

CUSTOMER SERVICE COVERAGE DETERMINATION GUIDELINES

December 22, 2020

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Procedure	Alternate Names	Description	PCHP/PIC	PAS
3D Interpretation of Imaging	Computer program run on CT/MRI/ or Ultrasound to give more details	Used with CTs, MRIs, and Ultrasounds	Coding Edit Bundled except for Mayo	Coding Edit Bundled except for Mayo
4D Ultrasound	360 Degree Ultrasound moving 3D pictures	Not a traditional ultrasound, used frequently for pregnancy to give life like moving picture of fetus	Not covered for screening	Not covered for screening
Abortion, Elective		Surgical or pharmaceutical termination of early pregnancy. Therapeutic abortions due to maternal health or fetal abnormalities are not considered elective abortions.	Covered	Check SPD exclusions
Acupuncture		Traditional Chinese medical practice; insertion of needles into skin	Covered only if part of chronic pain program	Check SPD
Aramis	Laser Surgery for Acne, Smooth Beam Laser	Non-Ablative Laser Collagen Replacement	On Investigative List	On Investigative List
Autologous Blood or Platelet Injections	ABI, API, Platelet Rich and Platelet Poor injections	Used to accelerate soft and hard tissue healing, (Note this listing does not include intravenous platelet infusions)	On Investigative List	On Investigative List
Blood and umbilical cord blood donation/ collection and/or storage			Non-covered unless related to scheduled future covered services, ie, transplantation that has prior authorized and approved by PreferredOne (see Organ and Bone Marrow Transplant Services schedule of benefits)	Check SPD
BEAM Testing (Brain Electrical Activity Mapping)	Brain mapping/EEG Mapping, Quantitative EEG	Test for brain dysfunction	Covered for seizures	Covered for seizures

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Biofeedback	Ask how it will be coded, either MH or PT and quote benefits accordingly. Urostym, used for pelvic floor dysfunction, is a form of biofeedback	Technique used to teach patients to manipulate their own involuntary body responses. Frequently used for chronic pain control.	Covered if benefit available	Check SPD
Bio-Identical Compounded Hormones			On Investigative List	On Investigative List
Bone Density Scan	Dexa Scan	Osteoporosis screening	Refer to MP/P016 for preventive/no-cost sharing coverage.	Refer to MP/P016 for preventive/no-cost sharing coverage.
Bone Mineral Analysis		Osteoporosis screening, CT densitometry to measure density of bone. Supposed to be more accurate than Bone Density Scan since it measures actual mineral deposits.	Refer to MP/P016 for preventive/no-cost sharing coverage.	Refer to MP/P016 for preventive/no-cost sharing coverage.
BRCA Testing		Genetic test for predicting risk of developing breast and ovarian cancer	Covered if approved by UM	Covered if approved by UM
Breast tomosynthesis	3D (three dimensional) mammogram, digital breast tomosynthesis	Allows the doctor to examine breast tissue one layer at a time. Used inconjunction with digital mammogram.	Refer to MP/P019 for preventive/no-cost sharing coverage.	Refer to MP/P019 for preventive/no-cost sharing coverage.
Breath hydrogen test	lactase, lactose, fructose, bacterial overgrowth	Breath test for the detection of deficiencies or intolerances - CPT 91065	Covered	Covered
Breathe Laser Therapy	breathelaser, breathe therapy	Low level laser therapy for smoking cessation	Low Level laser on Investigative List	Low Level laser on Investigative List

