policy: Gender Affirmation Surgeries PolicyTech	
15787 **NEW**	Abrasion;each addtl 4 lesions or less	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
			Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
			Policy: Gender Affirmation Surgeries PolicyTech	
15788 **NEW**	Chemical peel,facial;epidermal	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
			Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
			Policy: Gender Affirmation Surgeries PolicyTech	
15789 **NEW**	Chemical peel, facial;dermal	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
			Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
			Policy: Gender Affirmation Surgeries PolicyTech	
15792 **NEW**	Chemical peel,nonfacial;epidermal	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
			Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
			Policy: Gender Affirmation Surgeries PolicyTech	

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15793 **NEW**	Chemical peel,nonfacial;dermal	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details. ICD F64.0-F64.9, Z87.890 see GAS policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15819 **NEW**	Cervicoplasty	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
15820 **NEW**	Blepharoplasty,lower eyelid	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX see InterQual	**S11O-GendAS, Q2YB-Eye Surg**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
15821 **NEW**	Blepharaoplasty,lower eyelid; w ext hern fat pad	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX see InterQual	**S11O-GendAS, Q2YB-Eye Surg**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
15822 **NEW**	Blepharoplasty,upper eyelid	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**S11O-GendAS, Q2YB-Eye Surg**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
15823 **NEW**	Blepharoplasty,upper eyelid; w excess skin	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**S11O-GendAS, Q2YB-Eye Surg**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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15824 **NEW**	Rhytidectomy;forehead	**Yes**	**No**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15825 **NEW**	Rhytidectomy; neck w platysmal tight	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15826 **NEW**	Rytidectomy; glabellar frown lines	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15828 **NEW**	Rhytidectomy; cheek,chin and neck	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
15829 **NEW**	Rhytidectomy,SMAS flap	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	

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15830 **NEW**	Excision, excess skin/subcu tissue;abdomen	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15832 **NEW**	Excision,excess skin/subcu tissue;thigh	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15833 **NEW**	Excision,excess skin/subcu tissue;leg	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15834 **NEW**	Excision,excess skin/subcu tissue;hip	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	

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15835 **NEW**	Excision,excess skin/subcu tissue;buttock	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15836 **NEW**	Excision,excess skin/subcu tissue; arm	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15837 **NEW**	Excision,excess skin/subcu tissue;forearm or hand	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15838 **NEW**	Excision,excess skin/subcu tissue;submental fat pad	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	

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15839 **NEW**	Excision,excess skin/subcu tissue;other area	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15840 **NEW**	Graft, facial nerve paralysis,fascia	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2LB-Lig/Ten Surg**
					Policy: InterQual®	
15841 **NEW**	Graft, facial nerve paralysis,muscle	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2LB-Lig/Ten Surg**
					Policy: InterQual®	
15842 **NEW**	Graft, facial nerve paralysis,muscle flap	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2LB-Lig/Ten Surg**
					Policy: InterQual®	
15845 **NEW**	Graft,facial nerve paralysis,muscle transfer	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2LB-Lig/Ten Surg**
					Policy: InterQual®	
15847 **NEW**	Excision,excess skin/subcu tissue,abdomen	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	

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15876 **NEW**	Suction assisted lipectomy;head and neck	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15877 **NEW**	Suction assisted lipectomy;trunk	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15878 **NEW**	Suction assisted lipectomy;upper extremity	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	
15879 **NEW**	Suction assisted lipectomy; lower extremity	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S11O-GendAS,S16B-Pannic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Panniculectomy and Related Redundant Skin Surgery PolicyTech	

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17360 **NEW**	Chemical exfoliation for acne	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
17380 **NEW**	Electrolysis epilation, each 30 mins	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
17999 **NEW**	Unlisted proc,skin,mucous memb and subcu tissue	**Yes**	**Yes**	**Yes**	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	**S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
19300 **NEW**	Mastectomy for Gynecomastia	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1JB-Gynecomastia**
					Policy: Gynecomastia Surgery PolicyTech	
19301 **NEW**	Mastectomy, partial	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**S11O-GendAS,Q2BB-Breast Surg**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
19302 **NEW**	mastectomy;partial, w lymphnode rem	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2BB-Breast Surg**
					Policy: InterQual®	

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19303 NEW	Mastectomy,simple,complete	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2BB-Breast Surgery,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
19305 NEW	Mastectomy,radical	Yes	Yes	Yes	InterQual® criteria used	**Q2BB-Breast Surg**
					Policy: InterQual®	
19306 NEW	Mastectomy; radical,urban type	Yes	Yes	Yes	InterQual® criteria used	**Q2BB-Breast Surg**
					Policy: InterQual®	
19307 NEW	Mastectomy; mod radical	Yes	Yes	Yes	InterQual® criteria used	**Q2BB-Breast Surg**
					Policy: InterQual®	
19316 NEW	Mastopexy	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1NB-Mastopexy,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: Mastopexy PolicyTech	
19318 NEW	Breast reduction	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1QB-Breast Reduc,S11O-GendAS**
					Policy: Breast Reduction Surgery PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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19325 NEW	Breast augmentation with implant	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1RB-Breast Recon,S11O-GendAS
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
19328 NEW	Removal of breast implant	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1RB-Breast Recon
					Policy: Breast Reconstruction PolicyTech	
19330 NEW	Removal of implant material	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1RB-Breast Recon
					Policy: Breast Reconstruction PolicyTech	
19340 NEW	Immediate breast prothesis	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1RB-Breast Recon
					Policy: Breast Reconstruction PolicyTech	
19342 NEW	Delayed breast prosthesis	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1RB-Breast Recon
					Policy: Breast Reconstruction PolicyTech	
19350 NEW	Nipple/areaola reconstruction	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1RB-Breast Recon,S11O-GendAS
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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19355 **NEW**	Correction of inverted nipple(s)	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**
19357 **NEW**	Tissue Exp placement in breast recon	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**
19361 **NEW**	Breast recons with lateral flap	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**
19364 **NEW**	Breast recons with free flap	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**
19367 **NEW**	Breast recons with TRAM flap	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**
19368 **NEW**	Breast recons with TRAM flap supercharging	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**
19369 **NEW**	Breast recons w/ biped TRAM flap	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Breast Reconstruction PolicyTech	**S1RB-Breast Recon**

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19370 **NEW**	Rev of peri-implant capsule,breast	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1RB-Breast Recon**
					Policy: Breast Reconstruction PolicyTech	
19371 **NEW**	Peri-implant capsulectomy,breast	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1RB-Breast Recon**
					Policy: Breast Reconstruction PolicyTech	
19380 **NEW**	Revision reconstructed breast	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1RB-Breast Recon,S11O-GendAS**
					Policy: Breast Reconstruction PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
19396 **NEW**	Prep of moulage cust breast impant	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1RB-Breast Recon**
					Policy: Breast Reconstruction PolicyTech	
20930 **NEW**	Allograft, osteopromotive material,spine surg only	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Musculoskeletal eviCore	
20931 **NEW**	Allograft, structural,spine surg only	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Musculoskeletal eviCore	
20936 **NEW**	Autograft for spine surg only;local	**Yes**	**Yes**	**Yes**		
					Policy: eviCore Musculoskeletal eviCore	

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20937 NEW	Autograft for spine surg only;morselized	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
					Policy: eviCore Musculoskeletal eviCore	
20938 NEW	Autograft for spinal surg only;structural	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
					Policy: eviCore Musculoskeletal eviCore	
20974 NEW	Electrical stimulation to aid bone healing; noninvasive (nonop)	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
					Policy: eviCore Musculoskeletal eviCore	
20975 NEW	Electric stim to aid bone healing,invasive	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	**Q23B-Other Ortho**
					Policy: InterQual®	
21029 NEW	Rem benign tumor, facial bone(fibrous dysplasia)	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
21076 NEW	Impress/custom prep;surg obturator prosth	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
21077 NEW	Impress/custom prep;orbital prosthesis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	

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21079 **NEW**	Impress/custom prep;interim obturator prosth	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
21080 **NEW**	Impress/custom prep;def obturator prosth	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
21081 **NEW**	Impress/custom prep;mandresect prosth	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
21082 **NEW**	Impress/custom prep;palatal aug prosth	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
21083 **NEW**	Impress/custom prep;palatal left prosth	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
21084 **NEW**	Impress/custom prep;speech aid prosth	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
21085 **NEW**	Impress/custom prep;oral surg splint	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**

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21086 NEW	Impress/custom prep;auricular prosth	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
21087 NEW	Impress/custom prep;nasal prosth	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
21088 NEW	Impress/custom prep;facial prosth	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
21089 NEW	Unlisted maxillofacial prosth proc	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
21120 NEW	Genioplasty;augmentation	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21121 NEW	Genioplasty;sliding osteotomies,single piece	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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21122 NEW	Genioplasty;sliding osteotomies, 2 or more	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21123 NEW	Genioplasty;sliding,aug with bone grafts	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21125 NEW	Augmentation, mandibular body or angle; prosthetic material	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21127 NEW	Augmentation, mandibular body or angle; with bone graft	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21137 NEW	Reduction forehead;contouring only	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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21138 NEW	Reduction forehead;cont and app pros mat/bone graft	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21139 NEW	Reduction forehead;cont and setback ant frontal sinus wall	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21141 NEW	Recon midface,LeFort 1;2pieces w/out bone graft	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21142 NEW	Recon midface,LeFort 1; 2 pieces w/out bone graft	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21143 NEW	Recon midface,LeFort 1;3 or more,w/out bone graft	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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21145 **NEW**	Recon midface,LeFort 1; single piece,req bone grafts	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21146 **NEW**	Recon midface,LeFort 1; 2 pieces,req bone graft	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21147 **NEW**	Recon midface,LeFort 1; 3 or more,req bone graft	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21150 **NEW**	Recon midface,LeFort II; anterior intrusion	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21151 **NEW**	Recon midface,LeFort II; any direction,req bone graft	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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21154 NEW	Recon midface,LeFort III; any type,req bone graft,w/out LF I	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21155 NEW	Recon midface, LeFort III; any type,req bone graft,w LF I	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21159 NEW	Recon midface,LeFort III; w forhd adv,req bone gft,w/out LF I	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21160 NEW	Recon midface,LeFort III; w forhd adv,req bone gft, w LF I	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21172 NEW	Recon SL Orbital rim/Lwr forhd,adv/alt, w or w/out gfts	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	

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		HMO/PPO	Medicaid	Clarity		
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21175 NEW	Recon,bifrontal,SL orb rims/lwr forhd,adv/alt,w or w/out gfts	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21179 NEW	Recon,entire forhd/supraorb rims;w grafts	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21180 NEW	Recon, entire forhd/supraorb rims;w autograft	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21188 NEW	Recons misface,osteotomies/vone grafts	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21196 NEW	Recon mandibular rami/body,sagittal split;w int fix	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2OB-Oral/Max,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21206 NEW	Osteotomy,maxilla,segmetal(eg Wassmund/Schuchard)	Yes	Yes	Yes	InterQual® criteria used	Q2OB-Oral/Max
					Policy: InterQual®	

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21208 **NEW**	Osteoplasty, facial bones;augmentation	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21209 **NEW**	Osteoplasty,facial bones;reduction	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21210 **NEW**	Graft, bone;nasal,max/malar areas	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21230 **NEW**	Graft;rib cart,autogenous, toface,chin,nose ear	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21244 **NEW**	Recon mandible,extroral, w transosteal bone plate	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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21245 **NEW**	Recon mandible/mailla,subperiosteal imp;partial	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21246 **NEW**	Recon mandible/maxilla,subperiosteal imp;complete	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21248 **NEW**	Recon mandible/maxilla,endosteal imp;partial	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21249 **NEW**	Recon mandible/maxilla,endosteal imp;complete	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21270 **NEW**	Malar augmentation,prosth material	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2OB-Oral/Max,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
21275 **NEW**	Secondary rev orbitocranialfacial recon	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	

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21280 **NEW**	Medial canthopexy	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Medically Necessary PolicyTech	
21282 **NEW**	Lateral canthopexy	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
21295 **NEW**	Reduction masseter musc/bone;extroral approach	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic,M1EB-MN/E&I**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Medically Necessary PolicyTech	
21296 **NEW**	Reduction masseter musc/bone;intraoral approach	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic,M1EB-MN/E&I**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Medically Necessary PolicyTech	
21740 **NEW**	Recon repair pectus excavatum/caronatum;open	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: InterQual®	

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21742 NEW	Recon repair pectus excavatum/caronatum;min inv appr w/o thoracoscopy	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	S1CB-Cosmetic
					Policy: InterQual®	
21743 NEW	Recon repair pectus excavatum/caronatum;min inv appr w/ thoracoscopy	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	S1CB-Cosmetic
					Policy: InterQual®	
22206 NEW	Osteotomy spine,post/postlat appr,3 col,1vert seg;thoracic	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
22207 NEW	Osteotomy spine,post/postlat appr,3 col,1vert seg;lumbar	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
22208 NEW	Osteotomy of spine, post/posterolateral app;easch addl	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
22210 NEW	Part excision of vert body,w/out decomp;cervical	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
22212 NEW	Osteotomy of spine, post or posterolateral app, 1 vert seg; thoracic	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	

