

MEDICAL POLICIES AVAILABLE FOR ELECTRONIC AUTHORIZATION AND ROUTING TO THE CITE AUTO AUTHORIZATION TOOL

The electronic authorization tool will automatically route to the Cite Auto Authorization tool for select procedure codes and allow documentation of 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 the Cite Auto Authorization tool:

Policy Title	Section and Policy Number	Codes
Definitive Lower Limb Protheses	Durable Medical Equipment, Policy No. 18	L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5610, L5611, L5613, L5614, L5616, L5700, L5701, L5702, L5703, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5848, L5930, L5968, L5970, L5972, L5974, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987
Myoelectric Prosthetic Components for the Upper Limb	Durable Medical Equipment, Policy No. 80	L6026, L6693, L6715, L6880, L6881, L6882, L6925, L6935, L6945, L6955, L6965, L6975, L7007, L7008, L7009, L7045, L7180, L7181, L7190, L7191
Genetic Testing for Alzheimer's Disease	Genetic Testing, Policy No. 01	81401, 81405, 81406
Genetic Testing for Hereditary Breast and Ovarian Cancer and Li-Fraumeni Syndrome	Genetic Testing, Policy No. 02	0235U, 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81307, 81308, 81321, 81322, 81323, 81351, 81352, 81404, 81405, 81406, 81432, 81433

Genetic Testing for Lynch Syndrome and APC-associated and MUTYH-associated Polyposis Syndromes	Genetic Testing, Policy No. 06	0238U, 81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81401, 81406
Cytochrome p450 and VKORC1 Genotyping for Treatment Selection and Dosing	Genetic Testing, Policy No. 10	81225, 81227, 81401, 81402, 81404, 81405, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U
Genetic Testing for Familial Hypercholesterolemia	Genetic Testing, Policy No. 11	81401, 81405, 81406, 81407
KRAS, NRAS, and BRAF Variant Analysis and MicroRNA Expression Testing for Colorectal Cancer	Genetic Testing, Policy No. 13	0111U, 81210, 81275, 81276, 81311, 81403, 81404
Preimplantation Genetic Testing of Embryos	Genetic Testing, Policy No. 18	81228, 81229, 81349, 89290, 89291
IDH1 and IDH2 Genetic Testing for Conditions Other Than Myeloid Neoplasms or Leukemia	Genetic Testing, Policy No. 19	81120, 81121
Genetic Testing for Biallelic RPE65 Variant-Associated Retinal Dystrophy	Genetic Testing, Policy No. 21	81406
Gene Expression Profiling for Melanoma	Genetic Testing, Policy No. 29	81552
BRAF Genetic Testing to Select Melanoma or Glioma Patients for Targeted Therapy	Genetic Testing, Policy No. 41	81210
Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	Genetic Testing, Policy No. 42	81518, 81519, 81521, 81522, 81523, S3854
Diagnostic Genetic Testing for FMR1 and AFF2 Variants (Including Fragile X and Fragile XE Syndromes)	Genetic Testing, Policy No. 43	81243, 81244
Genetic Testing for CADASIL Syndrome	Genetic Testing, Policy No. 51	81406
Diagnostic Genetic Testing for α-Thalassemia	Genetic Testing, Policy No. 52	81257, 81258, 81259, 81269, 81404
Genetic Testing for Primary Mitochondrial Disorders	Genetic Testing, Policy No. 54	0417U, 81401, 81403, 81404, 81405, 81406, 81440, 81460, 81465
Targeted Genetic Testing for Selection of Therapy for Non-Small Cell Lung Cancer (NSCLC)	Genetic Testing, Policy No. 56	0022U, 81210, 81235, 81275, 81276, 81404, 81405, 81406
Chromosomal Microarray Analysis (CMA) or Copy Number Analysis for the Genetic Evaluation of Patients with	Genetic Testing, Policy No. 58	0156U, 0209U, 81228, 81229, 81349, S3870