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CA125 test		Test for ovarian cancer - covered for monitoring, not covered as preventive for screening in asymptomatic individuals	Check COC for coverage at the preventive/no cost-sharing level of benefit.	Check COC for coverage at the preventive/no cost-sharing level of benefit.
Cadasil Testing	Cerebral Autosomomal Dominant ateriopathy with subcoraical infarcts and leukonencephalopathy testing	Genetic testing for Cerebral Autosomomal Dominant ateriopathy with subcoraical infarcts and leukonencephalopathy	Covered if approved by UM	Covered if approved by UM
Calcium Scoring CT Scan	CPT 75571 Ultrafast Computed Tomography, Calcium Scoring Test	Cardiac Calcium Scan -this is not the same as a CT angiogram of the heart	Covered	Covered
Cardiac Ablation	Ablation	Elimination of irritable cardiac focus using a form of energy such as electrocautery or laser	Covered	Covered
Cardiac Rehabilitation Phase 3	Phase III	A lifetime maintenance phase in which physical fitness and additional risk-factor reduction are emphasized.	Not covered - considered maintenance care	Not covered - considered maintenance care
Cardiac Stress Tests	Adenosine Cardiolite Test, GXT (Graded Exercise Test), Thallium Stress Test	Testing of the heart to determine if there is any coronary artery disease	Covered	Covered
Chelation Therapy		Covered for aceruloplasminemia, aluminum overload in persons with end-stage renal failure, biliary cirrhosis, Coley's anemia, cystinuria, Diamond-Blackfan anemia, heavy metal poisoning, secondary hemochromatosis, Sickle Cell anemia, Wilson's disease	On Investigative List for other diagnoses	On Investigative List for other diagnoses

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Chorionic villus sampling	CVS Test	Procedure used during pregnancy to test for birth defects; prescribed for advanced maternal age	Refer to MP/P015 for preventive/no-cost sharing coverage.	Refer to MP/P015 for preventive/no-cost sharing coverage.
Clinical Trials – Cancer/ Oncology			Routine services (non-investigative) services are covered	Routine services (non-investigative) services are covered
Colorectal cancer screening test multi-targeted stool DNA (Fecal Immunochemical Test [FIT DNA] test	Cologuard, ColoSure, PreGen-Plus	Noninvasive colon cancer screening test	Refer to MP/P014 for preventive/no-cost sharing coverage.	Refer to MP/P014 for preventive/no-cost sharing coverage.
Colorectal cancer screening test - Fecal Occult Blood	Fecal Occult Blood Test (FOBT), Fecal Immunochemical Test (FIT), Guiac test, Occult Blood, QuickVue, Hemoccult	Noninvasive colon cancer screening test	Refer to MP/P014 for preventive/no-cost sharing coverage.	Refer to MP/P014 for preventive/no-cost sharing coverage.
Corneal Refractive Therapy	CRT Therapy	Non-surgical, correction procedure used in place of LASIK. Lenses used to reshape the cornea.	Usually not covered	Usually not covered
Cryotherapy, whole body	"The Locker Room" , cryosauna	A chamber filled with liquid nitrogen	Not covered	Not covered
Cryosurgery of the Prostate		Destruction of tissue by application of extreme cold	Covered if approved by UM	Covered if approved by UM
CT Angiography of Coronary Vessels	Computed Tomography Angiography of Coronary Vessels	This is not the same as a Calcium Scoring CT heart scan	Covered	Covered
CT Colonography	Computed Tomography (CT) Colonoscopy, Virtual Colonoscopy	Screening for colorectal polyps and neoplasms.	Refer to MP/P014 for preventive/no-cost sharing coverage.	Refer to MP/P014 for preventive/no-cost sharing coverage.

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CT Myelogram		Spinal injection with CT Scan to evaluate back pain	Covered	Covered
Cyber Knife	Stereotactic Radiosurgery or Radiotherapy, GammaKnife, Linac, Linear Accelerator	A form of radiation therapy	Covered if approved by UM	Covered if approved by UM
Cystoscopy/ Ureteroscopy		Insertion of scope into urethra to check for bladder/ureter; stones, lesions etc.	Covered	Covered
Cytomegalovirus Testing	CMV Test	Testing for presence of specific viral infection	Covered	Covered
Dacryocystorhinostomy	DCR for excessive tearing	Endoscopic unblocking of Nasal Lacrimal Duct	Covered	Covered
Deep Brain Stimulation	DBS	Surgical procedure used to treat disabling neurological symptoms- most commonly Parkinson's disease.	Covered if approved by UM	Covered if approved by UM
Dermabrasion		For treatment of acne	Considered cosmetic and therefore not covered	Considered cosmetic and therefore not covered
Dialectical Behavioral Therapy (DBT)		Treatment for Disassociative Identity Disorder and PTSD	Covered	Check SPD exclusions
Digital Motion X-ray	Computerized motion diagnostic imaging (CMDI)	Employs a meter and computer software to track range of motion to allegedly estimate the percentage of impairment of the spine	Not Covered	Not Covered