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

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22511 NEW	Percutaneous vertebroplasty;lumbosacral	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	
22512 NEW	Percutaneous vertebroplasty;each addtl	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	
22513 NEW	Percutaneous vertebral augmentation	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	
22514 NEW	Percutaneous vertebral augmentation	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	
22515 NEW	Percutaneous vertebral augmentation	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	
22532 NEW	Arthodesis,lat excav tech,incl min discectomy pre interspace;thoracic	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	
22533 NEW	Arthodesis,lat excav tech,incl min discectomy pre interspace;lumbar	Yes	Yes	Yes	**Policy:** eviCore Musculoskeletal eviCore	

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

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22585 NEW	Artrodesis,ant interbosy tech,each add interspace	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
22590 NEW	Arthrodesis,posterior tech,craniocervical	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
22595 NEW	Artrodesis,posterior tech,atlas-axis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
22600 NEW	Arthrodesis, post/postlat tech, single space;cerv below C2	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
22610 NEW	Arthrodesis, post/postlat tech, single space;thoracic	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
22612 NEW	Arthrodesis, post/postlat tech, single space; lumbar	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
22614 NEW	Arthrodesis, post,single;each addtnl	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	

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

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22808 NEW	Arthrodesis, ant,spinal deformity,w/wout cast; 2 to 3 vert seg	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		
22810 NEW	Arthrodesis, ant,spinal deformity,w/wout cast; 4 to 7 vert seg	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		
22812 NEW	Arthrodesis, ant,spinal deformity,w/wout cast; 8 or more vert seg	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		
22818 NEW	Kyphectomy, circumferential exp spine and resection vert seg(s); single or 2 seg	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		
22819 NEW	Kyphectomy, circumferential exp of spine and resection vert seg(s); 3 or more segs	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		
22830 NEW	Exploration of spinal fusion	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		
22836 NEW	Ant thoracic vert body tethering;up to 7 vert segs	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: Experimental and Investigational Treatment PolicyTech		

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		HMO/PPO	Medicaid	Clarity		
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22837 NEW	Ant thoracic vert body tethering;8/more segs	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
22838 NEW	Rev/Repl/Rem thoracic vert body tethering	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
22840 NEW	Post non seg instrumentation rod tech	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
22841 NEW	Internal spinal fix wiring spinal processes	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
22843 NEW	Post seg instrumentation rod tech;7 to 12 vert segs	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
22844 NEW	Post seg instrumentation rod tech;13 or more vert segs	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
22845 NEW	Anterior instrumentation;2 to 3 vert segs	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	

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22846 **NEW**	Anterior instrumentation; 4 to 7 vert segs	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
22847 **NEW**	Anterior instrumentation; 8 or more vert segs	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
22848 **NEW**	Pelvic fixation other than sacrum	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
22849 **NEW**	Reinsertion of spinal fix dev	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
22853 **NEW**	Insertion interbody biomech dev;each interspace	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
22854 **NEW**	Insertion intervertebral biomech dev	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
22856 **NEW**	Tot disc arthroplasty(art disc),ant appr;cervical	HMO/PPO **Yes**	Medicaid **Yes**	Clarity **Yes**	**Policy:** eviCore Musculoskeletal eviCore	

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

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

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

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

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27096 NEW	Inj proc for sacroiliac joint,anesth/steroid	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

Code	Short Description	HMO/PPO	Medicaid	Clarity
27125 NEW	Hemiarthoplasty,hip,partial	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

Code	Short Description	HMO/PPO	Medicaid	Clarity
27130 NEW	Arthoplasty, prosthtic repl, total hip	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

Code	Short Description	HMO/PPO	Medicaid	Clarity
27132 NEW	Conversion prev hip surg to total arthroplasty	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

Code	Short Description	HMO/PPO	Medicaid	Clarity
27134 NEW	Rev total hip arthroplasty, both comps	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

Code	Short Description	HMO/PPO	Medicaid	Clarity
27137 NEW	Rev total hip arthroplasty,acetabular comp only	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

Code	Short Description	HMO/PPO	Medicaid	Clarity
27138 NEW	Rev total hip arthroplasty,femoral comp only	Yes	Yes	Yes

Policy: eviCore Musculoskeletal
eviCore

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

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

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

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27438 NEW	Arthroplasty,patella;w prosthesis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
27440 NEW	Arthoplasty,knee,tibial plateau	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
27441 NEW	Arthroplasty,knee,tibial plateau; w debrid/part synovectomy	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
27442 NEW	Arthroplasty fem condyles/tib plateau knee	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
27443 NEW	Arthroplasty fen condyles/tib plateau knee;w debrid/part syno	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
27445 NEW	Arthroplasty knee hinge prothesis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
27446 NEW	Arthroplasty,knee,condyle and plateau,med or lat comp	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	

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27447 **NEW**	Arthroplasty,knee,condyle and plateau,med and lat comp	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
				Policy:	eviCore Musculoskeletal eviCore	
27486 **NEW**	Rev total knee arthroplasty,w or w/out allograft	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
				Policy:	eviCore Musculoskeletal eviCore	
27487 **NEW**	Rev toatl knee arthoplasty, femoral and entire tibial comp	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
				Policy:	eviCore Musculoskeletal eviCore	
27570 **NEW**	Manipulation of knee joint under general anesthesia	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
				Policy:	eviCore Musculoskeletal eviCore	
28890 **NEW**	Extracorporeal shock wave, by MD, plantar fascia	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	InterQual® criteria used	**Q2FB-Foot/Toe Surg**
				Policy:	InterQual®	
29805 **NEW**	Arthroscopy, shoulder, diagnostic, w/wout synovial biopsy	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
				Policy:	eviCore Musculoskeletal eviCore	
29806 **NEW**	Arthroscopy, shoulder, surgical; capsulorrhaphy	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**		
				Policy:	eviCore Musculoskeletal eviCore	

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29807 NEW	Arthroscopy, shoulder, surgical; repair of SLAP lesion	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
29819 NEW	Arthroscopy, shoulder, surgical; w rem loose body/foreign body	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
29820 NEW	Arthroscopy, shoulder, surgical; synovectomy, partial	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
29821 NEW	Arthroscopy, shoulder, surgical; synovectomy, complete	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
29822 NEW	Arthroscopy, shoulder, surgical; debridement, limited	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
29823 NEW	Arthroscopy, shoulder, surgical; debridement, extensive	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	
29824 NEW	Arthroscopy, shoulder, surg;distal claviculectomy inc distal articular surface	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Musculoskeletal eviCore	

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

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

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

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

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29889 **NEW**	Arthroscopically aided pcl repair/augmentation or recons	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
29892 **NEW**	Arthro aided rep large osteochondritis dissecans les, talar dome fract,tibial plafond fract	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
29914 **NEW**	Arthoscopy,hip,surg; w/ femoroplasty(i.e. cam lesion)	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
29915 **NEW**	Arthoscopy,hip,surg; w/ acetabuloplasty(i.e pincer lesion)	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
29916 **NEW**	Arthoscopy,hip,surg;w/ labral repair	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
30400 **NEW**	Rhinoplasty, prime, lat/alar cart	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2XB-ENT Surg,S11O-GendAS**
		Policy: Gender Affirmation Surgeries PolicyTech		
		Policy: InterQual®		

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
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30410 NEW	Rhinoplasty,primary,complete	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2XB-ENT Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30420 NEW	Rhinoplasty,primary incl sept rep	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2XB-ENT Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30430 NEW	Rhinoplasty,secondary;minor rev	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2XB-ENT Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30435 NEW	Rhinoplasty,secondary;intermediate rev	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2XB-ENT Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30450 NEW	Rhinoplasty, secondary;major rev	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2XB-ENT Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30460 NEW	Rhinoplasty, nasal deform;tip only	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2XB-ENT Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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30462 **NEW**	Rhinoplasty, nasal deform;tip,sept,osteo	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2XB-ENT Surg,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30465 **NEW**	Repair nasal vestibular stenosis	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
30468 **NEW**	Rpr nsl vlv collapse w/implt	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
30520 **NEW**	Septoplasty or submucous resection	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2XB-ENT Surg,S11O-GendAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
30540 **NEW**	Repair choanal atrsia;intranasal	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
30545 **NEW**	Repair choanal atrsia;transpalatine	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	

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30560 NEW	Lysis intranasal synechia	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	S1CB-Cosmetic,S11O-GendAS
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
30580 NEW	Repair fistula;oromaxillary	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
30600 NEW	Repair fistula; oronasal	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
30620 NEW	Septal or other intranasal dermatoplasty	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
30630 NEW	Repair nasal septal perforations	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Medically Necessary PolicyTech	
31295 NEW	Nasal/Sinus endo,surg,with ballon dilation;maxillary sinus ostium	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S13B-Sinus Dilation
					Policy: Balloon Sinus Ostial Dilation PolicyTech	
31296 NEW	Nasal/Sinus endo,surg,with ballon dilation;frontal sinus ostium	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S13B-Sinus Dilation
					Policy: Balloon Sinus Ostial Dilation PolicyTech	

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		HMO/PPO	Medicaid	Clarity		
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31297 NEW	Nasal/Sinus endo,surg,with ballon dilation; Sphenoid sinus ostium	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S13B-Sinus Dilation
					Policy: Balloon Sinus Ostial Dilation PolicyTech	
31298 NEW	Nasal/Sinus endo,surg,with ballon dilation;frontal/sphenoid sinus ostia	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S13B-Sinus Dilation
					Policy: Balloon Sinus Ostial Dilation PolicyTech	
31587 NEW	Laryngoplasty,cricoid split,w/out graft	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
31599 NEW	Unlisted procedure,larynx	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
31750 NEW	Tracheoplasty;cervical	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
32851 NEW	Lung transplant, single;w/out CP bypass	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1LI-Lung Tx
					Policy: Transplantation of Lung or Lobar Lung PolicyTech	
32852 NEW	Lung transplant, single;w/ CP bypass	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1LI-Lung Tx
					Policy: Transplantation of Lung or Lobar Lung PolicyTech	

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32853 NEW	Lung transplant,double;w/out CP bypass	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**S1LI-Lung Tx**
					Policy: Transplantation of Lung or Lobar Lung PolicyTech	
32854 NEW	Lung transplant,double;w/ CP bypass	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**S1LI-Lung Tx**
					Policy: Transplantation of Lung or Lobar Lung PolicyTech	
33267 NEW	Exclusion lft atrial append,open any method	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
33268 NEW	Exclusion Lft atrial append,open,perf time proc,any method	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
33269 NEW	Exclusion,lft atrial append,thorascopic, any method	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
33276 NEW	Ins phrenic nerve stim syst	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**S1PB-Phrenic Nerve**
					Policy: Peripheral Nerve Stimulation Policy Tech	
33277 NEW	Insert phrenic nerve stim trnsvenous stim sensing lead	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**S1PB-Phrenic Nerve**
					Policy: Peripheral Nerve Stimulation Policy Tech	

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		HMO/PPO	Medicaid	Clarity		
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 12/5/2024 Please review carefully for changes*	
33285 NEW	Insertion,subq cardiac rhythm monitor, incl programming	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**X1BO-Cardiac Mon**
					Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	
33287 NEW	Rem/Repl phrenic nerve stim;pulse gen	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**S1PB-Phrenic Nerve**
					Policy: Peripheral Nerve Stimulation Policy Tech	
33288 NEW	Rem/Repl phrenic nerve stim;trnsvenous stim sensing leads	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**S1PB-Phrenic Nerve**
					Policy: Peripheral Nerve Stimulation Policy Tech	
33340 NEW	Perq transcath closure left atrial appendage w/endocard imp	Yes	Yes	Yes	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
33361 NEW	Transcath aortic valve rep(TAVR/TAVI) w/ prosth valve;perq fem art appr	Yes	Yes	Yes	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
33365 NEW	Transcath aortic valve rep(TAVR/TAVI) w/ prosth valve;transaortic appr	Yes	Yes	Yes	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
33366 NEW	Transcath aortic valve rep(TAVR/TAVI) w/ prosth valve;transapical exp	Yes	Yes	Yes	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
33370 NEW	Transcath plcmnt/subseq rem cerebral embolic protection dev	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	

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33894 NEW	Endovasc stent rep of coarctation,aorta,inv stent place;across maj side brnchs	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
33895 NEW	Endovasc stent rep of coarctation,aorta,inv stent place;not crossing	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
33927 NEW	Impl total repl heart syst(art heart),w/recip cadiectomy	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	M1EB-MN/E&I
33928 NEW	Rem/Repl total repl heart syst(artificial heart)	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	M1EB-MN/E&I
33929 NEW	Rem total repl heart syst for heart transplantation	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	M1EB-MN/E&I
33945 NEW	Heart transplantation,w or w/out rec cardiectomy	Yes	Yes	Yes	InterQual® criteria used **Policy:** InterQual®	Q2TB-Transplant
33975 NEW	Insert ventricular assist dev;extracorporeal,sing ventrical	Yes	Yes	Yes	InterQual® criteria used **Policy:** InterQual®	Q2CB-Cardiac Surg
33976 NEW	Insert ventricular assist dev;extracorporeal,biventricular	Yes	Yes	Yes	InterQual® criteria used **Policy:** InterQual®	Q2CB-Cardiac Surg

