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HTCC/HTCC Final Decisions (hyperlinked)	HTCC Date of Final Decision	Implementation Details	Impacted Codes	Notes	Carrier Current Coverage Policy (Link or Summary)	Carrier Assessment: Conformance
Vertebroplasty Kyphoplasty Sacroplasty	3/18/2011	**Not a covered benefit**	0200T-0201T 22510, 22511,22512, 22513,22514 &22515			
Sacroiliac Joint Fusion	5/3/2019	**Not a covered benefit**	27279 27280	In adults, 18 years old and older, with chronic sacroiliac joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption, minimally invasive and open sacroiliac joint fusion procedures is not a covered benefit.		
Pharmacogenetic testing for patients being treated with oral anticoagulants	7/13/2018	**Not a covered benefit**	64640, 0441T, 0040T & 64999			
Extracorporeal shock wave therapy (ESWT) for musculoskeletal conditions	5/19/2017	**Not a covered benefit**	0101T 0102T 28890			
Pharmacogenomic testing for selected conditions	3/17/2017	**Not a covered benefit**	0028U 0029U 0033U 0034U 81230 81231 81232 81328 81335 81346 0070U 0071U 0072U 0073U 0074U 0075U 0076U F1223 F1293			
Novocure	3/18/2016	**Not a covered benefit**	HCPC A4555, E0766			

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Lumbar Fusion RR	1/15/2016	**Not a covered benefit**	22533, 22558, 22612, 22630, 22633, 22853, 22854, 22859	not a covered benefit for uncomplicated degenerative disc disease		
Hip Resurfacing - RR	3/21/2014	**Not a covered benefit**	S2118, 27299			
Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	11/18/2011	**Not a covered benefit**	27299, 29999, 29914, 29915, 29916	review for acute injury, otherwise non-covered		
Electrical Neural Stimulation (ENS)	11/20/2009	**Not a covered benefit**	A4595, A4630, E0720, E0730, E0731			
Knee Arthroscopy for Osteoarthritis of the Knee.	10/17/2008	**Not a covered benefit**	29877, 29874 G0289	Knee Arthroscopy for osteoarthritis of the knee is not a covered benefit This decision does not apply to the use of knee arthroscopy for other diagnostic and therapeutic purposes		
Peripheral Nerve Ablation for limb pain	5/17/2019	**Not a covered benefit**	0441T, 0040T, 64640, & 64999	Peripheral nerve ablation, using any technique, to treat limb pain including for knee, hip, foot, or shoulder due to osteoarthritis or other conditions, is not a covered benefit for adults and children configured to deny at the benefit level		
Autologous Blood and Platelet Rich Plasma Injections	7/8/2016	**Not a covered benefit**	0481T			
Bronchial Thermoplasty	7/8/2016	**Not a covered benefit**	31660, 31661			
Functional Neuroimaging for Primary Degenerative Dementia or Mild Cognitive Impairment	3/20/2015	**Not a covered benefit**	70554, 70555, 78608, 78609 78607, A9584	cpt codes with correlating dx codes for primary degenerative dementia or mild cognitive impairment not covered.		

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Coronary Artery Calcium Scoring	5/14/2010	**Not a covered benefit**	75571 S8092			
Virtual Colonoscopy or Computed Tomographic Colonography (CTC)	8/15/2008	**Not a covered benefit**	74263			
Upright / Positional MRI	5/18/2007	**Not a covered benefit**	76498			
Fecal Microbiota Transplantation	1/20/2017	**Covered benefit with conditions** and **not covered** when associated with IBD	44705, G0455			
Surgery for symptomatic lumbar radiculopathy	7/13/2018	**Covered benefit with conditions**	PA 63030, 63035 63042 63044 63047 63048 63056 63057 62380 63090 63091 Non-covered codes 22526 22527 62287 62292 0275T S2348 when associated with dx M4725 M4726 M4727 M5115 M5116 M5117 M5410 M5415 M5416 M5417 M4720 M4725 M4726 M4727	Surgery for lumbar radiculopathy or sciatica is a covered benefit with conditions.		