Developmental Delay, Intellectual Disability, Autism Spectrum Disorder or Congenital Anomalies		
Genetic Testing for Myeloid Neoplasms and Leukemia	Genetic Testing, Policy No. 59	81120, 81121, 81351, 81352, 81401, 81402, 81403, 81450, 81451, 81455, 81456
Genetic Testing for PTEN Hamartoma Tumor Syndrome	Genetic Testing, Policy No. 63	0235U, 81321, 81322, 81323
Genetic Testing for Rett Syndrome	Genetic Testing, Policy No. 68	0234U, 81302, 81303, 81304, 81404, 81405, 81406
Genetic Testing for Duchenne and Becker Muscular Dystrophy	Genetic Testing, Policy No. 69	0218U, 81161, 81408
Genetic Testing for Heritable Disorders of Connective Tissue	Genetic Testing, Policy No. 77	81405, 81408
Invasive Prenatal (Fetal) Diagnostic Testing Using Chromosomal Abnormalities	Genetic Testing, Policy No. 78	81228, 81229, 81349, 81405
Chromosomal Microarray (CMA) Testing for the Evaluation of Products of Conception and Pregnancy Loss	Genetic Testing, Policy No. 79	81228, 81229, 81349
Genetic Testing for Epilepsy	Genetic Testing, Policy No. 80	0232U, 81188, 81189, 81190, 81401, 81403, 81404, 81405, 81406, 81407, 81419
Expanded Molecular Testing of Cancers to Select Targeted Therapies	Genetic Testing, Policy No. 83	0022U, 0037U, 0048U, 0211U, 0244U, 0250U, 0334U, 0379U, 0391U, 81120, 81121, 81162, 81210, 81235, 81275, 81276, 81292, 81295, 81298, 81311, 81314, 81319, 81321, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81445, 81449, 81455, 81456
Genetic Testing for Neurofibromatosis Type 1 or 2	Genetic Testing, Policy No. 84	81405, 81406, 81408
Radioembolization, Transarterial Embolization (TAE), and Transarterial Chemoembolization (TACE)	Medicine, Policy No. 140	37243, 79445, S2095
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders	Medicine, Policy No. 148	90867, 90868, 90869

Intensity Modulated Radiotherapy (IMRT) of the Central Nervous System (CNS), Head, Neck, and Thyroid	Medicine, Policy No. 164	77301, 77338, 77385, 77386, G6015, G6016
Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis and Extremities	Medicine, Policy No. 165	77301, 77338, 77385, 77386, G6015, G6016
Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products	Medicine, Policy No. 170	A4100, A6460, A6461, Q4100, Q4101, Q4102, Q4105, Q4106, Q4107, Q4114, Q4116, Q4122, Q4128, Q4132, Q4133, Q4151, Q4154, Q4159, Q4186, Q4187
Endometrial Ablation	Surgery, Policy No. 01	58353, 58356, 58563
Cochlear Implant	Surgery, Policy No. 08	69930, L8614, L8619, L8627, L8628 <i>eviCore only for 92630, 92633</i>
Pectus Excavatum	Surgery, Policy No. 12.02	21740, 21742, 21743
Chemical Peels	Surgery, Policy No. 12.50	15788, 15789, 15792, 15793, 17360
Implantable Cardioverter Defibrillator	Surgery, Policy No. 17	33230, 33231, 33240, 33249, 33270, 33271, C1721, C1722, C1882
Spinal Cord and Dorsal Root Ganglion Stimulation	Surgery, Policy No. 45	63650, 63655, 63685 <i>eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence</i>
Vagus Nerve Stimulation	Surgery, Policy No. 74	61885, 61886, 64553, 64568, 64569
Deep Brain Stimulation	Surgery, Policy No. 84	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886
Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Surgery, Policy No. 87	27412, J7330, S2112
Radiofrequency Ablation (RFA) of Tumors Other than Liver	Surgery, Policy No. 92	0404T, 20982, 31641, 32998, 50542, 50592, 58674
Extracranial Carotid Angioplasty and Stenting	Surgery, Policy No. 93	37215, 37216, 37217, 37246, 37247, C7532
Gastric Electrical Stimulation	Surgery, Policy No. 111	43647, 43881, 64590, 64595, E0765
Artificial Intervertebral Disc	Surgery, Policy No. 127	22856, 22858 <i>eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence</i>

Cryosurgical Ablation of Miscellaneous Solid Tumors Outside of the Liver	Surgery, Policy No. 132	31641, 32994, 50542
Sacral Nerve Neuromodulation (Stimulation) for Pelvic Floor Dysfunction	Surgery, Policy No. 134	64561, 64581, 64585, 64590, 64595
Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) Ablation	Surgery, Policy No. 139	0398T, 55880
Femoroacetabular Impingement Surgery	Surgery, Policy No. 160	29914, 29915, 29916 <i>eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence</i>
Surgical Treatments for Hyperhidrosis	Surgery, Policy No. 165	32664, 64818, 69676
Microwave Tumor Ablation	Surgery, Policy No. 189	32998, 50592
Transcatheter Aortic-Valve Implantation for Aortic Stenosis	Surgery, Policy No. 201	33361, 33362, 33363, 33364, 33365, 33366
Ablation of Primary and Metastatic Liver Tumors	Surgery, Policy No. 204	47370, 47371, 47380, 47381, 47382, 47383
Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy of Intracranial, Skull Base, and Orbital Sites	Surgery, Policy No. 213	32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77301, 77338, 77371, 77372, 77373, 77432, 77435, G0339, G0340
Responsive Neurostimulation	Surgery, Policy No. 216	61850, 61860, 61863, 61864, 61885, 61886
Hysterectomy	Surgery, Policy No. 218	58150, 58152, 58180, 58260, 58262, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
Surgical Site of Service – Hospital Outpatient	Utilization Management, Policy No. 19	11755, 14040, 14060, 15851, 17311, 17313, 30130, 30140, 30520, 30802, 31200, 31205 31525, 31574, 31591, 32408, 32555, 32557, 38221, 38222, 42821,

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