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33979 NEW	Insert ventricular assist dev, implant intracorporeal,sing ventrical	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2CB-Cardiac Surg
33990 NEW	Ins ventricle assist dev,perq;left heart,arterial acc only	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2CB-Cardiac Surg
33991 NEW	Ins ventricle assist dev,perq;left heart,both art/ven acc w/transseptal punc	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2CB-Cardiac Surg
36468 NEW	Inj(s) of sclerosant for spider veins(telangiectasia),limb or trunk	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2VB-Varicose Vein
36470 NEW	Inj of sclerosant;single imcomp vein	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2VB-Varicose Vein
36471 NEW	Inj of sclerosant;multiple incomp veins,same leg	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2VB-Varicose Vein
36475 NEW	Endoveneous ablation ther of incomp vein,exrtremity,perq;first vein	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2VB-Varicose Vein
36476 NEW	Endoveneous ablation ther of incomp vein,exrtremity,perq;subseq veins	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2VB-Varicose Vein
36478 NEW	Endoveneous ablation ther of incomp vein,exrtremity,laser;first vein	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used **Policy:** InterQual®	Q2VB-Varicose Vein

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36479 NEW	Endoveneous ablation ther of incomp vein,exrtremity,laser;subseq veins	Yes	Yes	Yes	InterQual® criteria used	Q2VB-Varicose Vein
		Policy: InterQual®				
37220 NEW	Revasc,endovascular,open/perq,iliac art,unilat,init vessal;w/translum angioplasty	Yes	Yes	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37221 NEW	Revasc,endovascular,open/perq,iliac art,unilat,init vessal;w/translum stent	Yes	Yes	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37222 NEW	Revasc,endovascular,open/perq,iliac art,each add ipsilateral iliac ves;w/TLA	Yes	Yes	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37223 NEW	Revasc,endovascular,open/perq,iliac art,each add ipsilateral iliac ves;w/TLS	Yes	Yes	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37224 NEW	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLA	Yes	No	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37225 NEW	Revasc,endovascular,open/perq,femoral,po part,unilat;w/atherectomy	Yes	No	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37226 NEW	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLS	Yes	No	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				
37227 NEW	Revasc,endovascular,open/perq,femoral,po part,unilat;w/TLS and atherectomy	Yes	No	Yes	InterQual® criteria used	Q2CB-Cardiac Surg
		Policy: InterQual®				

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37228 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,init vess;w/TLA	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37229 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,init vess;w/atherectomy	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37230 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,init vess;w/TLS	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37231 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,init vess;w/TLS/atherectomy	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37232 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,each add vess;w/TLA	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37233 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,each add vess;w/atherectomy	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37234 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,each add vess;w/TLS	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37235 **NEW**	Revasc,endovascular,open/perq,tibial,peroart,unilat,each add vess;w/TLS/atherectomy	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **Yes**	InterQual® criteria used	**Q2CB-Cardiac Surg**
					Policy: InterQual®	
37500 **NEW**	Vascular endo,surg,w/ ligation perforator veins,subfascial(SEPS)	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	InterQual® criteria used	**Q2VB-Varicose Vein**
					Policy: InterQual®	

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37700 NEW	Ligation/Div long saph vein at saph junc,or distal interruptions	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37718 NEW	Ligation/Div/Stripping,short saph vein	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37722 NEW	Ligation/Div/Stripping,long saph veins from saphfem junc to knee or below	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37735 NEW	Ligation/Div/Comp Stripping,short/long saph veins w/ rad exc ulcer	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37760 NEW	Ligation perforator veins,subfascial,rad,incl skin gft, open, 1 leg	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37761 NEW	Ligation perforator veins,subfascial,open incl US guide,1 leg	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37765 NEW	Stab phlebectomy varicose veins,1 ext;10-20 incisions	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37766 NEW	Stab phlebectomy varicose veins,1 ext;more than 20 inc	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37780 NEW	Lifgation/Div short saph vein at saphpop junction	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	

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37785 NEW	Ligation/Div and/or exc of varicode vein clustor9s), 1 leg	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	Q2VB-Varicose Vein
					Policy: InterQual®	
37788 NEW	Penile revascularization,artery,w or w/out vein graft	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	S1CB-Cosmetic
					Policy: InterQual®	
37790 NEW	Penile venous occlusive procedure	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	S1CB-Cosmetic
					Policy: InterQual®	
37799 NEW	Unlisted procedure, vascular surgery	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	S1CB-Cosmetic
					Policy: InterQual®	
38232 NEW	Bone marrow harvest for transplant;autologous	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
38240 NEW	Hematopoeitic progenitor cell(HPC);allogenic transplant per donor	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
38241 NEW	Hematopoeitic progenitor cell(HPC);autologous transplant	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
40700 NEW	Plastic rep cleft lip/nasal def;primary,part/comp, unilateral	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: InterQual®	
40701 NEW	Plastic rep cleft lip/nasal def;primary bilateral,1 stage proc	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: InterQual®	

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40702 **NEW**	Plastic rep cleft lip/nasal def;primary bilateral,1 of 2 stages	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: InterQual®	
40720 **NEW**	Plastic rep cleft lip/nasal def;secondary,by reaction def and reclosure	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: InterQual®	
40761 **NEW**	Plastic rep cleft lip/nasal def;w/cross lip ped flap,incl sec/ins pedicle	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1CB-Cosmetic**
					Policy: InterQual®	
40799 **NEW**	Unlisted procedure, lips	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
41512 **NEW**	Tongue base supspension,perm suture technique	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
41530 **NEW**	Submucosal ablation tongue abse,radiofreq, 1/more site,per session	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
41899 **NEW**	Unlisted procedure,dentoalveolar structures	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details. NH Medicaid-Auth req for age 21 plus.	**M2EB-MN Dental**
					Policy: Medically Necessary Facility/Hospital Services for Non-Covered Dental Services (Due to a Serious Medical Condition) PolicyTech	

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42120 **NEW**	Resection palate or ext resect of lesion	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42140 **NEW**	Uvulectomy,exc of uvula	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42145 **NEW**	Palatopharyngoplasty	**Yes**	**Yes**	**Yes**	InterQual® criteria used **Policy:** InterQual®	**Q2XB-ENT Surg**
42160 **NEW**	Dest of lesion,palate/uvula(therm,cryo,chem)	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42180 **NEW**	Repair,laceration of palate;up to 2cm	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42182 **NEW**	Repair,laceration of palate;over 2cm/complex	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42200 **NEW**	Palatoplasty cleft palate,soft and/or hard palate only	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**

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42205 **NEW**	Palatoplasty cleft palate,w close alveolar ridge;soft tissue only	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42210 **NEW**	Palatoplasty cleft palate,w close alveolar ridge;w bone gft to alveolar ridge	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42215 **NEW**	Palatoplasty cleft palate;major revision	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42227 **NEW**	Lengthening of palate,w island flap	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42235 **NEW**	Repair anterior palate,incl vomer flap	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42260 **NEW**	Repair of nasolabial fistula	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**
42280 **NEW**	Maxillary imp for palatal prothesis	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Cosmetic Reconstructive, and Restorative Services PolicyTech	**S1CB-Cosmetic**

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		HMO/PPO	Medicaid	Clarity		
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42281 NEW	Insertion of pin-retained palatal prothesis	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
42299 NEW	Unlisted procedure,palate,uvula	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
42300 NEW	Drainage of abcess;parotid,simple	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
42305 NEW	Drainage of abcess;parotid,complicated	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
43192 NEW	Esophagoscopy,rigid,transoral;w dir submucosal inj,any subs	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43201 NEW	Esophagoscopy,flexible,transoral;w dir submucosal inj,any subs	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43210 NEW	Esophagogastroduodenoscopy,flexible,transoral;w fundoplasty part/comp	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	

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		HMO/PPO	Medicaid	Clarity		
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43211 NEW	Esophagoscopy,flexible,transoral;w endo mucosal resect	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43212 NEW	Esophagoscopy,flexible,transoral; w plcmnt endo stent	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43236 NEW	Esophagogastroduodenoscopy,flexible,trans oral;w dir submuc inj,any subs	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43254 NEW	Esophagogastroduodenoscopy,flexible,trans oral;w endo mucosal resect	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43257 NEW	Esophagogastroduodenoscopy,flexible,trans oral;w del therm energy for GERD	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43284 NEW	Laparoscopy,surg, esoph spinc augment proc	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 K21.0-K21.9,R12. Please review the WellSense policy for authorization/criteria details	S1EB-Endo GERD
					Policy: Endoscopic Procedures to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting PolicyTech	
43290 NEW	Esophagogastroduodenoscopy, flex, transoral; w deploy intragastric bari balloon	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	

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43327 NEW	Esophogastric fundoplasty part/comp;laparotomy	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
43328 NEW	Esophogastric fundoplasty part/comp;thoracotomy	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
43497 NEW	Lower Esoph myotomy,transoral(POEM)	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
43644 NEW	Laparoscopy,surg,gastric rest proc;w bypass/Roux-en Y	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43645 NEW	Laparoscopy,surg,gastric rest proc;w bypass and sm intest recon	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43647 NEW	Laparoscopy,surg;implant/repl gastric neurostim elec,antrum	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
43648 NEW	Laparoscopy,surg;rev/rem gastric neurostim elec,antrum	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
43659 NEW	Unlisted laparaoscopy procedure, stomach	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43770 NEW	Laparoscopy,surg,gastric rest proc;plcmnt adj gastric restr dev	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	

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43771 NEW	Laparoscopy,surg,gastric rest proc;rev adj gastric restr dev comp only	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43772 NEW	Laparoscopy,surg,gastric rest proc;rem adj gastric restr dev comp only	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43773 NEW	Laparoscopy,surg,gastric rest proc;rem/repl adj gastric restr dev comp only	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43774 NEW	Laparoscopy,surg,gastric rest proc;rem adj gastric dev and subq port comps	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43775 NEW	Laparoscopy,surg,gastric rest proc;longitudinal gastrectomy(sleeve)	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43842 NEW	Gastric restr proc, w/out bypass, for morbid obesity;vert-band	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43843 NEW	Gastric restr proc, w/out bypass, for morbid obesity;other than vert-band	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43845 NEW	Gastric restr proc w part gastrectomy	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	
43846 NEW	Gastric restr proc,w gastric bypass morbid obesity;w short limb Roux-en Y	Yes	Yes	Yes	InterQual® criteria used	Q26B-Bariatric Surg
					Policy: InterQual®	

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43847	Gastric restr proc, w/out bypass, for morbid obesity;w small intest recon	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q26B-Bariatric Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
43848	Rev,open,gastric restr proc morb obesity,other than adj gast restr dev	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q26B-Bariatric Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
43881	Implant/Replc gastric neurostim electrodes,antrum,open	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q2GB-GI Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
43882	Rev/Rem gastric neurostim electrodes,antrum,open	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q2GB-GI Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
43886	Gastric restr proc,open;rev of subq port comp only	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q26B-Bariatric Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
43887	Gastric restr proc,open;rem of subq port comp only	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q26B-Bariatric Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
43888	Gastric restr proc,open;rem/repl of subq port comp only	HMO/PPO	Medicaid	Clarity	InterQual® criteria used	Q26B-Bariatric Surg
NEW		Yes	Yes	Yes		
					Policy: InterQual®	
44135	Intestinal allotransplantation;from cadaver donor	HMO/PPO	Medicaid	Clarity	Please review the WellSense policy for authorization/criteria details	S1SI-Sm Bowel Tx
NEW		Yes	Yes	Yes		
					Policy: Transplantation of Small Bowel, Small Bowel-Liver, or Multivisceral Organs PolicyTech	

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44136 **NEW**	Intestinal allotransplantation;from living donor	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1SI-Sm Bowel Tx**
					Policy: Transplantation of Small Bowel, Small Bowel-Liver, or Multivisceral Organs PolicyTech	
47135 **NEW**	Liver allotransplantation,orthoptic,part/whole cad/liv donor,any age	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2TB-Transplant**
					Policy: InterQual®	
48160 **NEW**	Pancreatectomy,tot/subtot,w auto trans panc or panc islet cells	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Medically Necessary PolicyTech	
48551 **NEW**	Backbench prep cadaver donor pancreas allograft	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Medically Necessary PolicyTech	
48554 **NEW**	Transplantation of pancreatic allograft	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1PI-Pancreas Tx**
					Policy: Transplantation of Pancreas or Pancreas-Kidney PolicyTech	
48556 **NEW**	Removal transplanted pancreatic allograft	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S1PI-Pancreas Tx**
					Policy: Transplantation of Pancreas or Pancreas-Kidney PolicyTech	
48999 **NEW**	Unlisted procedure,pancreas	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Medically Necessary PolicyTech	

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		HMO/PPO	Medicaid	Clarity		
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49329 NEW	Peritoneal flap,unlisted	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
50320 NEW	Donor nephectomy;open,from living donor	Yes	Yes	Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
50340 NEW	Recipient nephrectomy	Yes	Yes	Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
50360 NEW	Renal allotransplantation,imp grft;w/out rec nephrectomy	Yes	Yes	Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
50365 NEW	Renal allotransplantation,imp grft;w rec nephrectomy	Yes	Yes	Yes	InterQual® criteria used	Q2TB-Transplant
					Policy: InterQual®	
52284 NEW	Cystourethrscopy,w/mech urethral dil/drug deliv,male	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
53410 NEW	Urethroplasty,1 stage recon	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
53415 NEW	Urethroplasty,transoubic or perineal,1 stage	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	

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53420 NEW	Urethroplasty,2 stage recon	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
53425 NEW	Urethroplasty,2 stage recon;2nd stage	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
53430 NEW	Urethroplasty,recon,female	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
53450 NEW	Urethomeatoplasty,w muc adv	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
53451 NEW	Periurethral transperineal adj balloon cont dev;bilat insert	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
53452 NEW	Periurethral transperineal adj balloon cont dev;unilat inset	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
53453 NEW	Periurethral transperineal adj balloon cont dev;removal each	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	