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Gene Expression Profile Testing of Cancer Tissue	5/18/2018	**Covered benefit with conditions**	0045U 0047U 0053U 0067U 0069U 81518 0008M	Gene expression profile testing of breast cancer tissue is a covered benefit with conditions. Gene expression profile testing of prostate cancer tissue is a covered benefit with conditions. Gene expression profile testing of multiple myeloma is not a covered benefit. Gene expression profile testing of colon cancer tissue is a not covered benefit.		
Continuous Glucose Monitoring - RR	3/16/2018	**Covered benefit with conditions**	A9276 K0553			
Genomic Microarray	3/16/2018	**Covered benefit with conditions**	81228 81229 S3870			
Varicose Veins	7/14/2017	**Covered benefit with conditions**	36470, 36471, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785 S2202 0524T	treatment covered when meets HTCC criteria		

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Treatment for Chronic Migraine	7/14/2017	**Covered benefit with conditions**	J0585, 97140 - PA Non-covered 97810 97811 97813 97124 20553 20552 90868 90867 0310T 97814 S8930 98940, 98941, 98942, 98943 98926, 98927, 98928, 98929 97140, S8990 deny when associated with dx codes G44201 G44209 G44211 G44219 G44221 G44229 G43719 G43711 G43709 G43701	Treatment of chronic migraine with OnabotulinumtoxinA is a covered benefit with conditions Treatment of chronic tension-type headache with OnabotulinumtoxinA is not a covered benefit Treatment of chronic migraine or chronic tension-type headache with acupuncture, massage, trigger point injections, transcranial magnetic stimulation, or manipulation/manual therapy is not a covered benefit		
Artificial Discs - RR	3/17/2017	**Covered benefit with conditions**	22856 22858 22861 0095T0098T 22857 22862 22865 0163T 0164T 0165T	Lumbar artificial disc replacement is not a covered benefit, Cervical artificial disc replacement is a covered benefit with conditions		

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Negative Pressure Wound Therapy	1/20/2017	**Covered benefit with conditions**	97608 97607 97606 97605 A6550 E2402			
Spinal Injections - RR	5/20/2016	**Covered benefit with conditions**	PA 64490, 64491, 64492, 64493, 64494, 64495 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484 non covered 62292			
Cardiac Stents - RR	3/18/2016	**Covered benefit with conditions**	92928, 92933, 92937, 92941, 92943 C9600, C9601, C9602, C9603, C9604, C9605, C9606, C9607, C9608			
Tympanostomy Tubes in Children	1/15/2016	**Covered benefit with conditions**	69420, 69421, 69424, 69433, 69436	benefit for under 16 y/o with specified dx codes		
Testosterone Testing	7/15/2015	**Covered benefit with conditions**	84402 84403 84410	covered when associated with appropriate dx codes		
Bariatric Surgery - RR	7/10/2015	**Covered benefit with conditions**	43644, 43770, 43771, 43772, 43773, 43774, 43775, 43846, 43848, 43860, 43886, 43887, 43888			

