

## 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
<a href="#">Definitive Lower Limb Protheses</a>	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
<a href="#">Myoelectric Prosthetic Components for the Upper Limb</a>	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
<a href="#">Genetic Testing for Alzheimer's Disease</a>	Genetic Testing, Policy No. 01	81401, 81405, 81406
<a href="#">Genetic Testing for Hereditary Breast and Ovarian Cancer and Li-Fraumeni Syndrome</a>	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

<a href="#">Genetic Testing for Lynch Syndrome and APC-associated and MUTYH-associated Polyposis Syndromes</a>	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
<a href="#">Cytochrome p450 and VKORC1 Genotyping for Treatment Selection and Dosing</a>	Genetic Testing, Policy No. 10	81225, 81227, 81401, 81402, 81404, 81405, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U
<a href="#">Genetic Testing for Familial Hypercholesterolemia</a>	Genetic Testing, Policy No. 11	81401, 81405, 81406, 81407
<a href="#">KRAS, NRAS, and BRAF Variant Analysis and MicroRNA Expression Testing for Colorectal Cancer</a>	Genetic Testing, Policy No. 13	0111U, 0471U, 81210, 81275, 81276, 81311, 81403, 81404
<a href="#">Preimplantation Genetic Testing of Embryos</a>	Genetic Testing, Policy No. 18	81228, 81229, 81349, 89290, 89291
<a href="#">IDH1 and IDH2 Genetic Testing for Conditions Other Than Myeloid Neoplasms or Leukemia</a>	Genetic Testing, Policy No. 19	81120, 81121
<a href="#">Genetic Testing for Biallelic RPE65 Variant-Associated Retinal Dystrophy</a>	Genetic Testing, Policy No. 21	81406
<a href="#">Gene Expression Profiling for Melanoma</a>	Genetic Testing, Policy No. 29	81552
<a href="#">BRAF Genetic Testing to Select Melanoma or Glioma Patients for Targeted Therapy</a>	Genetic Testing, Policy No. 41	81210
<a href="#">Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer</a>	Genetic Testing, Policy No. 42	81518, 81519, 81521, 81522, 81523, S3854
<a href="#">Diagnostic Genetic Testing for FMR1 and AFF2 Variants (Including Fragile X and Fragile XE Syndromes)</a>	Genetic Testing, Policy No. 43	81243, 81244
<a href="#">Genetic Testing for CADASIL Syndrome</a>	Genetic Testing, Policy No. 51	81406
<a href="#">Diagnostic Genetic Testing for <math>\alpha</math>-Thalassemia</a>	Genetic Testing, Policy No. 52	81257, 81258, 81259, 81269, 81404
<a href="#">Genetic Testing for Primary Mitochondrial Disorders</a>	Genetic Testing, Policy No. 54	0417U, 81401, 81403, 81404, 81405, 81406, 81440, 81460, 81465
<a href="#">Targeted Genetic Testing for Selection of Therapy for Non-Small Cell Lung Cancer (NSCLC)</a>	Genetic Testing, Policy No. 56	0022U, 81210, 81235, 81275, 81276, 81404, 81405, 81406
<a href="#">Chromosomal Microarray Analysis (CMA) or Copy Number Analysis for the Genetic Evaluation of Patients with</a>	Genetic Testing, Policy No. 58	0156U, 0209U, 81228, 81229, 81349, S3870

<a href="#">Developmental Delay, Intellectual Disability, Autism Spectrum Disorder or Congenital Anomalies</a>		
<a href="#">Genetic Testing for Myeloid Neoplasms and Leukemia</a>	Genetic Testing, Policy No. 59	81120, 81121, 81351, 81352, 81401, 81402, 81403, 81450, 81451, 81455, 81456
<a href="#">Genetic Testing for PTEN Hamartoma Tumor Syndrome</a>	Genetic Testing, Policy No. 63	0235U, 81321, 81322, 81323
<a href="#">Genetic Testing for Rett Syndrome</a>	Genetic Testing, Policy No. 68	0234U, 81302, 81303, 81304, 81404, 81405, 81406
<a href="#">Genetic Testing for Duchenne and Becker Muscular Dystrophy</a>	Genetic Testing, Policy No. 69	0218U, 81161, 81408
<a href="#">Genetic Testing for Heritable Disorders of Connective Tissue</a>	Genetic Testing, Policy No. 77	81405, 81408
<a href="#">Invasive Prenatal (Fetal) Diagnostic Testing Using Chromosomal Abnormalities</a>	Genetic Testing, Policy No. 78	0469U, 81228, 81229, 81349, 81405
<a href="#">Chromosomal Microarray (CMA) Testing for the Evaluation of Products of Conception and Pregnancy Loss</a>	Genetic Testing, Policy No. 79	81228, 81229, 81349
<a href="#">Genetic Testing for Epilepsy</a>	Genetic Testing, Policy No. 80	0232U, 81188, 81189, 81190, 81401, 81403, 81404, 81405, 81406, 81407, 81419
<a href="#">Expanded Molecular Testing of Cancers to Select Targeted Therapies</a>	Genetic Testing, Policy No. 83	0022U, 0037U, 0048U, 0211U, 0244U, 0250U, 0334U, 0379U, 0391U, 0444U, 0473U, 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
<a href="#">Genetic Testing for Neurofibromatosis Type 1 or 2</a>	Genetic Testing, Policy No. 84	81405, 81406, 81408
<a href="#">Radioembolization, Transarterial Embolization (TAE), and Transarterial Chemoembolization (TACE)</a>	Medicine, Policy No. 140	37243, 79445, C9797, S2095
<a href="#">Transcranial Magnetic Stimulation as a Treatment of Depression and Other Disorders</a>	Medicine, Policy No. 148	0858T, 90867, 90868, 90869