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Digital Therapeutics	Examples include, reSET, reSET-O, Endeavor RX	Software programs used for the management of a medical disorder	Not covered; not routinely part of forumarly benefits	Not covered; not routinely part of forumarly benefits
Discogram		Radiograph of an intervertebral disk. Used during spinal injections.	Covered	Covered
Elastography, Liver	Fibroscan	Used to investigate disease in the liver. Liver stiffness is usually indicative of fibrosis or steatosis, which are in turn indicative of numerous disease conditions, including cirrhosis and hepatitis	Covered for members who have Hepatitis C or chronic liver disease	Covered for members who have Hepatitis C or chronic liver disease
EMDR	Eye movement desensitization and reprocessing	A form of psychotherapy that was developed to resolve symptoms resulting from disturbing and unresolved life experiences	Covered	Covered
Enhanced External Counterpulsation	EECP	External counterpulsation (ECP) is a noninvasive, outpatient treatment for coronary artery disease using devices like blood pressure cuffs to improve cardiac output	Covered	Covered
Equine therapy as a component of psychotherapy	Equine-assisted psychotherapy (EAP)	Equine therapy is the discipline of using horses as a means to provide metaphoric experiences in order to promote emotional growth. It can be used with a variety of populations and in a variety of therapeutic settings	Covered	Covered

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Essure Procedure		Elective Sterilization	Check COC for preventive contraception or elective sterilization coverage	Check SPD for preventive contraception or elective sterilization coverage
Event monitors	Holter monitors, ambulatory event monitors (AEM)	See Investigative List for specific devices	Covered	Covered
ExAblate	ExAblate 2000. MRI guided Ablation of uterine fibroids		Covered	Covered
Extracorporeal shock wave lithotripsy for renal calculi (kidney stones)	ESWL	Procedure using sound waves to break a kidney stone into small pieces.	Covered	Covered
Facet Nerve Blocks		Injection into facet joints in the back to control pain.	Covered	Covered
Fiberoptic Nasal Endoscopy	Nasal Endoscopy	Standard treatment for nasal polyps, nasal bleeding, severe sinus infections	Covered	Covered
Flexible Sigmoidoscopy	Flex Sig, sigmoidoscopy	Cancer Screening	Refer to MP/P014 for preventive/no-cost sharing coverage.	Refer to MP/P014 for preventive/no-cost sharing coverage.
Follicular Stimulating Hormone Test		Hormone Level Test for Menopause	Covered	Covered
Frenotomy / frenectomy/ frenulectomy	"tongue-tie" surgery	Excision of the frenulum, the skin that is attached to the bottom of the tongue	Covered for newborn feeding difficulties or childhood articulation problems	Covered for newborn feeding difficulties or childhood articulation problems
Fuctional Capacity Evaluation	FCE	Test of functional abilities, usually work related. Generally not covered.	Covered for non work related issues only. Not covered for work related issues.	Covered for non work related issues only. Not covered for work related issues.

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Fundus photos		Colored photographs of the fundus of the eye used for diagnostic purposes	Covered with a medical diagnosis, not covered for general screening test in absence of any symptoms	Covered with a medical diagnosis, not covered for general screening test in absence of any symptoms
Gastroscopy/ Esophagogastro- duodenoscopy (EGD)		Type of endoscopy that looks for damage in gastric tract The esophagus(gullet), and stomach lining is visualized with gastroscopy, EGD also visualizes the duodenum.	Covered	Covered
Gel Sheets	New Beginnings Gel Sheeting and Gel Shapes	Hypertrophic scar treatment. Wound dressing used to promote healing.	Not Covered - considered cosmetic	Not Covered - considered cosmetic
Genetic Counseling		Process by which patients or relatives, at risk of an inherited disorder, are advised of the consequences and nature of the disorder, the probability of developing or transmitting it, and the options open to them in management and family planning in order to prevent, avoid or ameliorate it.	Covered	Covered
Glucose Monitor, continuous	See MC/L008		Covered if approved by UM	Covered if approved by UM
H. Pylori testing	Helicobacter Pylori	Testing for presence of specific bacteria in stomach thought to cause ulcers	Covered	Covered
Hidascan		Assesses gallbladder function	Covered	Covered
Human Papillomavirus DNA Testing	HPV DNA Test	Testing for cervical cancer in women	Covered	Covered

