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
Genetic Testing for Alzheimer's Disease	Genetic Testing, Policy No. 01	81401, 81405, 81406
Genetic Testing for Hereditary Breast, Ovarian, Pancreatic, and Prostate Cancer and Li-Fraumeni Syndrome	Genetic Testing, Policy No. 02	81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81307, 81308, 81321, 81322, 81323, 81351, 81352, 81404, 81405, 81406, 81432
Genetic Testing for Lynch Syndrome and APC-associated and MUTYH-associated Polyposis Syndromes	Genetic Testing, Policy No. 06	81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81317, 81318, 81319, 81401, 81406, 81435
Cytochrome p450 and VKORC1 Genotyping for Treatment Selection and Dosing	Genetic Testing, Policy No. 10	81225, 81227, 81401, 81402, 81404, 81405
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	81210, 81275,81276, 81311, 81403, 81404
IDH1 and IDH2 Genetic Testing for Conditions Other Than Myeloid Neoplasms or Leukemia	Genetic Testing, Policy No. 19	81120, 81121
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 Breast Cancer Prognosis	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
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	81210, 81235, 81275, 81276, 81404, 81405, 81406
Genetic Testing for PTEN Hamartoma Tumor Syndrome	Genetic Testing, Policy No. 63	81321, 81322, 81323
Genetic Testing for Duchenne and Becker Muscular Dystrophy	Genetic Testing, Policy No. 69	81161, 81408
Genetic Testing for Heritable Disorders of Connective Tissue	Genetic Testing, Policy No. 77	81405, 81408
Invasive Prenatal Fetal Diagnostic Testing for Chromosomal Abnormalities	Genetic Testing, Policy No. 78	81228, 81229, 81349, 81405
Genetic Testing for Epilepsy	Genetic Testing, Policy No. 80	81188, 81189, 81190, 81401, 81403, 81404, 81405, 81406, 81407, 81419
Expanded Molecular Testing of Cancers to Select Targeted Therapies	Genetic Testing, Policy No. 83	0037U, 0048U, 0211U, 0250U, 0334U, 0379U, 0473U, 0523U, 0538U, 0543U, 0648U, 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, 81457, 81458, 81459
Genetic Testing for Neurofibromatosis Type 1 or 2	Genetic Testing, Policy No. 84	81405, 81406, 81408
Intensity Modulated Radiotherapy (IMRT) of the Central Nervous System (CNS), Head, Neck, and Thyroid	Medicine, Policy No. 164	77301, 77338
Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis and Extremities	Medicine, Policy No. 165	77301, 77338

Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products	Medicine, Policy No. 170	A4100, A6460, A6461, G0681, G0682, G0683, G0684, Q4101, Q4102, Q4105, Q4107, Q4114, Q4116, Q4121, Q4122, Q4128, Q4132, Q4133, Q4151, Q4154, Q4159, Q4160, Q4186, Q4187, Q4391, Q4431, Q4432, Q4433
Cochlear Implant	Surgery, Policy No. 08	69930, L8614, L8619, L8627, L8628
Chemical Peels	Surgery, Policy No. 12.50	15788, 15789, 15792, 15793, 17360
Spinal Cord and Dorsal Root Ganglion Stimulation	Surgery, Policy No. 45	0784T, 0785T, 63650, 63655, 63685 *NOTE: Please submit your prior authorization request for the temporary trial AND the permanent placement at the same time.*
Vagus Nerve Stimulation	Surgery, Policy No. 74	61885, 61886, 64553, 64568, E0735
Deep Brain Stimulation	Surgery, Policy No. 84	61850, 61860, 61863, 61867, 61868, 61885, 61886
Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions	Surgery, Policy No. 87	27412, J7330, S2112
Gastric Electrical Stimulation	Surgery, Policy No. 111	43647, 43881, 64590, E0765
Artificial Intervertebral Disc	Surgery, Policy No. 127	0164T, 0165T, 0719T, 22856, 22857, 22858, 22860, 22862, 22865 *Codes 22856 and 22858 also require prior authorization through the Physical Medicine program (EviCore). If a group participates in the Physical Medicine program, please reference the "Physical Medicine" section above. Groups that are not participating in the Physical Medicine program require prior authorization through BCBSND.*

Sacral Nerve Neuromodulation (Stimulation) for Pelvic Floor Dysfunction	Surgery, Policy No. 134	0786T, 0787T, 64561, 64581, 64590, 64596, 64597, 64598 *NOTE: Please submit your pre-authorization request for the temporary trial period of sacral nerve neuromodulation AND the permanent placement at the same time, as these are treated as one combined episode*
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, G0563
Responsive Neurostimulation	Surgery, Policy No. 216	61850, 61860, 61863, 61885, 61886, 61889, 61891