

MEDICAL POLICIES AVAILABE FOR ELECTRONIC AUTHORIZATION AND ROUTING TO MCG HEALTH'S WEBSITE

For select CPT codes for our commercial members, the electronic authorization tool will automatically route you to MCG Health's website and allow you to document specific clinical criteria for your patient. If all criteria are met, you will be able to see the approval on the Auth/Referral Dashboard soon after you click submit.

The policies listed below are available when routed to MCG Health's website:

Policy Title	Section and Policy Number
Biofeedback	Allied Health, Policy No. 32
Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions	Durable Medical Equipment, Policy No. 45
Wearable Cardioverter-Defibrillators	Durable Medical Equipment, Policy No. 61
Myoelectric Prosthetic Components for the Upper Limb	Durable Medical Equipment, Policy No. 80
Powered Knee Prosthesis, Powered Ankle-Foot Prosthesis, Microprocessor-Controlled Ankle-Foot Prosthesis, and Microprocessor-Controlled Knee Prosthesis	Durable Medical Equipment, Policy No. 81
Tumor Treating Fields Therapy for Glioblastoma	Durable Medical Equipment, Policy No. 85
Genetic Testing for Alzheimer's Disease	Genetic Testing, Policy No. 01
Genetic Testing for Hereditary Breast and Ovarian Cancer and Li-Fraumeni Syndrome	Genetic Testing, Policy No. 02
Genetic Testing for Inherited Susceptibility to Colon Cancer	Genetic Testing, Policy No. 06
Genetic Testing for Cardiac Ion Channelopathies	Genetic Testing, Policy No. 07
Cytochrome p450 Genotyping	Genetic Testing, Policy No. 10
Genetic Testing for Familial Hypercholesterolemia	Genetic Testing, Policy No. 11
KRAS, NRAS, and BRAF Variant Analysis in Colorectal Cancer	Genetic Testing, Policy No. 13
Preimplantation Genetic Testing	Genetic Testing, Policy No. 18
IDH1 and IDH2 Genetic Testing for Conditions Other Than Myeloid Neoplasms or Leukemia	Genetic Testing, Policy No. 19
Genetic Testing for Biallelic RPE65 Variant-Associated Retinal Dystrophy	Genetic Testing, Policy No. 21
BRAF Genetic Testing to Select Melanoma or Glioma Patients for Targeted Therapy	Genetic Testing, Policy No. 41

Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis In Patients With Breast Cancer	Genetic Testing, Policy No. 42
Genetic Testing for FMR1 Variants (including Fragile X Syndrome)	Genetic Testing, Policy No. 43
Genetic Testing for Hereditary Hemochromatosis	Genetic Testing, Policy No. 48
Molecular Markers in Fine Needle Aspirates of the Thyroid	Genetic Testing, Policy No. 49
Genetic Testing for CADASIL Syndrome	Genetic Testing, Policy No. 51
Genetic Testing for α-Thalassemia	Genetic Testing, Policy No. 52
Molecular Analysis for Targeted Therapy of Non-Small Cell Lung Cancer (NSCLC)	Genetic Testing, Policy No. 56
Chromosomal Microarray Analysis (CMA) for the Genetic Evaluation of Patients with Developmental Delay/Intellectual Disability, Autism Spectrum Disorder or Congenital Anomalies	Genetic Testing, Policy No. 58
Genetic Testing for Myeloid Neoplasms and Leukemia	Genetic Testing, Policy No. 59
Genetic Testing for PTEN Hamartoma Tumor Syndrome	Genetic Testing, Policy No. 63
Genetic Testing for Rett Syndrome	Genetic Testing, Policy No. 68
Genetic Testing for Duchenne and Becker Muscular Dystrophy	Genetic Testing, Policy No. 69
Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy	Genetic Testing, Policy No. 72
Genetic Testing for Heritable Disorders of Connective Tissue	Genetic Testing, Policy No. 77
Invasive Prenatal (Fetal) Diagnostic Testing Using Chromosomal Microarray Analysis (CMA)	Genetic Testing, Policy No. 78
Chromosomal Microarray (CMA) Testing for the Evaluation of Products of Conception and Pregnancy Loss	Genetic Testing, Policy No. 79
Genetic Testing for Epilepsy	Genetic Testing, Policy No. 80
Laboratory and Genetic Testing for use of Thiopurines	Laboratory, Policy No. 70
Gait Analysis	Medicine, Policy No. 107
Radioembolization for Primary and Metastatic Tumors of the Liver	Medicine, Policy No. 140
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders	Medicine, Policy No. 148
Corneal Collagen Cross-Linking	Medicine, Policy No. 159
Single Photon Emission Computed Tomography (SPECT) of the Brain	Radiology, Policy No. 44

Cochlear Implant	Surgery, Policy No. 08
Pectus Excavatum	Surgery, Policy No. 12.02
Laser Treatment for Port Wine Stains	Surgery, Policy No. 12.34
Chemical Peels	Surgery, Policy No. 12.50
Implantable Cardioverter Defibrillator	Surgery, Policy No. 17
Spinal Cord and Dorsal Root Ganglion Stimulation	Surgery, Policy No. 45
Vagus Nerve Stimulation	Surgery, Policy No. 74
Deep Brain Stimulation	Surgery, Policy No. 84
Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Surgery, Policy No. 87
Radiofrequency Ablation of Tumors (RFA)	Surgery, Policy No. 92
Extracranial Carotid Angioplasty/Stenting	Surgery, Policy No. 93
Gastric Electrical Stimulation	Surgery, Policy No. 111
Cryosurgical Ablation of Miscellaneous Solid Organ, Pulmonary, and Breast Tumors	Surgery, Policy No. 132
Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction	Surgery, Policy No. 134
Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) Ablation	Surgery, Policy No. 139
Surgical Treatments for Hyperhidrosis	Surgery, Policy No. 165
Ablation of Primary and Metastatic Liver Tumors	Surgery, Policy No. 204