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53454 NEW	Periurethral transperineal adj balloon cont dev;perc adj fld vol	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
54120 NEW	Amputation of penis;partial	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
54125 NEW	Amputation of penis;complete	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
54400 NEW	Insert of penile prothesis;non inflatable	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
54401 NEW	Insert penile prosth;inflatable	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
54405 NEW	Insert multi comp infl penile prosthesis	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890.	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
54520 NEW	Orchiectomy,simple	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	

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54660 NEW	Insertion of testicular prosthesis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 **Policy:** Gender Affirmation Surgeries PolicyTech	**S11O-GenderAS**
54690 NEW	Laparascopy,surgical;orchiectomy	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 **Policy:** Gender Affirmation Surgeries PolicyTech	**S11O-GenderAS**
55175 NEW	Scrotoplasty;simple	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 **Policy:** Gender Affirmation Surgeries PolicyTech	**S11O-GenderAS**
55180 NEW	Scotoplasty;complicated	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 **Policy:** Gender Affirmation Surgeries PolicyTech	**S11O-GenderAS**
55866 NEW	Laparascopy,surg,prostatectomy	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890 **Policy:** Gender Affirmation Surgeries PolicyTech	**S11O-GenderAS**
55870	Electroejaculation	HMO/PPO: Yes Medicaid: No Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
55880 NEW	Ablation malig prostrate tissue,transrectal,w HIFU	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	**M1EB-MN/E&I**

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		HMO/PPO	Medicaid	Clarity		
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55970 NEW	Intersex surgery;male to female	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
55980 NEW	Intersex surgery;female to male	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
56620 NEW	Vulvectomy simple;partial	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
56625 NEW	Vulvectomty simple;complete	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
56800 NEW	Plastic repair of introitus	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
56805 NEW	Clitoroplasty for intersex state	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
56810 NEW	Perineoplasty,non obstetrical	Yes	Yes	Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	

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57106 NEW	Vaginectomy,partial rem of vaginal wall	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
57107 NEW	Vaginectomy,partial;w rem paravaginal tiss	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
57109 NEW	Vaginectomy,part rem vag wall;w rem paravag tiss w bilat tot pel lymph	HMO/PPO No	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q21B-GYN Surg
					Policy: InterQual®	
57110 NEW	Vaginectomy,complete rem of vaginal wall	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
57111 NEW	Vaginectomy,complete;w rem of paravaginal tissue	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
57291 NEW	Constr of artificial vagina;w/out graft	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
57292 NEW	Constr of artificial vagina;w graft	HMO/PPO Yes	Medicaid Yes	Clarity Yes	PA req'd when treatment is related to ICD10 F64.0-F64.9, Z87.890	S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	

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57295 **NEW**	Revision prosthetic vaginal graft;vaginal appr	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
57296 **NEW**	Revision prosthetic vaginal graft; open abd appr	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
57335 **NEW**	Vaginoplasty for intersex state	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
57426 **NEW**	Revision prosthetic vaginal graft;lap appr	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy	**S1CB-Cosmetic,S11O-GendAS**
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
					Policy: Gender Affirmation Surgeries PolicyTech	
58150 **NEW**	Total abdominal hysterectomy	**Yes**	**Yes**	**Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58152 **NEW**	Tat abd hysterectomy;w colpo-urethrocystopexy	**Yes**	**Yes**	**Yes**	InterQual® criteria used	**Q2IB-GYN Surg**
					Policy: InterQual®	

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58180 NEW	Supracervical abdominal hysterectomy	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58200 NEW	Tot abd hysterectomy,incl part vaginectomy,lymph sampling	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58210 NEW	Rad abd hysterectomy,w bilat tat pel lymphadectomy and sampling	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58260 NEW	Vaginal hysterectomy, for utereus 250g or less	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58262 NEW	Vaginal hysterectomy,uterus 250g or less;w rem T&O	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58263 NEW	Vag hysterectomy,for uterus 250g or less;w rem T&O w rep enterocele	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58267 NEW	Vag hysterectomy,for uterus 250g or less;w colpo-urethrocystopexy	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	

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58270 NEW	Vag hysterectomy,for uterus 250g or less;w rep or enterocele	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58275 NEW	Vaginal hysterectomy,w tot or part vaginectomy;	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58280 NEW	Vaginal hysterectomy,w tot or part vaginectomy;w/rep enterocele	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58285 NEW	Vag hysterectomy,radical(Schauta type)	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58290 NEW	Vaginal hysterectomy, for uterus greater than 250g	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58291 NEW	Vaginal hysterectomy,uterus >250g, w rem T&O	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58292 NEW	Vaginal hysterectomy,uterus >250g;w rem T&O w rep enterocele	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	

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58294 NEW	Vaginal hysterectomy,uterus >250g;w rep of enterocele	Yes	Yes	Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58321	Artificial insemination;intra-cervical	Yes	No	No	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
58322	Artificial insemination;intra-uterine	Yes	No	No	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
58323	Sperm wasihng for artificial insemination	Yes	No	No	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
58541 NEW	Laparascopy,surg,supracervial hyst, utereus <250g	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58542 NEW	Laparascopy,surg,supracervical hyst,uterus <250g,rev T&O	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58543 NEW	Laparascopy,surg,supracervical hyst,uterus >250g	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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58544 NEW	Laparascopy,surg,supracervical hyst,uterus >250g,rev T&O	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58548 NEW	Laparoscopy,surg,w rad hyst,w bilat tot pel lymph w rem T&O	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	Q2IB-GYN Surg
					Policy: InterQual®	
58550 NEW	Laparoscopy,surg,w vaginal hyst,uterus <250g	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58552 NEW	Laparascopy,surg,w vaginal hyst,utereus >250g,w T&O rem	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58553 NEW	Laparascopy,surg w vaginal hyst,uterus >250g	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58554 NEW	Laparascopy,surg,w vaginal hyst,utereus >250g,w T&O rem	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2IB-GYN Surg,S11O-GenderAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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58570 **NEW**	Laparascopy,surg, w total hyst, uterus <250g	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58571 **NEW**	Laparascopy,surg, w total hyst, uterus <250g,w rem T&O	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58572 **NEW**	Laparascopy,surg,w total hyst, uterus >250g	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58573 **NEW**	Laparoscopy,surg,w total hyst,uterus >250g,w rem T&O	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58661 **NEW**	Laparascopy,surg;w removal adnexal structures	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	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.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
58720 **NEW**	Salpingo-oopherectomy,comnp/part,uni/bilat	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	**Q2IB-GYN Surg,S11O-GenderAS**
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	

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58940 NEW	Oopherectomy,part/total,uni/bilat	Yes	Yes	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®	**Q2IB-GYN Surg,S11O-GenderAS**
58970	Follicle punture for oocyte retrieval,any method	Yes	No	No	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
58974	Embryo transfer,intrauterine	Yes	No	No	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
58976	Ganete,zygote,embryo intrafallopian transfer,any method	Yes	No	No	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
59866	Multifetal pregnancy reduction(s)	Yes	No	No	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
60280 NEW	Exc of thyroglossal duct cyst or sinus	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	**Q2XB-ENT Surg**
60281 NEW	Exc of thyroglossal duct cyst or sinus;recurrent	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	**Q2XB-ENT Surg**

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61720 NEW	Creation lesion by sterotactic meth,sing/multi stages;globus pall/thalamus	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	Q2NB-Neurosurg
					Policy: Medically Necessary PolicyTech	
61735 NEW	Creation lesion by sterotactic meth,sing/multi stages;subcortical struct	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	Q2NB-Neurosurg
					Policy: Medically Necessary PolicyTech	
61736 NEW	LITT of lesion;1 simple lesion	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
61737 NEW	LITT of lesion;complex lesion, multi	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
61760 NEW	Sterotactic imp depth elec inot cerebrum,long term seize mon	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	Q2NB-Neurosurg
					Policy: Medically Necessary PolicyTech	
61863 NEW	Twist drill,burr hole,craniotomy w imp neurostim elec subcort site;first array	Yes	Yes	Yes	InterQual® criteria used	Q2NB-Neurosurg
					Policy: InterQual®	
61867 NEW	Twist drill,burr hole,craniotomy w imp neurostim elec subcort site;first array	Yes	Yes	Yes	InterQual® criteria used	Q2NB-Neurosurg
					Policy: InterQual®	
61885 NEW	Ins/repl cranial neurostim gen/rec;w conn to sing electrode array	Yes	Yes	Yes	InterQual® criteria used	S12B-Vagus Nerve
					Policy: InterQual®	

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61886 NEW	Ins/repl cranial neurostim gen/rec;w conn 2 or more elec arrays	Yes	Yes	Yes	InterQual® criteria used	Q2NB-Neurosurg
					Policy: InterQual®	
61889 NEW	Ins skull mount cranial neurostim pulse gen/rec,incl craniectomy/otomy	Yes	Yes	Yes		S12B-Vagus Nerve
					Policy: InterQual®	
61891 NEW	Rev/Repl skull mount cranial neurostim pulse gen/rec	Yes	Yes	Yes		S12B-Vagus Nerve
					Policy: InterQual®	
62267 NEW	Perq aspiration in nucleaus pulposus, invert disc,paravert tiss,diagnostic	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
62280 NEW	Inj/Inf neuro subs w or w/out other ther subs;subarachnoid	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
62281 NEW	Inj/Inf neuro subs w or w/out other ther subs;epidural,cerv/thor	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
62282 NEW	Inj/Inf neurolytic subs; epidural,lumbar, sacral	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
62292 NEW	Inj proc chemonucleosis,sing/multi levels,lumbar	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	

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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 12/5/2024 Please review carefully for changes***	
62320 **NEW**	inj diag/ther subs,epidural/subarachnoid,cerv/thor;w/out IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
62321 **NEW**	inj diag/ther subs,epidural/subarachnoid,cerv/thor;w IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
62322 **NEW**	inj diag/ther subs,epidural/subarachnoid,lum/sac;w/out IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
62323 **NEW**	inj diag/ther subs,epidural/subarachnoid,lum/sac;w IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
62324 **NEW**	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,cerv/thor;w/out IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
62325 **NEW**	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,cerv/thor;w IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
62326 **NEW**	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,lum/sac;w/out IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	

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62327 **NEW**	Inj incl indwell cath plcmnt,cont inf or diag/ther subs,lum/sac;w IG	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63001 **NEW**	Laminectomy w exp and/or decomp,1 or 2 segs;cervical	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63003 **NEW**	Laminectomy w exp and/or decomp,1 or 2 segs;thoracic	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63005 **NEW**	Laminectomy w exp and/or decomp,1 or 2 segs;lumbar	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63012 **NEW**	Laminectomy w rem abn facets w decomp,lumbar(Gill type)	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63015 **NEW**	Laminectomy w exp and/or decomp, more than 2 segs;cervical	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63016 **NEW**	Laminectomy w exp and/or decomp, more than 2 segs;thoracic	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	

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

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63044 NEW	Laminotomy,w decomp nerve root(s);each addtl space	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63045 NEW	Laminectomy,facet,foram w decomp,sing vert seg;cervical	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63046 NEW	Laminectomy,facet,foram w decomp,sing vert seg;thoracic	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63047 NEW	Laminectomy,facet,foram w decomp,sing vert seg;lumbar	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63048 NEW	Laminectomy, spinal/lateral stenosis;each addtl vert seg	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63050 NEW	Laminoplasty,cerv,w decomp,2 or more seg	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63051 NEW	Laminoplasty,cerv,w decomp,2 or more seg;w recon post bony elem	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Musculoskeletal eviCore	

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63052 **NEW**	Lam w/ decomp of sp cord;lumbar,single	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
63053 **NEW**	Lam w/ decomp of sp cord;lumbar,each addtl	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
63055 **NEW**	Transpedicular appr w decomp,single seg;thoracic	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
63056 **NEW**	Transpedicular appr w decomp,single seg;lumbar	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
63057 **NEW**	Transpedicular app w decomp spinal cord, equina,nerve root(s);each addtl	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		
63064 **NEW**	Costovertebral appr w decomp;thoracic,single seg	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	InterQual® criteria used	**Q24B-Spine Surg**
		Policy: InterQual®		
63075 **NEW**	Discectomy,ant,w decomp;cervical,sing space	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
		Policy: eviCore Musculoskeletal eviCore		

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63076 NEW	Disctectomy,anterior,w decomp;cerv,each addtl space	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore				
63077 NEW	Disctectomy,anterior,w decomp;thoracic,single space	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	InterQual® criteria used	**Q24B-Spine Surg**
		Policy: InterQual®				
63081 NEW	Vertebral corpectomy,part/comp,ant appr w decomp;cerv,single seg	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore				
63082 NEW	Vertebral corpectomy;cerv,each addtl seg	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore				
63085 NEW	Vertebral corpectomy,part/comp,transthoracic appr w decomp;thoracic,sing seg	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore				
63086 NEW	Vertebral corpectomy,part/comp,transthoracic appr w decomp;thoracic,ea addtl	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore				
63087 NEW	Vertebral corpectomy,part/comp,combtho/lumb appr;single seg	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore				