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IGF Level 1 Test	Growth Hormone Stimulator Test	Test for adult growth hormone deficiency	Covered	Covered
InflammaDry test for Dry Eye Disease		Detects an inflammatory marker which has been shown to be consistently elevated in the tears of patients with dry eye disease	Covered	Covered
Iontophoresis		Treatment of musculoskeletal conditions or for hyperhidrosis (excessive sweating)	Covered	Covered
Iridotomy/ iridectomy by laser	Yag laser	Treatment of glaucoma - closed angle	Covered	Covered
Joint Active System	JAS	A form of static progressive stretch device	See DME List	See DME List
Joint injections	Synvisc Therapy (sodium hyaluronate, Supartz, Hyalgan, hyaluronic acid, hyaluranon)	Injection of lubricating solution into the knee to avoid knee surgery	Covered for knee; on Investigative List for use in other joints	Covered for knee; on Investigative List for use in other joints
Laser eye surgery	LASIK Surgery, Refractive laser surgery	Laser eye surgery for vision correction	Not covered for replacement of eyewear	Not covered for replacement of eyewear
Laser Hemorrhoid Surgery	Minimal Invasive Infrared Coagulation; Photocautery	The destruction of internal hemorrhoids through the	Covered	Covered
Lead Testing	Heavy Metal Testing		Covered	Covered
Loop Electrosurgical Excision Procedure	LEEP	Surgical procedure used to remove part of the cervix or lesions from the cervical walls.	Covered	Covered
Magnetgo Encephalography	Magnetgom MEG scan	Neurologist Test for Epilepsy and Seizure Disorder	Investigative for all indications except localization/ evaluation of tumors and pre-surgical mapping of epileptic focus	Investigative for all indications except localization/ evaluation of tumors and pre-surgical mapping of epileptic focus
Magnetic Resonance Angiography	MRA ANGIO *can also be ordered for Kidneys, legs, lungs	Magnetic Resonance Angiography (MRA) is a non-invasive technique used to diagnose blood vessel patency or blood flow abnormalities.	Covered	Covered

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Mammography - regular film or digital: with or without additional 3 D imaging	Traditional or Digital Mammo	Regular mammogram is covered. Digital mammogram is similar to standard mammogram, but also sends digital images to computer for further analysis. 3 D mammogram (breast tomosynthesis) may be done in conjunction with digital mammogram (also known as breast tomosynthesis) and is also covered.	Refer to MP/P019 for preventive/no-cost sharing coverage.	Refer to MP/P019 for preventive/no-cost sharing coverage.
Massage therapy			Covered only when provided by a licensed physical therapist or licensed occupational therapist as a component of rehabilitative care to treat a medical condition, sickness or injury	Covered only when provided by a licensed physical therapist or licensed occupational therapist as a component of rehabilitative care to treat a medical condition, sickness or injury
Meatotomy		Urology procedure; Incision of urinary outlet to enlarge the outlet.	Covered for Urethral Stenosis. Not Covered for Sexual Dysfunction	Covered for Urethral Stenosis. Not Covered for Sexual Dysfunction
Microfluidic analysis, tear osmolarity	CPT 83861	A lab test that is used for testing for dry eyes	Covered for testing for dry eyes	Covered for testing for dry eyes
MRI of the Breast			Covered at cost-sharing level of benefit	Covered at cost-sharing level of benefit
Music Therapy			Not Covered	Not Covered
Muscle Stimulators		Generic term, need specific name of stimulator to determine coverage	N/A	N/A