<a href="#">Intensity Modulated Radiotherapy (IMRT) of the Central Nervous System (CNS), Head, Neck, and Thyroid</a>	Medicine, Policy No. 164	77301, 77338, 77385, 77386, G6015, G6016
<a href="#">Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis and Extremities</a>	Medicine, Policy No. 165	77301, 77338, 77385, 77386, G6015, G6016
<a href="#">Bioengineered Skin and Soft Tissue Substitutes and Amniotic Products</a>	Medicine, Policy No. 170	A4100, A6460, A6461, Q4100, Q4101, Q4102, Q4105, Q4106, Q4107, Q4114, Q4116, Q4121, Q4122, Q4128, Q4132, Q4133, Q4151, Q4154, Q4159, Q4186, Q4187
<a href="#">Endometrial Ablation</a>	Surgery, Policy No. 01	58353, 58356, 58563
<a href="#">Cochlear Implant</a>	Surgery, Policy No. 08	69930, L8614, L8619, L8627, L8628 <i>eviCore only for 92630, 92633</i>
<a href="#">Pectus Excavatum</a>	Surgery, Policy No. 12.02	21740, 21742, 21743
<a href="#">Chemical Peels</a>	Surgery, Policy No. 12.50	15788, 15789, 15792, 15793, 17360
<a href="#">Spinal Cord and Dorsal Root Ganglion Stimulation</a>	Surgery, Policy No. 45	0784T, 0785T, 63650, 63655, 63685 <i>eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence</i>
<a href="#">Vagus Nerve Stimulation</a>	Surgery, Policy No. 74	61885, 61886, 64553, 64568, 64569, E0735
<a href="#">Deep Brain Stimulation</a>	Surgery, Policy No. 84	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886
<a href="#">Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions</a>	Surgery, Policy No. 87	27412, J7330, S2112
<a href="#">Radiofrequency Ablation (RFA) of Tumors Other than Liver</a>	Surgery, Policy No. 92	20982, 31641, 32998, 50542, 58580, 50592, 58674
<a href="#">Extracranial Carotid Angioplasty and Stenting</a>	Surgery, Policy No. 93	37215, 37216, 37217, 37246, 37247, C7532
<a href="#">Gastric Electrical Stimulation</a>	Surgery, Policy No. 111	43647, 43881, 64590, 64595, E0765
<a href="#">Artificial Intervertebral Disc</a>	Surgery, Policy No. 127	22856, 22858 <i>eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence</i>

<a href="#">Cryosurgical Ablation of Miscellaneous Solid Tumors Outside of the Liver</a>	Surgery, Policy No. 132	31641, 32994, 50542
<a href="#">Sacral Nerve Neuromodulation (Stimulation) for Pelvic Floor Dysfunction</a>	Surgery, Policy No. 134	0786T, 0787T, 64561, 64581, 64585, 64590, 64595, 64596, 94597, 64598
<a href="#">Magnetic Resonance (MR) Guided Focused Ultrasound (MRgFUS) and High Intensity Focused Ultrasound (HIFU) Ablation</a>	Surgery, Policy No. 139	0398T, 55880
<a href="#">Femoroacetabular Impingement Surgery</a>	Surgery, Policy No. 160	29914, 29915, 29916 <i>eviCore reviews all codes for Commercial. ASO non-eviCore uses Regence</i>
<a href="#">Surgical Treatments for Hyperhidrosis</a>	Surgery, Policy No. 165	32664, 64818, 69676
<a href="#">Microwave Tumor Ablation</a>	Surgery, Policy No. 189	32998, 50592
<a href="#">Transcatheter Aortic-Valve Implantation for Aortic Stenosis</a>	Surgery, Policy No. 201	33361, 33362, 33363, 33364, 33365, 33366
<a href="#">Ablation of Primary and Metastatic Liver Tumors</a>	Surgery, Policy No. 204	47370, 47371, 47380, 47381, 47382, 47383
<a href="#">Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy of Intracranial, Skull Base, and Orbital Sites</a>	Surgery, Policy No. 213	32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77301, 77338, 77371, 77372, 77373, 77432, 77435, C9795, G0339, G0340
<a href="#">Responsive Neurostimulation</a>	Surgery, Policy No. 216	61850, 61860, 61863, 61864, 61885, 61886, 61889, 61891
<a href="#">Hysterectomy</a>	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
<a href="#">Surgical Site of Service – Hospital Outpatient</a>	Utilization Management, Policy No. 19	11755, 14040, 14060, 15851, 17311, 17313, 30130, 30140, 30520, 30802, 31200, 31205, 31525, 31574, 31591, 32408,

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