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63088 **NEW**	Vert corpectomy,par/comp,low thor/lumb;each addtl	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63090 **NEW**	Vertebral corpectomy,part/comp,transper/retroper appr,lum/sac;single seg	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63091 **NEW**	Vert corpectomy,par/comp,low thor/lumb;each addtl	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63101 **NEW**	Vert Corpectomy,par/comp,;thor single seg	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63102 **NEW**	Vert corpectomy,par/comp,low thor/lumb;single seg	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63103 **NEW**	Vert corpectomy,par/comp,low thor/lumb;each addtl	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	
63185 **NEW**	Laminectomy with rhizotomy; more than 2 segments	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Musculoskeletal eviCore	

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

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		HMO/PPO	Medicaid	Clarity		
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63688 NEW	Rev/rem implanted spinal neurostim pulse gen/reciever	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
64400 NEW	Inj,anest/ster;trigeminal nerve,ea branch	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Medically Necessary PolicyTech	
64405 NEW	Inj,anest/ster;greater occipital nerve	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Medically Necessary PolicyTech	
64451 NEW	Inj,anest/ster;nerves innervating SIJ,w IG	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
64479 NEW	Inj,anest/ster;tranforaminal epidural,w IG,cerv/thor,single level	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
64480 NEW	Inj,anest/ster;tranforaminal epidural,w IG,cerv/thor,ea addtl level	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
64483 NEW	Inj,anest/ster;tranforaminal epidural,w IG,lumb/sac,single level	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	

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

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		HMO/PPO	Medicaid	Clarity		
64510 NEW	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
64520 NEW	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Yes	Yes	Yes		
					Policy: eviCore Musculoskeletal eviCore	
64553 NEW	Perc implant neurostim elec array;cranial nerve	Yes	Yes	Yes	InterQual® criteria used	S12B-Vagus Nerve
					Policy: InterQual®	
64555 NEW	Perc implant neurostim elec array;peripheral nerve	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S17B-Occip Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64561 NEW	Perc implant neurostim elec array;sacral	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1ZB-Sacral Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64566 NEW	Posterior tibial neurostim, perq needle elec,single trmnt	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1TB-Post Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64568 NEW	Open implant cranial nerve(vagus) neurostim elec array/pulse gen	Yes	Yes	Yes	InterQual® criteria used	S12B-Vagus Nerve
					Policy: InterQual®	

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64575 NEW	Open implant neurostim elec array;periph nerve(exc sacral)	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	S17B-Occip Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64581 NEW	Open implant neurostim elec array;sacarl nerve	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	S1ZB-Sacral Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64582 NEW	Open Imp Hypoglossal Ner Stim	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
64583 NEW	Rev/Repl Hypoglossal Ner Stim	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
64585 NEW	Rev/rem periph neurostim pulse gen/reciever	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	S1ZB-Sacral Nerve,S17B-Occip Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64590 NEW	Insert/repl periph/gastric neurostim pulse gen/receiver,dir/induc coupling	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	S1ZB-Sacral Nerve,S17B-Occip Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	
64595 NEW	Rev/rem periph/gastric neurostim pulse gen/reciever	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	S1ZB-Sacral Nerve,S17B-Occip Nerve
					Policy: Peripheral Nerve Stimulation Policy Tech	

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64596 NEW	Ins/Repl perc elec array,perpih nerve,w/integrated neurostim;initial	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**S17B-Occip Nerve**
		Policy: Peripheral Nerve Stimulation Policy Tech		
64597 NEW	Ins/Repl perc elec array,periph nerve,w/integrated neurostim;ea addtl array	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**S17B-Occip Nerve**
		Policy: Peripheral Nerve Stimulation Policy Tech		
64598 NEW	Rev/Rem neurostim elec array,periph nerve,w/integrated neurostim	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**S17B-Occip Nerve**
		Policy: Peripheral Nerve Stimulation Policy Tech		
64600 NEW	Destruction neuro agent,trigem nerve;sup/infra orbital,mental/alv branch	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used	**SAVB-Facet Denerv**
		Policy: InterQual®		
64605 NEW	Destruction neuro agent,trigem nerve;2nd/3rd div branches	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used	**SAVB-Facet Denerv**
		Policy: InterQual®		
64610 NEW	Destruction neuro agent,trigem nerve;2nd/3rd div branches w rad monitor	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	InterQual® criteria used	**SAVB-Facet Denerv**
		Policy: InterQual®		
64620 NEW	Destruction neuro agent,intercostal nerve	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
		Policy: InterQual®		
64625 NEW	Radiofreq ablation, nerves innervating SIJ,w IG	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes		
		Policy: eviCore Musculoskeletal eviCore		

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64633 NEW	Destruction neuro agent,paravert facet joint,w IG;cerv/thor,single joint	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
64634 NEW	Destruction neuro agent,paravert facet joint,w IG;cerv/thor,ea addtl joint	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
64635 NEW	Destruction neuro agent,paravert facet joint,w IG;lumb/sacr,single joint	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
64636 NEW	Destruction neuro agent,paravert facet joint,w IG;lumb/sacr,ea addtl joint	HMO/PPO Yes	Medicaid Yes	Clarity Yes		
					Policy: eviCore Musculoskeletal eviCore	
64640 NEW	Destruction neuro agent;oth periph nerve/branc	HMO/PPO No	Medicaid No	Clarity Yes	InterQual® criteria used	**SAVB-Facet Denerv**
					Policy: InterQual®	
64653 NEW	Chemodenervationor eccrine glands;oth area(s) per day	HMO/PPO Yes	Medicaid Yes	Clarity Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Medically Necessary PolicyTech	
64680 NEW	Destruction neuro agent,w/w out RM;celiac plexus	HMO/PPO Yes	Medicaid Yes	Clarity Yes	InterQual® criteria used	**SAVB-Facet Denerv**
					Policy: InterQual®	
64681 NEW	Destruction neuro agent,w/w out RM;superior hypogastric plexus	HMO/PPO No	Medicaid Yes	Clarity Yes	InterQual® criteria used	**SAVB-Facet Denerv**
					Policy: InterQual®	

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		HMO/PPO	Medicaid	Clarity		
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 12/5/2024 Please review carefully for changes*	
64910 NEW	Nerve repair;w synth conduit/vein allograft,each nerve	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S14B-Nerve Repairs
					Policy: Nerve Repairs for Peripheral Nerve Injuries Using Allografts, Autografts, and Conduits PolicyTech	
64912 NEW	Nerve repair;w nerve allograft,ea nerve,first strand	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S14B-Nerve Repairs
					Policy: Nerve Repairs for Peripheral Nerve Injuries Using Allografts, Autografts, and Conduits PolicyTech	
64913 NEW	Nerve repair;w nerve allograft,ea addtl strand	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S14B-Nerve Repairs
					Policy: Nerve Repairs for Peripheral Nerve Injuries Using Allografts, Autografts, and Conduits PolicyTech	
65756 NEW	Keratoplasty;endothelial	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
65757 NEW	Backbench prep corneal endothelial allograft	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
65767 NEW	Epikeratoplasty	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
65778 NEW	Placement of amniotic memb on occular surf; w out sutures	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Medically Necessary PolicyTech	

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67900 NEW	Reapir brow ptosis	Yes	Yes	Yes	For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use IQ criteria.	Q2YB-Eye Surg,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
67901 NEW	Repair of blepharoptosis;frontalis musc tech w/ suture	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67902 NEW	Repair of blepharoptosis;frontalis musc tech w/autogolous fascial sling	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67903 NEW	Repair of blepharoptosis;levator resect/advance,int approach	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67904 NEW	Repair of blepharoptosis;levator resect/advance,ext approach	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67906 NEW	Repair of blepharoptosis;superior rectus tech w fascial sling	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67908 NEW	Repair of blepharoptosis;conjunctivo-tarso-Muller's musc-levator resect	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67909 NEW	Reduction of overcorrection of ptosis	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	

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67911 NEW	Correction of lid retraction	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67912 NEW	Correction of lagophthalmos,w/ imp upper eyelid lid load	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
67961 NEW	Excision/repair eyelid w/ skin flap prep;up to 1/4 of lid margin	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67966 NEW	Excision/repair eyelid w/ skin flap prep;over 1/4 of lid margin	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67971 NEW	Reconstruction eyelid,full thick by trans flap;up to 2/3 lid, 1 stage/first	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67973 NEW	Reconstruction eyelid,full thick by trans flap;tot eyelid,lower,1 stage/first	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67974 NEW	Reconstruction eyelid,full thick by trans flap;tot eyelid,upper,1 stage/first	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	
67975 NEW	Reconstruction eyelid,full thick by trans flap;second stage	Yes	Yes	Yes	InterQual® criteria used	Q2YB-Eye Surg
					Policy: InterQual®	

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67999 NEW	Unlited procedure, eyelids	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Medically Necessary PolicyTech	
69300	Otoplasty,protuding ear, w/ w out size reduction	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	S1CB-Cosmetic
					Policy: Cosmetic Reconstructive, and Restorative Services PolicyTech	
69705 NEW	Nasopharyngoscopy,surg,w dilation of eustachain tube;unilateral	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
69706 NEW	Nasopharyngoscopy,surg,w dilation of eustachain tube;bilateral	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
69710 NEW	Implantation/repl electomag bone conduct hear dev temporal bone	No	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1HB-Cochlear/BAHA
					Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	
69711 NEW	Removal/repair electromag bone cond hear dev temporal bone	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1HB-Cochlear/BAHA
					Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	
69714 NEW	Implantation,osseointegrated imp,skull;w perc attach ext sp proc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	S1HB-Cochlear/BAHA
					Policy: Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	

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69716 NEW	Implantation,osseointegrated imp,skull;w mag transq attach ext sp proc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	S1HB-Cochlear/BAHA
69717 NEW	Replacement osseointegrated imp,skull;w perq attach ext sp proc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	S1HB-Cochlear/BAHA
69719 NEW	Replacement osseointegrated imp,skull;w mag tranq attach ext sp proc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	S1HB-Cochlear/BAHA
69729 NEW	Implantation,osseointegrated imp,skull;w mag transq attach ext sp proc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	S1HB-Cochlear/BAHA
69730 NEW	Replacement (including removal of existing device), osseointegrated implant, skull;	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech	S1HB-Cochlear/BAHA
69930 NEW	Cochlear dev implantation;w or w out mastoidectomy	Yes	Yes	Yes	InterQual® criteria used. **Policy:** InterQual®	S1HB-Cochlear/BAHA
70336 NEW	MRI,temporomandibular joint(s)	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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70450 **NEW**	CT,head or brain; w/out contrast material	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70460 **NEW**	CT,head or brain; with contrast material(s)	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70470 **NEW**	CT,head or brain;w/out contrast material,followed by contrast	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70480 **NEW**	CT,orbit,sella,post fossa or ear;w/out contrast material	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70481 **NEW**	CT,orbit,sella,post fossa or ear; w/ contrast amterial(s)	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70482 **NEW**	CT,orbit,sella,post fossa or ear;w/out contrast material,followed by contrast	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70486 **NEW**	CT,maxillofacial area;w/out contrast material	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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

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70540 NEW	MRI,orbit,face,neck;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70542 NEW	MRI,orbit,face,neck; w contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70543 NEW	MRI,orbit,face,neck;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70544 NEW	MRI, head; w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70545 NEW	MRI, head; w/ contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70546 NEW	MRI, head;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
70547 NEW	MR angiography,neck;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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

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

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71552 NEW	MRI,chest;w/out contrast material,followed by contrast	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
71555 NEW	MRI angiography,chest,w or w/out contrast materials	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72125 NEW	CT,cervical spine;w/out contrast material	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72126 NEW	CT,cervical spine; w/ contrast material	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72127 NEW	CT, cervical spiine;w/out contrast material,followed by contrast	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72128 NEW	CT, thoracic spine;w/out contrast material	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72129 NEW	CT,thoracic spine;w/ contrast material	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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

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

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		HMO/PPO	Medicaid	Clarity		
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72191 NEW	CT angiography,pelvis,w/contrast,incl non contrast images	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72192 NEW	CT,pelvis;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72193 NEW	CT,pelvis;w/ contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72194 NEW	CT, pelvis;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72195 NEW	MRI,pelvis;w/out contrast materials	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72196 NEW	MRI,pelvis;w/ contrast materials	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
72197 NEW	MRI,pelvis;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
		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 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search			*UPDATED 12/5/2024 Please review carefully for changes*	
72198 NEW	MRI angiography,pelvis,w or w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
73200 NEW	CT,upper extremity;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
73201 NEW	CT,upper extremity;w/ contrast material(s)	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
73202 NEW	CT,upper extremity;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
73206 NEW	CT angiography,upper extremity,w/ CM,incl non contr images	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
73218 NEW	MRI,upper extremity,other than joint;w/out contrast materials	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
73219 NEW	MRI,upper extremity,other than joint;w/contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

Code	Short Description	PA Req'd? (Yes= Auth Required via Medical Policy or InterQual; No= Auth not applicable, review Benefits and/or Payment Policies)			Note	UM Service Group
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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 12/5/2024 Please review carefully for changes*	
73220 NEW	MRI,upper extremity,other than joint;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73221 NEW	MRI,any joint upper extremity;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73222 NEW	MRI,any joint upper extremity;w/ contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73223 NEW	MRI,any joint upper extremity;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73225 NEW	MRA,upper extremity, w/ or w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73700 NEW	CT,low extremity;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73701 NEW	CT,low extremity;w/ contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore

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

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73723 NEW	MRI,any joint low extremity;w/out contrast material,followed by contrast	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
73725 NEW	MRA,low extremity,w/ or w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
74150 NEW	CT,abdomen;w/out contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
74160 NEW	CT,abdomen; w/ contrast material(s)	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
74174	CT angiography, abdomen/pelvis,w/ contrast,incl noncontrast images	Yes	Yes	No	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
74175 NEW	CT angiography,abdomen,w/ contrast,incl non contrast images	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore
74176 NEW	CT,abdomen/pelvis;w/ contrast material	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	**Policy:** eviCore Radiology eviCore

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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 12/5/2024 Please review carefully for changes***	
74177 **NEW**	CT,abdomen/pelvis;w/contrast material	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
74178 **NEW**	CT,abdomen/pelvis;w/out CM in one/both regions followed by contrast	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
74181 **NEW**	MRI,abdomen;w/out contrast	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
74182 **NEW**	MRI,abdomen;w/contrast material	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
74183 **NEW**	MRI,abdomen;w/out contrast material,followed by contrast	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
74185 **NEW**	MRA,abdomen,w or w/out contrast material	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
74261 **NEW**	CT, colonography,diagnostic,incl imaging;w/out contrast	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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

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

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

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76948	Ultrasonic guidance aspiration of ova, imaging S&I	Yes	No	No	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
77011 NEW	CT guidance for stereotactic localization	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77012 NEW	CT guidance for needle placement	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77013 NEW	CT guidance/monitoring parenchymal tissue ablation	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77021 NEW	MRI guidance for needle placement	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77022 NEW	MRI guidance/monitoring,parachymal tissue ablation	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77046 NEW	MRI,breast,w/out contrast;unilateral	Yes	Yes	Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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77047 **NEW**	MRI;Breast, w/out contrast;bilateral	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77048 **NEW**	MRI;Breast,w/and w/out contrast;unilateral	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77049 **NEW**	MRI;Breast,w/and w/out contrast;bilateral	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	For information about PA requirements, please contact eviCore via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77078 **NEW**	CT,bone min density study,1/more sites,axial skeleton	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77084 **NEW**	MRI,bone marrow blood supply	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
77301 **NEW**	IMRT plan,incl dose vol histograms,target/critical struct part tolerance specs	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Intensity Modulated Radiation Therapy, Outpatient PolicyTech	**T1IO-IMRT**
77338 **NEW**	Multi-leaf collimator(MLC) for IMRT,design/constr per IMRT plan	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Intensity Modulated Radiation Therapy, Outpatient PolicyTech	**T1IO-IMRT**

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77385 **NEW**	IMRT delivery,incl IG/tracking;simple	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Intensity Modulated Radiation Therapy, Outpatient PolicyTech	**T1IO-IMRT**
77386 **NEW**	IMRT delivery,incl IG/tracking;complex	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Intensity Modulated Radiation Therapy, Outpatient PolicyTech	**T1IO-IMRT**
77432 **NEW**	Stereotactic rad treatment mgmnt cranial lesions	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Medically Necessary PolicyTech	**M1EB-MN/E&I**
77520 **NEW**	Proton treatment delivery;simple,w/out compensation	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	InterQual® criteria used **Policy:** InterQual®	**X2RB-Radiation Ther**
77522 **NEW**	Proton treatment delivery;simple,with compensation	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	InterQual® criteria used **Policy:** InterQual®	**X2RB-Radiation Ther**
77523 **NEW**	Proton treatment delivery;intermediate	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	InterQual® criteria used **Policy:** InterQual®	**X2RB-Radiation Ther**
77525 **NEW**	Proton treatment delivery;complex	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	InterQual® criteria used **Policy:** InterQual®	**X2RB-Radiation Ther**
78429 **NEW**	Myocard imaging, PET metabolic eval study,single study;w/concur CT scan	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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

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78453 NEW	Myocard perf image,planar;single study,rest/stress	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78454 NEW	Myocard perf image,planar;multiple study,rest/stress	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78459 NEW	Myocard Image,PET metabolic eval study,single study;	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78466 NEW	Myocard image,infarct avid,planar;qual/quant	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78468 NEW	Myocard image,infarct avid,planar;w/eject fraction first pass tech	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78469 NEW	Myocard image,infarct avid,planar;tomo SPECT w/or w/out quant	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78472 NEW	Card blood pool image,gated equil;planar, sing study	HMO/PPO Yes	Medicaid Yes	Clarity Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
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78473 **NEW**	Card blood pool image,gated equil;multiple studies	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78481 **NEW**	Card blood pool image,first pass tech;single study	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78483 **NEW**	Card blood pool image,first pass tech;multiple studies	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78491 **NEW**	Myocard image,PET,perf study;single study	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78492 **NEW**	Myocard image,PET,perf study;multi study	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78494 **NEW**	Card blood pool image,gated equil,SPECT,at rest,wall motion study	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	
78496 **NEW**	Card blood pool image,gated equil,sing study,w/r vent eject fract	**Yes**	**Yes**	**Yes**	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210 **Policy:** eviCore Radiology eviCore	

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Code	Short Description	HMO/PPO	Medicaid	Clarity	Note
78608 NEW	Brain imaging, PET;metabolic eval	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore
78609 NEW	Brain imaging, PET;perfucion eval	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore
78811 NEW	PET image;limited area	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore
78812 NEW	PET image;skull base to mid thigh	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore
78813 NEW	PET image;whole body	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore
78814 NEW	PET image w/concur acquired CT,attenuation corr;limited area	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore
78815 NEW	PET image w/concur acquired CT,attenuation corr;skull base to mid thigh	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210
					Policy: eviCore Radiology eviCore

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		HMO/PPO	Medicaid	Clarity		
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 12/5/2024 Please review carefully for changes***	
78816 NEW	PET image w/concur acquired CT,attenuation corr;full body	Yes	Yes	Yes	For information about PA requirements, please contact eviCore, Inc. via FAX 888-693-3210	
					Policy: eviCore Radiology eviCore	
80305 NEW	Drug test,presumptive;read by dir optical obv only	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**L1CO-Drug Testing**
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
80306 NEW	Drug test,presumptive;read by instrument assist dir optical obv	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**L1CO-Drug Testing**
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
80307 NEW	Drug test,presumptive;by instrument chem analyzers	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**L1CO-Drug Testing**
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
					Policy: Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	
81162 NEW	BRCA1,BRCA2 gene analysis;full seq,full dup/del analysis	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 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search			*UPDATED 12/5/2024 Please review carefully for changes*	
81163 NEW	BRCA1,BRCA2 gene analysis;full seq analysis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81164 NEW	BRCA1,BRCA2 gene analysis;full dup/del analysis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81165 NEW	BRCA1 gene analysis;full seq analysis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81166 NEW	BRCA1 gene analysis;full dup/del analysis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81167 NEW	BRCA2 gene analysis; full dup/del analysis	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81173 NEW	AR gene analysis;full gene seq	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81174 NEW	AR gene analysis;known familial variant	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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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 12/5/2024 Please review carefully for changes***	
81185	CACNA1A gene analysis;full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81186	CACNA1A gene analysis;known familial variant	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81189	CSTB gene analysis;full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81190	CSTB gene analysis;known familial variant	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81201	APC gene anlysis;full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81202	APC gene anlysis;known familial variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81203	APC gene anlysis;dup/del variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		

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81212 NEW	BRCA1 gene analysis;185delAG,5385insC,6174deIT variants	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	
81215 NEW	BRCA1 gene analysis;know familial variant	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	
81216 NEW	BRCA2 gene analysis; full seq analysis	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	
81217 NEW	BRCA2 gene analysis; known familial variant	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	
81221 NEW	CFTR gene analysis;known familial variants	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	
81222 NEW	CFTR gene analysis;dup/del variants	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	
81223 NEW	CFTR gene analysis; full gene seq	HMO/PPO: **Yes**	Medicaid: **Yes**	Clarity: **Yes**		
					Policy: eviCore Genetic Testing eviCore	

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81225 **NEW**	CYP2C19 gene analysis; common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
81226 **NEW**	CYP2D6 gene analysis; common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
81227 **NEW**	CYP2C9 gene analysis,common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
81228 **NEW**	Cytogenomic analysis for const chrom abnorm;inter gen reg copy num var,CGH	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
81229 **NEW**	Cytogenomic analysis for const chrom abnorm;interr gen reg copy num/SNP var,CGH	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
81230 **NEW**	CYP3A4 gene analysis,common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	
81231 **NEW**	CYP3A5 gene analysis,common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
			Policy: eviCore Genetic Testing eviCore	

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81232	DPYD gene analysis,common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	
81238	F9, full gene sequence	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	
81248	G6PD gene analysis;known familial variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	
81249	G6PD gene analysis; full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	
81252	GJB2 gene analysis;full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	
81253	GJB2 gene analysis; known familial variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	
81257	HBA1/HBA2, gene analysis;com del or var	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW			**Policy:** eviCore Genetic Testing eviCore	

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81258 **NEW**	HBA1/HBA2, gene analysis; known familial var	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	
81259 **NEW**	HBA1/HBA2, gene analysis; full gene seq	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	
81269 **NEW**	HBA1/HBA2 gene analysis;dup/del variants	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	
81277 **NEW**	Cytogenomic neoplasia microarary analysis,heterozygosity var	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	
81283 **NEW**	IFNL3 gene analysis,rs12979860 variant	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	
81286 **NEW**	FXN gene analysis;full gene seq	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	
81289 **NEW**	FXN gene analysis;known familial variants	**Yes**	**Yes**	**Yes**	**Policy:** eviCore Genetic Testing eviCore	

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		HMO/PPO	Medicaid	Clarity		
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81291 NEW	MTHFR gene analysis,common variants	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81292 NEW	MLH1 gene analysis;full seq analysis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81293 NEW	MLH1 gene analysis;known familial variants	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81294 NEW	MLH1 gene analysis; dup/del variants	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81295 NEW	MSH2 gene analysis;full seq analysis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81296 NEW	MSH2 gene analysis; known familial variants	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81297 NEW	MSH2 gene analysis; dup/del variants	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	

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81298	MSH6 gene analysis;full seq analysis	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81299	MSH6 gene analysis; known familial variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81300	MSH6 gene analysis;dup/del variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81302	MECP2 gene analysis;full seq analysis	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81303	MECP2 gene analysis; known familial variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81304	MECP2 gene analysis; dup/del variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81306	NUDT15 gene analysis,commom variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	

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81307	PALB2 gene analysis;full gene seq	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				
81308	PALB2 gene analysis; known familial variants	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				
81313	PCA3/KLK3 ratio	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				
81317	PMS2 gene analysis;full seq analysis	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				
81318	PMS2 gene analysis; known familial variants	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				
81319	PMS2 gene analysis; dup/del variants	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				
81321	PTEN gene analysis;full seq analysis	HMO/PPO: Yes; Medicaid: Yes; Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
NEW				

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81322	PTEN gene analysis; known familial variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81323	PTEN gene analysis; dup/del variant	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81325	PMP22 gene analysis;full seq analysis	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81326	PMP22 gene analysis; known familial variant	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81327	SEPT9 promoter methylation analysis	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81328	SLCO1B1 gene analysis, common variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	
81335	TPMT gene analyisis,common variants	**HMO/PPO**	**Medicaid**	**Clarity**		
NEW		**Yes**	**Yes**	**Yes**		
					Policy: eviCore Genetic Testing eviCore	

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81336 **NEW**	SMNI gene analysis;full gene seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81337 **NEW**	SMN1 gene analysis; known familial variant	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81346 **NEW**	TYMS gene analysis,common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81349 **NEW**	Cytogenomic analysis const chrom abn;heterozygosity var, low pass seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81350 **NEW**	UGT1A1 gene analysis, common variants	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81351 **NEW**	TP53 gene analysis; full gene sequence	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81353 **NEW**	TP53 gene analysis; known familial variant	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	

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81355 NEW	VKORC1 gene analysis, common varients	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81361 NEW	HBB; common variants	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81362 NEW	HBB; know familial variants	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81363 NEW	HBB; dup/del variants	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81364 NEW	HBB; full gene seq	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81400 NEW	Molecular pathology procedure, Level 1	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81401 NEW	Molecular pathology procedure, Level 2	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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81402	Molecular pathology procedure,Level 3	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81403	Molecular pathology procedure,Level 4	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81404	Molecular pathology procedure,Level 5	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81405	Molecular pathology procedure,Level 6	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81406	Molecular pathology procedure,Level 7	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81407	Molecular pathology procedure,Level 8	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		
81408	Molecular pathology procedure,Level 9	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**		
NEW		**Policy:** eviCore Genetic Testing eviCore		

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		HMO/PPO	Medicaid	Clarity		
	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 12/5/2024 Please review carefully for changes*	
81410 NEW	Aortic dys/dilation;genomic seq analysis panel	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81411 NEW	Aortic dys/dilation;dup/del analysis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81412 NEW	Ashkenazi Jewish assoc dis, genomic seq analysis panel	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81413 NEW	Cardiac ion channelopathies;genomic seq analysis panel	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81414 NEW	Cardiac ion channelopathies;dyup/del gene analysis panel	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81415 NEW	Exome;sequence analysis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81416 NEW	Exome;seq analysis,each comparator exome	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	

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81417 **NEW**	Exome;re-eval of prev exome seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81418 **NEW**	Drug metabolism gen seq panel, at least 6 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81419 **NEW**	Epilepsy gen seq analysis panel	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81422 **NEW**	Fetal chromosomal micordeletions gene seq analysis	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81425 **NEW**	Genome; seq analysis	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81426 **NEW**	Genome; seq analysis,each comparator genome	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81427 **NEW**	Genome; re-eval prev genome seq	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	