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Myelogram	Spinal X-ray with Dye	Standard test to detect abnormalities of the spine, spinal cord, or surrounding structures.	Covered	Covered
Myomectomy	Hysteroscopy; Laparoscopy; Laparotomy	The surgical removal of Fibroids in the uterus.	Covered for treatment of medical symptoms, not covered for infertility.	Covered for treatment of medical symptoms, check benefits if being done to treat infertility
Nerve Conduction Study	Electromyography	Test for nerve damage using needles with electric impulses	Covered for standard testing, see Nerve Conduction Study (automated) also	Covered for standard testing, see Nerve Conduction Study (automated) also
Nerve Conduction Study (automated)	NC-stat system	Hand held, non invasive testing of nerve impulses	On Investigative List	On Investigative List
Nerve Fiber Analysis		Test for Glaucoma while receiving routine eye exam	Covered	Covered
NovaSure System	Endometrial Ablation Device		Covered for treatment of medical symptoms, not covered for infertility	Covered for treatment of medical symptoms, check benefits if being done to treat infertility
Nuchal Translucency Test		Genetic Testing for Downs during first trimester of pregnancy	Covered	Covered
OncotypeDX	Breast Cancer Assay (genetic testing)	Clinical lab test that predicts the likelihood of breast cancer recurrence in women with newly diagnosed, early stage invasive breast cancer.	Covered if approved by UM	Covered if approved by UM
Open-sided MRI		MRI- Magnetic Resonance Imaging	Covered	Covered
Oxygen for cluster headaches			Covered	Covered

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Oxygen Update Analysis for CPT 94690	indirect calorimetry	Measure of an individual's oxygen consumption. Using this measurement, the device calculates a person's resting energy expenditure (REE), also known as resting metabolic rate (RMR). Clinicians supposedly can screen for abnormally low metabolic rates, teach energy balance, and identify the precise caloric intake needed for weight loss.	Not covered for assessment of metabolic rate related to weight management	Not covered for assessment of metabolic rate related to weight management
Partial Hip Resurfacing	*Also see Total Hip Resurfacing	An alternative surgical option to total hip replacement. Metallic lining is used to cover hip socket	Covered	Covered
Percutaneous Tibial Nerve Stimulator	URGENT PC neuromodulation	Used to treat urinary symptoms	Covered	Covered
Percutaneous Vertebroplasty	Vertebroplasty	Fluoroscopically guided radiology procedure. Injection of bone cement into a vertebral body to treat compression fractures	Covered	Covered
Persantine Stress Test		Cardiac diagnostic test for coronary artery disease	Covered	Covered
PET Scan	Positron Emission Tomography	Computerized radiographic technique usually used for diagnosis, staging or restaging of cancer.	Covered	Covered
PH Probe		Test for GERD (Gastric Reflux Disease)	Covered	Covered
Phototherapy	UVA, UVB and Narrow Band Light Treatment	Treatment for skin conditions using a light source.	Appropriate for Psoriasis. Potentially cosmetic for all other dx	Appropriate for Psoriasis. Potentially cosmetic for all other dx

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Piezoelectric focal waves	MyACT, Piezowave	A form of shockwave therapy commonly used for plantar fasciitis	On Investigative List	On Investigative List
Play Therapy	Play time	Mental health treatment for children involving playing, acting out roles, etc.	Covered if approved by UM	Covered if approved by UM
Posturography		Multi-faceted balance testing.	On Investigative List	On Investigative List
Prostate Specific Antigen (PSA)		Blood test to assess/monitor prostate cancer	Check COC for coverage at the preventive/no cost-sharing level of benefit.	Check COC for coverage at the preventive/no cost-sharing level of benefit.
Proton Beam Therapy		Type of Radiation Therapy to treat cancer	Covered if approved by UM	Covered if approved by UM
Punctal Occlusion	Punctal Plugs	Tear Duct procedure to occlude tear ducts. Blocking tear ducts allows tears to stay on the eye longer and therefore lubricate the eye.	Covered for dx listed: severe dry eyes, keratoconjunctivitis sicca, xerophthalmia, xerosis or sicca syndrome. Not covered if being done for contact tolerance/intolerance	Covered for dx listed: severe dry eyes, keratoconjunctivitis sicca, xerophthalmia, xerosis or sicca syndrome. Not covered if being done for contact tolerance/intolerance
PUVA Therapy	Psoralen plus ultraviolet A, Photochemotherapy	A light treatment for skin conditions using a light activated medication.	Covered	Covered
Pyrilinks Test	Estrogen test	Test for bone secretion of estrogen	Not covered for screening, only covered when used to confirm a dx.	Not covered for screening, only covered when used to confirm a dx.
Quad Screening		A form of genetic testing for Downs during pregnancy	Refer to MP/P015 for preventive/no-cost sharing coverage.	Refer to MP/P015 for preventive/no-cost sharing coverage.
Radio Frequency Ablation Facet Joint Nerves	Denervation, neurotomy, rhizotomy	Facet joints of the spinal column are a potential source of low back and referred leg pain. This treatment uses radiofrequency	Covered if approved by UM	Covered if approved by UM