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81430 NEW	Hearing loss;genomic seq panel at least 60 genes	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81431 NEW	Healring loss;dup/del panel incl copy num analysis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81432 NEW	Hereditary breast CA-rel dis;gen seq panel,at least 10 genes	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81433 NEW	Hereditary breast CA-rel dis; dup/del panel	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81434 NEW	Hereditary retinal dis;gen seq panel, at least 15 genes	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81435 NEW	Hereditary colon CA dis;gen seq panel,at least 10 genes	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81436 NEW	Hereditary colon CA dis;dup/del panel, at least 5 genes	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 **Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search**	***UPDATED 12/5/2024 Please review carefully for changes***	
81437 **NEW**	Hereditary nueroendocrine tumor dis;gen seq panel,at least 6 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81438 **NEW**	Hereditary nueroendocrine tumor dis;dup/del panel	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81439 **NEW**	Hereditary cardiomyopathy,gen seq panel,at least 5 related genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81440 **NEW**	Nuclear encoded mitochondrail genes,gen seq panel,at least 100 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81441 **NEW**	Inherited bone marrow failure synd,seq panel,at least 30 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81442 **NEW**	Noonan spectrum dis, gen sq panel,a t least 12 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	
81443 **NEW**	Gen Test severe inherited cond,gen seq panel,at least 15 genes	HMO/PPO: **Yes** Medicaid: **Yes** Clarity: **Yes**	**Policy:** eviCore Genetic Testing eviCore	

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81445 NEW	Targeted gen seq panel,sold organ neoplasm, 5-50 genes;DNA/RNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
81448 NEW	Hereditary peripheral neuropathies,gen seq panel,at least 5 rel genes	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
81449 NEW	Targeted gen seq panel,sold organ neoplasm, 5-50 genes;RNA analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
81450 NEW	Targeted gen seq panel,solid organ/hematolymphoid, 5-50 genes;DNA/RNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
81451 NEW	Targeted gen seq panel,solid organ/hematolymphoid, 5-50 genes;RNA analysis	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
81455 NEW	Targeted gen seq panel,solid organ/hematolymphoid,51/more genes;DNA/RNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		
81456 NEW	Targeted gen seq panel,solid organ/hematolymphoid,51/more genes;RNA	HMO/PPO: Yes Medicaid: Yes Clarity: Yes		
		Policy: eviCore Genetic Testing eviCore		

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81457 NEW	Solid org neoplasm,gen seq anlys,inter seq vars;DNA anlys,micro instblty	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81458 NEW	Solid org neoplasm,gen seq anlys,inter seq vars;DNA anlys,copy no vars,micro instblty	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81459 NEW	Solid org neoplasm,gen seq anlys,inter seq vars;DNA/RN anlys	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81460 NEW	Whole mitochondrail genome,gen seq,heteroplasmy detection	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81462 NEW	Solid org neoplasm,gen seq anlys,cell free nuc acid;DNA/RNA anlys,cpy no vars	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81463 NEW	Solid org neoplasm,gen seq anlys,cell free nuc acid;DNA anlys	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	
81464 NEW	Solid org neoplasm,gen seq anlys,cell free nuc acid;DNA/RNA anlys,tum mute burden	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	**Policy:** eviCore Genetic Testing eviCore	

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81465 NEW	Whole mitochodrial gen large deletion,incl heteroplasmy	Yes	Yes	Yes	eviCore Genetic Testing eviCore	
81470 NEW	X-linked intellectual disability;gen seq panel, at least 60 genes	Yes	Yes	Yes	eviCore Genetic Testing eviCore	
81471 NEW	X-linked intellectual disability;dup/del,a t least 60 genes	Yes	Yes	Yes	eviCore Genetic Testing eviCore	
81479 NEW	Unlisted molecular pathology procedure	Yes	Yes	Yes	eviCore Genetic Testing eviCore	
81490 NEW	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers	Yes	Yes	Yes	eviCore Genetic Testing eviCore	
81493 NEW	Coronary artery dis,mRNA,gene exp profile 23 genes,whole blood, risk score	Yes	Yes	Yes	eviCore Genetic Testing eviCore	
81500 NEW	Oncology,biochem assay 5 proteins,serum,risk score	Yes	Yes	Yes	eviCore Genetic Testing eviCore	

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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 12/5/2024 Please review carefully for changes*	
81503 NEW	Oncology,biochem assay 4 proteins,intact PSA,hK2,plasma/serum, prob score	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81504 NEW	Oncology,microarray gene exp profile > 2000 genes	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81518 NEW	Oncology,mRNA,gene exp profile 11 genes,tissue,percent risk	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81519 NEW	Oncology,mRNA,gene exp profile 21 genes,tissue, recurrance score	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81520 NEW	Oncology,mRNA,gene exp profile 58 genes,tissue,recurrance score	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81521 NEW	Oncology,mRNA,microarray gene exp profile 70/465 genes,tissue,metastasis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81522 NEW	Oncology,mRNA,gene exp profile 12 genes,tissue, recurrance score	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	

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81523 NEW	Oncology,mRNA, next gen seq gen exp profile 70/31 genes,tissue,metastasis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81525 NEW	Oncology, mRNA,gene exp profile 12 genes,tissue, recurrance score	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81529 NEW	Oncology,mRNA,gene exp profile 31 genes, tissue,sentinal lymph metastasis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81540 NEW	Oncology,mRNA,gene exp profile 15 genes,tissue, metastasis risk	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81541 NEW	Oncology,MRNA,gene exp profile 46 genes,tissue,mortality risk	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81542 NEW	Oncology,mRNA,micorarray gene exp profile 22 genes,tissue, metastasis	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	
81546 NEW	Oncology,mRNA,gene exp analysis 10,196 genes,aspirate,categorical	Yes	Yes	Yes	**Policy:** eviCore Genetic Testing eviCore	

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Code	Short Description	HMO/PPO	Medicaid	Clarity	Note
81551 NEW	Oncology,promotor methylation profile 3 genes,tissue,prostrate CA	Yes	Yes	Yes	
		Policy: eviCore Genetic Testing eviCore			
81552 NEW	Oncology,MRNA,gene exp profile 15 genes, tissue,metastasis	Yes	Yes	Yes	
		Policy: eviCore Genetic Testing eviCore			
81554 NEW	Pulmonary dis,MRNA,gene exp analysis 190 genes,categorical	Yes	Yes	Yes	
		Policy: eviCore Genetic Testing eviCore			
81595 NEW	Cardiology,mRNA,gene exp profile 20 genes, periph blood,rejection risk	Yes	Yes	Yes	
		Policy: eviCore Genetic Testing eviCore			
81599 NEW	Unlisted multianalyte assay w/algorithmeic analysis	Yes	Yes	Yes	
		Policy: eviCore Genetic Testing eviCore			
82397	Chemiluminescent assay	Yes	No	No	Please review the WellSense policy for authorization/criteria details
		Policy: Infertility Services PolicyTech			
83520	Immunoassay analyte other than inf agent/antigen;quant, NOS	Yes	No	No	Please review the WellSense policy for authorization/criteria details
		Policy: Infertility Services PolicyTech			

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83993 NEW	Calprotectin, fecal	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes	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	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
84112 NEW	Eval cervicovaginal fluid amniotic proteins,qualitative,each	HMO/PPO: No	Medicaid: No	Clarity: Yes	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
84999 NEW	Unlisted chemistry procedure	HMO/PPO: Yes	Medicaid: Yes	Clarity: Yes		
					Policy: eviCore Genetic Testing eviCore	
89240	Unlisted miscellaneous pathology test	HMO/PPO: Yes	Medicaid: No	Clarity: No	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89250	Culture of oocyte(s)/embryos,less than 4 days;	HMO/PPO: Yes	Medicaid: No	Clarity: No	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	HMO/PPO: Yes	Medicaid: No	Clarity: No	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89253	Assisted embrto ahtching,microtechniques	HMO/PPO: Yes	Medicaid: No	Clarity: No	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	

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89254	Oocyte identification from follicular fluid	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89255	Prep of embryo for transfer	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89257	Sperm identification from aspiration	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89258	Cryopreservation;embryo(s)	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89259	Cryopreservation;sperm	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89260	Sperm isolation;simple prep for insemination/DX w/analysis	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89261	Sperm isolation;comlex prep for insemination/DX w/ analyis	**HMO/PPO** **Yes**	**Medicaid** **No**	**Clarity** **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
		Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies				
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89264	Sperm identification from testis tissue,fresh/cryo	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89268	Insemination of oocytes	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89272	Extended culture of oocytes/embryos,4-7 days	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89280	Assisted oocyte fertilization,microtechnique;less/equal to 10	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89281	Assisted oocyte fertilization,microtechnique;greater than 10	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
89290	Biopsy,oocyte polar body/embryo blastomere,microtech;less/equal 5	**Yes**	**No**	**No**	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	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Preimplantation Genetic Testing PolicyTech	

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89325	Sperm antibodies	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89329	Sperm evaluation;hamster penetration test	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89330	Sperm eval;cerv mucos penetration test,w or w/our spinnbarkeit	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89331	Sperm eval, retrograde ejaculation,urine	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89335	Cryopreservation,reproductive tissue,testicular	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89337	Cryopreservation,mature oocytes	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	
89342	Storage(per year);embryo(s)	HMO/PPO: **Yes** Medicaid: **No** Clarity: **No**	Please review the WellSense policy for authorization/criteria details **Policy:** Infertility Services PolicyTech	

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89343	Storage(per year); sperm/semen	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech
89344	Storage(per year);repro tissue,testicular/ovarian	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech
89346	Storage(per year);oocyte(s)	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech
89352	Thawing of cryopreserved;embryo(s)	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech
89353	Thawing od cryopreserved;sperm/semen,each aliquot	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech
89354	Thawing od cryopreserved;repro tissue,testicular/ovarian	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech
89356	Thawing od cryopreserved;oocyte(s)	Yes	No	No	Please review the WellSense policy for authorization/criteria details
					Policy: Infertility Services PolicyTech

Code	Short Description	PA Req'd? HMO/PPO	Medicaid	Clarity	Note	UM Service Group
		Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies				
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89398	Unliste repro medicine lab procedure	**Yes**	**No**	**No**	Please review the WellSense policy for authorization/criteria details	
					Policy: Infertility Services PolicyTech	
90284 **NEW**	Immune globulin(SGIg),human,subcutaneous	**Yes**	**Yes**	**Yes**	See Pharmacy policy	**Pharmacy**
					Policy: Care Continuum Medical Drug Management EverNorth	
90867 **NEW**	Ther rep TMS Trmnt;del and mgmnt	**Yes**	**Yes**	**Yes**	Plan medical auth for Neurologist specialties only, all others contact the BH vendor	**Q35B-TMS**
					Policy: InterQual®	
90868 **NEW**	Ther rep TMS trmnt;susqnt del and mgmnt	**Yes**	**Yes**	**Yes**	Plan medical auth for Neurologist specialties only, all others contact the BH vendor	**Q35B-TMS**
					Policy: InterQual®	
90869 **NEW**	Ther rep TMS trmnt;susqnt motor thrsh re-determ	**Yes**	**Yes**	**Yes**	Plan medical auth for Neurologist specialties only, all others contact the BH vendor	**Q35B-TMS**
					Policy: InterQual®	
90901 **NEW**	Biofeedback training by any modality	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1FO-Biofeedback**
					Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation PolicyTech	
90912 **NEW**	Biofeedback training, perineal/anorectal/urethral,incl EMG;init 15 mins	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1FO-Biofeedback**
					Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation PolicyTech	

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		HMO/PPO	Medicaid	Clarity		
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 12/5/2024 Please review carefully for changes*	
90913 NEW	Biofeedback training, perineal/anorectal/urethral,incl EMG;ea addt 15 mins	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1FO-Biofeedback
					Policy: Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation PolicyTech	
91110 NEW	GI tract image,intraluminal,esophagus-ileum,w/ I&R	Yes	Yes	Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
91111 NEW	GI rtact image,intraluminal,esophagus w/ I&R	Yes	Yes	Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
91113 NEW	GI tract image,intraluminal,colon,w/ I&R	Yes	Yes	Yes	InterQual® criteria used	Q2GB-GI Surg
					Policy: InterQual®	
92065	Orthoptic training;perf by MD/other qual HC prof	Yes	No	No	Please review the WellSense policy for authorization/criteria details	
					Policy: Vision Therapy PolicyTech	
92071	Fitting of contact lens for treat ocular surface disease	No	Yes	No	Please review the WellSense policy for authorization/criteria details	M1VO-Contact Lens
					Policy: Contact Lens and Scleral Lens PolicyTech	
92072	Fitting of contact lens for mgt keratoconos, init fitting	No	Yes	No	Please review the WellSense policy for authorization/criteria details	M1VO-Contact Lens
					Policy: Contact Lens and Scleral Lens PolicyTech	
92310	RX of opt/phys traits of/fitting contact lens;corneal lens,both, exc aphakia	No	Yes	No	Please review the WellSense policy for authorization/criteria details	M1VO-Contact Lens
					Policy: Contact Lens and Scleral Lens PolicyTech	

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92313	RX of opt/phys traits of/fitting contact lens;corneoscleral lens	HMO/PPO: No	Medicaid: Yes	Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1VO-Contact Lens**
					Policy: Contact Lens and Scleral Lens PolicyTech	
92314	RX of opt/phys traits of/fitting contact lens w/MD sup;corneal,both exc aphakia	HMO/PPO: No	Medicaid: Yes	Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1VO-Contact Lens**
					Policy: Contact Lens and Scleral Lens PolicyTech	
92317	RX of opt/phys traits of/fitting contact lens w/MD sup;corneoscleral lens	HMO/PPO: No	Medicaid: Yes	Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1VO-Contact Lens**
					Policy: Contact Lens and Scleral Lens PolicyTech	
92325	Modification contact lens,w/ med sup of adaptation	HMO/PPO: No	Medicaid: Yes	Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1VO-Contact Lens**
					Policy: Contact Lens and Scleral Lens PolicyTech	
92326	Replacement of contact lens	HMO/PPO: No	Medicaid: Yes	Clarity: No	Please review the WellSense policy for authorization/criteria details	**M1VO-Contact Lens**
					Policy: Contact Lens and Scleral Lens PolicyTech	
92507	Tx of speech,lang,voice,comm/aud process dis;individual	HMO/PPO: Yes	Medicaid: Yes	Clarity: No	InterQual® criteria used in conjunction with medical policy. For ICD F64.0-F64.9, Z87.890 see Gender AS policy	**T1SO-Speech Tx,S11O-GendAS**
					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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92508	Tx of speech,lang,voice,comm/aud process dis;group,2/more	Yes	Yes	No	InterQual® criteria used in conjunction with medical policy. For ICD F64.0-F64.9, Z87.890 see Gender AS policy	T1SO-Speech Tx,S11O-GendAS
					Policy: Gender Affirmation Surgeries PolicyTech	
					Policy: InterQual®	
					Policy: Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation in the Outpatient Setting PolicyTech	
92517 NEW	Vestibular evoked myogenic potential(VEMP) w/I&R; cervical	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
92518 NEW	Vestibular evoked myogenic potential(VEMP) w/I&R;ocular	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
92519 NEW	Vestibular evoked myogenic potential(VEMP) w/I&R;cervical/ocular	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
92526	Tx of swallowing dysfunction/oral function for feeding	Yes	Yes	No	InterQual® criteria used in conjunction with medical policy	T1SO-Speech Tx
					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;	Yes	Yes	No	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	

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93150 **NEW**	Therapy act impl phrenic nerve stim syst,inc interr/prgrm	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1PB-Phrenic Nerve**
93151 **NEW**	Interr/prgm impl phrenic nerve stim syst	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1PB-Phrenic Nerve**
93152 **NEW**	Interr/prgm impl phrenic nerve stim syst during polysomnography	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1PB-Phrenic Nerve**
93153 **NEW**	Interr w/out prgrm impl phrenic nerve stim syst	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Peripheral Nerve Stimulation Policy Tech	**S1PB-Phrenic Nerve**
93228 **NEW**	Ext mobile cardioV telemetry w/ECG rec,> 24hrs,30days;R&I by MD	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93229 **NEW**	Ext mobile cardioV telemetry w/ECG rec,> 24hrs,30days;tech support	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93241 **NEW**	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;R&I,rec,scan	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**

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93242 **NEW**	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;recording	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93243 **NEW**	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;scan/report	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93244 **NEW**	Ext mobile cardioV telemetry w/ECG rec,>48hrs,7days;R&I	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93245 **NEW**	Ext ECG rec >7days-15days by CRR&S;rec,scan,R&I	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93246 **NEW**	Ext ECG rec >7days-15days by CRR&S;recording	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93247 **NEW**	Ext ECG rec >7days-15days by CRR&S;scanning	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**
93248 **NEW**	Ext ECG rec >7days-15days by CRR&S;R&I	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details **Policy:** Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	**X1BO-Cardiac Mon**

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93264 NEW	Rem monitor wireless pul art press sens 30days w/I&R by MD	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	M1EB-MN/E&I
					Policy: Experimental and Investigational Treatment PolicyTech	
					Policy: Medically Necessary PolicyTech	
93268 NEW	Ext pt ECG rec memory loop 30days,24hr rec;trans,R&I, MD attendance	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	X1BO-Cardiac Mon
					Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	
93270 NEW	Ext pt ECG rec memory loop 30days,24hr rec;recording	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	X1BO-Cardiac Mon
					Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	
93271 NEW	Ext pt ECG rec memory loop 30days,24hr rec; transmission/analysis	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	X1BO-Cardiac Mon
					Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	
93272 NEW	Ext pt ECG rec memory loop 30days,24hr rec;I&R	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	X1BO-Cardiac Mon
					Policy: Ambulatory Cardiac Monitors (Excluding Holter Monitors) PolicyTech	
95711 NEW	EEG w/video,rev data,by EEG tech,2-12hrs;unmonitored	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	X1EB-Video EEG
					Policy: Video Electroencephalography (EEG) Monitoring PolicyTech	
95712 NEW	EEG w/video,rev data,by EEG tech,2-12hrs;w/intermittent mon/maint	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	X1EB-Video EEG
					Policy: Video Electroencephalography (EEG) Monitoring PolicyTech	

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95713 NEW	EEG w/video,rev data,by EEG tech,2-12hrs;w/cont real time mon/maint	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG
95714 NEW	EEG w/video,rev data,by EEG tech,12-26hrs;unmonitored	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG
95715 NEW	EEG w/video,rev data,by EEG tech,12-26hrs;w/ intermittent mon/maint	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG
95716 NEW	EEG w/video,rev data,by EEG tech,12-26hrs;w/cont real time mon/maint	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG
95718 NEW	EEG spike/seizure ID,rev data,by MD,2-12hrs; w/video	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG
95720 NEW	EEG spike/seizure ID,rev data,by MD,12-26hrs;w/video	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG
95722 NEW	EEG spike/seizure ID,rev data,by MD;36-60hrs w/video	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Video Electroencephalography (EEG) Monitoring PolicyTech	X1EB-Video EEG

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95724 NEW	EEG spike/seizure ID,rev data,by MD;60-84hrs w/video	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**X1EB-Video EEG**
					Policy: Video Electroencephalography (EEG) Monitoring PolicyTech	
95726 NEW	EEG spike/seizure ID,rev data,by MD;>84hrs w/video	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**X1EB-Video EEG**
					Policy: Video Electroencephalography (EEG) Monitoring PolicyTech	
95803 NEW	Actigraphy testing,rec,analysis,I&R(72hrs-14days)	Yes	No	Yes	Please review the WellSense policy for authorization/criteria details	
					Policy: Actigraphy Testing PolicyTech	
95805 NEW	Multiple sleep latency/maint wakefulness test,anly,R&I,multi trials	Yes	Yes	Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only.	**X2SB-Sleep Studies**
					Policy: InterQual®	
95807 NEW	Sleep study,rec ventilation,resp effort,ECG,O2 sat, tech attend	Yes	Yes	Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only.	**X2SB-Sleep Studies**
					Policy: InterQual®	
95808 NEW	Polysomnography;any age,sleep stage w/1-3 parameters,tech attend	Yes	Yes	Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only.	**X2SB-Sleep Studies**
					Policy: InterQual®	
95810 NEW	Polysomnography;age 6 +,4 parameters,tech attend	Yes	Yes	Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only.	**X2SB-Sleep Studies**
					Policy: InterQual®	
95811 NEW	Polysomnography;age 6+,4 paramets, CPAP/vent,tech attend	Yes	Yes	Yes	InterQual® criteria used. PA req'd for mbrs age 21 and older only.	**X2SB-Sleep Studies**
					Policy: InterQual®	

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95965 NEW	Magnetoencephalography,R&A;spntaneous brain mag activity	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
95966 NEW	Magnetoencephalography,R&A;evoked mag fields,sing modality	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
95967 NEW	Magnetoencephalography,R&A;evoked mag fields,ea addl modality	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
95980	Elec analysis imp neurostim pulse gen syst,gastric;intraoperative w/prgm	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
95981	Elec analysis imp neurostim pulse gen syst,gastric;subsequent w/out prgm	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
95982	Elec analysis imp neurostim pulse gen syst,gastric;subsequent w/prgm	HMO/PPO: Yes Medicaid: Yes Clarity: No	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
96000 NEW	Comp PC-based motion anly by video-tape/3D kinematics;	HMO/PPO: Yes Medicaid: Yes Clarity: Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I

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96001 NEW	Comp PC-based motion anly by video-tape/3D kinematics;w/plantar	Yes	No	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
96002 NEW	Dynamic surf electromyography,walk/func activities,1-12 musc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
96003 NEW	Dynamic fine wire electromyography,walk/func activities,1 musc	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
96004 NEW	R&I by MD of electromyography procedures	Yes	Yes	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Experimental and Investigational Treatment PolicyTech	M1EB-MN/E&I
96900 NEW	Actinotherapy(UV light)	Yes	Yes	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	M1LO-Photochemo
96904 NEW	Whole body integ photo for high risk/familial Hx melanoma	Yes	No	Yes	Please review the WellSense policy for authorization/criteria details **Policy:** Whole Body Integumentary Photography PolicyTech	
96910 NEW	Photochemotherapy;tar/UVB or petrolatum/UVB	Yes	Yes	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	M1LO-Photochemo

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96912 **NEW**	Photochemotherapy;psoralens and UVA	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1LO-Photochemo**
					Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech	
96913 **NEW**	Photochemotherapy for severe photoresponsive deramtoses 4-8hrs	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1LO-Photochemo**
					Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech	
96920 **NEW**	Laser treatment for imflammatory skin dis;<250sqcm	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1LO-Photochemo**
					Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech	
96921 **NEW**	Laser treatment for imflammatory skin dis;250-500sqcm	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1LO-Photochemo**
					Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech	
96922 **NEW**	Laser treatment for imflammatory skin dis;>500sqcm	**Yes**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1LO-Photochemo**
					Policy: Photochemotherapy, Phototherapy or Excimer Laser Therapy for Dermatological Conditions in the Outpatient Setting PolicyTech	
97010	App of modality to 1 plus areas,supervised;hot/cold packs	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97012	App of modality to 1 plus areas,supervised;traction,mechanical	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**No**	**No**	InterQual® criteria used in conjunction with medical policy	
					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	
97016	App of modality to 1 plus areas,supervised;vasopneumatic dev	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97022	App of modality to 1 plus areas,supervised;whirlpool	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	
97024	App of modality to 1 plus areas,supervised;diathermy	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1SO-PT,T1OO-OT, S1ZB-Sac Nerv,S1TB-Tib Nerv**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	
97035	App of modality to 1 plus areas,cons attend;ultrasound,ea 15 min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97036	App of modality to 1 plus areas,cons attend;Hubbard tank,ea 15min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	
97037 **NEW**	Appl of modality to 1/more areas;low lev laser ther for post op pain reduc	**No**	**Yes**	**Yes**	Please review the WellSense policy for authorization/criteria details	**M1EB-MN/E&I**
					Policy: Experimental and Investigational Treatment PolicyTech	
97110	Therapetic proc,1 plus area,ea 15min;strength/endurance	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	
97112	Therapetic proc,1 plus area,ea 15min;neuromusc re-educ	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97113	Therapetic proc,1 plus area,ea 15min;aquatic tx	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	
97124	Therapetic proc,1 plus area,ea 15min;massage	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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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97130	Therapeutic intervention of cog func,direct:ea addtl 15min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	
97140	Manual therapy techniques,1 plus regions,ea 15min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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)	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97168	Re-eval of OT established plan of care,30mins	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
97530	Therapeutic activities,direct,ea 15min	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**HMO/PPO** **Yes**	**Medicaid** **Yes**	**Clarity** **No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97537	Community/work reintergration trianing,direct,ea 15min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	
97542	Wheelchair mgmnt,ea 15mins	**Yes**	**No**	**No**	InterQual® criteria used in conjunction with medical policy	
					Policy: InterQual®	
97545	Work hardening/conditioning;init 2hrs	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
97750	Phy performance test/measure w/report,ea 15min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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97755	Assitive tech assessment,direct,w/report,ea 15min	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					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	**Yes**	**Yes**	**No**	InterQual® criteria used in conjunction with medical policy	**T1PO-PT, T1SO-OT**
					Policy: InterQual®	
					Policy: Occupational Therapy in the Outpatient Setting PolicyTech	
					Policy: Physical Therapy in the Outpatient Setting PolicyTech	

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		HMO/PPO	Medicaid	Clarity		
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97810	Acupuncture,1/more needles;w/out elec stim,init 15mins	Yes	No	No	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	Yes	No	No	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	Yes	No	No	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	Yes	No	No	Please review the WellSense policy for authorization/criteria details. See Auth Matrix for BH indication info.	
					Policy: Acupuncture PolicyTech	
99183 NEW	MD atten/super of hyperbaric oxygen therapy,per session	Yes	No	Yes	InterQual® criteria used in conjunction with medical policy	
					Policy: Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT) PolicyTech	
					Policy: InterQual®	
99501 NEW	Home visit for postnatal assess/follow up care	No	Yes	Yes	Please review the WellSense policy for authorization/criteria details	**H1NO-HHC RN**
					Policy: Home Health Care NH Clarity PolicyTech	
					Policy: Home Health Care Services for an Acute Episode of Care PolicyTech	

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99502 **NEW**	Home visit for newborn care/assessment	**HMO/PPO** **No**	**Medicaid** **Yes**	**Clarity** **Yes**	Please review the WellSense policy for authorization/criteria details	**H1NO-HHC RN**
					Policy: Home Health Care NH Clarity PolicyTech	
					Policy: Home Health Care Services for an Acute Episode of Care PolicyTech	