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Radioactive Iodine	Iodine Treatment; radioiodine	Treatment of hyperthyroidism	Covered	Covered
Radiofrequency Cardiac Catheter Ablation	RF Ablation	Used to treat cardiac arrhythmias. It eliminates the irritable focus in the heart muscle.	Covered	Covered
Radiofrequency endovenous occlusion	EVLT, Endovenous Laser Therapy; Laser Vein Stripping	Treatment for varicose veins, causes shrinkage of the varicose veins by occluding the vessel.	Covered if approved by UM	Covered if approved by UM
Rast Testing		Allergy Testing	Only covered when traditional allergy testing is not an option	Only covered when traditional allergy testing is not an option
Retinal Tomography		Laser imaging device used to detect glaucoma.	Covered	Covered
Rolfing		Type of massage therapy	Not covered	Usually not covered. Check SPD for massage therapy.
Rule 25 Assessment	chemical health assessment	When a person is seeking chemical dependency treatment and needs public funding to pay for the treatment, they get a chemical use assessment. This assessment process and the decision criteria are governed by Rule 25 (Minnesota Rules, parts 9530.6600 through 9530.6655).	Not covered	Not covered
Sacral Nerve Stimulator	InterStim, neuromodulation	Urinary or fecal incontinence	Covered if approved by UM	Covered if approved by UM

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Salivary Cortisol testing / saliva hormone testing		Standard screening test for Cushings Disease. NOT covered for fatigue or to rule out other medical conditions. See InvestigativeList	Only covered as a diagnostic test for Cushing's Disease. On Investigative List for other indications	Only covered as a iagnostictest for Cushing's Disease. On Investigative List for other indications
School Based Therapies when school is asking for payment.		PT, OT, speech and mental health therapy provided in a school-based setting	Not covered	Not covered
Sleep Studies - Home		For evaluation of sleep apnea	Covered for adults	Covered for adults
Speech Therapy for Apraxia		Apraxia is a neurological disorder characterized by loss of the ability to execute or carry out learned purposeful movements, despite having the desire and the physical ability to perform the movements.	Check SPD exclusions	Check SPD exclusions
Strabismus Repair		Surgical repair of exotropia. Turning out of eye.	Covered	Covered
Subepithelial Tissue Grafts		Dental procedure used to treat deep pockets around teeth	Refer to dental plan	Refer to dental plan
Swallow Study	VSS	Testing done to determine if there are medical issues with swallowing	Covered	Covered
Sympathectomy (thoracic/ thorascopic)		Procedure that cuts nerves to reduce sweating (hyperhidrosis)	Covered if approved by UM	Covered if approved by UM
Test of Variables of Attention	TOVA	Computerized testing of attention.	Covered	Covered
Total Hip Resurfacing		An alternative surgical option to total hip replacement	Covered	Covered
Trabeculectomy or Laser		Glaucoma treatment	Covered	Covered

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Transcutaneous Cranial Electrical Stimulation	LISS Cranial Stimulator	Application of low -level pulsed electrical currents	Potentially investigational	Potentially investigational
TUMT	Targis	Microwave treatment for Benign Prostatic Hypertrophy	Covered	Covered
Tympanogram	Tympanometry	Standard test used to detect disorders of the middle air	Covered	Covered
Urodynamic Testing		Test for Bladder Control (Incontinence)	Covered	Covered
Vagal/ Vagus Nerve Stimulation		Implanted device to treat depression	Covered if approved by UM	Covered if approved by UM
Varicocele Embolization		Treatment of blood flow problems in the testicle. Not covered for infertility treatment.	Covered for medical issues, not covered for infertility treatment.	Covered for medical issues, check benefits for infertility treatment coverage.
Vas Clip	Vasectomy Clip	Reversible vasectomy device. The vasectomy procedure is covered if elective sterilization is covered, but charges for the vas clip are member responsibility because reversal of sterilization is generally excluded.	Vasectomy procedure covered, but clip is not	Check SPD regarding elective sterilization to see if vasectomy is covered. Clip is not covered.

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VNUS Ablation	Radiofrequency endovenous occlusion	Chronic Venous Insufficiency treated with laser, varicose vein treatment.	Covered if approved by UM	Covered if approved by UM
Vestibular Therapy	Balance Therapy	Treatment for balance problems	Covered for treatment of chronic vertigo	Covered for treatment of chronic vertigo
Video Stroboscopy		Used to diagnose speech and swallowing problems	Covered	Covered
Vision Therapy	Developmental Eye Testing - orthoptics	Treatment for vision dysfunction	PCHP: 10 visits covered to treat symptomatic convergence insufficiency. On Investigative List for any other diagnosis. PIC: excluded	Usually excluded. Check SPD exclusions
Vivitrol	Naltrexone	A special narcotic drug that blocks the effects of other narcotic medicines and alcohol.	Covered	Covered
Wireless Bravo Technique	Wireless Berry Test, Ph monitoring	24 hour acid reflux test	Covered	Covered

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Wireless Capsule Endoscopy	Smart Pill CPT 91110, PillCam	On Investigative List for screening.	Not covered for screening of asymptomatic patients, covered when used to diagnose condition	Not covered for screening of asymptomatic patients covered when used to diagnose condition
Yag Capsulotomy		Addition to Cataract surgery	Covered	Covered

Please refer to Medical Policy MP/P020 Preventive Coverage for Routine Immunizations

Flu Vaccine			Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
FluMist Nasal Flu Vaccine		Flu vaccine nasal spray	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Fluzone (CPT 90662)		High-dose flu vaccine for age 65 years and older	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Fluzone Intradermal (CPT 90654)		Approved for use in adults 18 through 64 years of age against influenza disease caused by influenza virus subtypes A and type B contained in the vaccine.	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Gardasil Vaccine	Human Papillomavirus (HPV) Vaccine		Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy

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Hepatitis Vaccine	TwinRx	For hepatitis types A & B	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Meningococcal vaccine	Menactra or Menamune Polysaccharide Meningococcal vaccine	Immunization for meningitis	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Pneumococcal vaccine, dual vaccination in adults	Prenar13 and Pneumovax	Pneumonia vaccine for adults	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Pneumococcal vaccine in children	Prenar	Pneumonia vaccine for children	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Shingrix vaccine	RZV, Shingles (herpes zoster) vaccine		Covered per MP/P020 Preventive Coverage for Routine Immunizations policy	Covered per MP/P020 Preventive Coverage for Routine Immunizations policy
Zostavax vaccine	ZVL, Shingles (herpes zoster) vaccine		2018 Zostavax covered at the preventive/no cost-sharing level of benefit for age 60 and older, per MP/P020 Preventive Coverage for Routine Immunizations policy	2018 Zostavax covered at the preventive/no cost-sharing level of benefit for age 60 and older, per MP/P020 Preventive Coverage for Routine Immunizations policy

CUSTOMER SERVICE COVERAGE DETERMINATION GUIDELINES

December 22, 2020

Specific plan benefits will always over-ride any coverage guideline generalization reflected on this document

Procedure	Alternate Names	Description	PCHP/PIC	PAS