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Imaging for Rhinosinusitus	7/10/2015	**Covered benefit with conditions**	70450, 70460, 70486, 70487, S8042, 70470 70488	1/1/16 Documentation update post MD signoff: 70455 not a vailid code. Removed code from implementation documentation, added codes 70450 and 70460 3-1-19 - adding CPT codes to PA: 70470 70488. Approved by HCA MD 10-5-18. Provider notice 12-1-18. 1-1-2020 Removing Prior-Auth via Regence. Prior-Auth will be maintained via AIM		
Appropriate Imaging for Breast Cancer Screening in Special Populations	3/20/2015	**Covered benefit with conditions**	77063	Digital Breast Tomosynthesiscovered when members within the HTCC age range.		
Screening and Monitoring for Osteoparosis and Osteopenia (DEXA)	1/16/2015	**Covered benefit with conditions**	77080 77081 77085 77086			
Proton Beam Therapy	7/11/2014	**Covered benefit with conditions**	77520, 77522, 77523 and 77525			
Facet Neurotomy	5/16/2014	**Covered benefit with conditions**	64633, 64634, 64635, 64636			
Nonpharmacologic Treatments for Treatment Resistant Depression	5/16/2014	**Covered benefit with conditions**	61850, 61860, 61863, 61864, 61867, 61868, 61885, 61886, C1820, L8679, L8680, L8685, L8686, L8687, L8688, L8682, L8683	ECT and RTMS process at the benefit level Deep Brain Stimulation not a covered benefit.		

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Hyaluronic Acid / Viscosupplementation (re-review)	3/21/2014	**Covered benefit with conditions**	J7323, J7321, J7324, J7325, J7326	None		
Carotid Artery Stenting	11/15/2013	**Covered benefit with conditions**	37215, 37216, 37217, 37246, 37247			
Cardiac Nuclear Imaging	11/15/2013	**Covered benefit with conditions**	78451 78452 78453 78454 78459 78466 78468 78469 78491 78492	blood pool imaging codes do not apply to the HTCC		
Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA) Including Atrial Flutter, Atrial Fibrillation	9/20/2013	**Covered benefit with conditions**	93653, 93655, 93656, 93657, 33250, 33251			
Cochlear Implant	9/20/2013	**Covered benefit with conditions**	69930, L8614, L8619, L8627, L8628	None		
Cervical Spinal Fusion for Degenerative Disc Disease	5/17/2013	**Covered benefit with conditions**	22551, 22552, 22554, 22853, 22854, 22859, 22600	Removing Prior-Auth via Regence. Prior-Auth wil be maintained via eviCore.		
Hyperbaric Oxygen Therapy (HBOT) for Tissue Damage Including Wound Care and Treatment of Central Nervous System (CNS) Conditions	5/17/2013	**Covered benefit with conditions**	99183, G0277 A4575, E0446			
Stereotactic Radiation Surgery and Stereotactic Body Radiation Therapy	3/22/2013	**Covered benefit with conditions**	32701, 61796, 61797, 61798, 61799, 61800, 63620, 63621, 77371, 77372, 77373, 77432, 77435, G0339, G0340			

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Vitamin D Screening and Testing	3/22/2013	**Covered benefit with conditions**	82306, 82652 0038U	covered or specified dx codes only		
Intensity Modulated Radiation Therapy	11/16/2012	**Covered benefit with conditions**	77418 77385 77386 0073T 73385			
Upper Endoscopy for GERD	9/21/2012	**Covered benefit with conditions**	43200 43202 43235, 43237 43238 43239 43242 43259			
Robotic Assisted Surgery	9/21/2012	**Covered benefit with conditions**	S2900	not separately reimburseable		
Bone Morphogenic Proteins for use in Spinal Fusion	5/18/2012	**Covered benefit with conditions**	PA 22533, 22558, 22612, 22630, 22633 Non-covered 20930 If using BMP-2 or BMP-7. BMP-7 is not covered and code 20930 will deny as not seperatley reimbursable associated with BMP-7	Bone morphogenetic protein-2 (rhBMP-2) is a covered benefit with conditions Bone morphogenetic protein-7 (rhBMP-7) is not a covered benefit		
Sleep Apnea Diagnosis and Treatment in Adults	5/18/2012	**Covered benefit with conditions**	21121, 21122, 21141, 21145, 21196, 21198, 21199, 21685, 41120, 41500, 42140, 42145, 42160, 0466t 95800, 95801, 95806, 95807, 95808, 95810, 95811, E0561, E0562, E0601, G0398, G0399, G0400	CPAP is a covered benefit, surgery requires Pre-auth		

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Osteochondral Allograft and Autograft Transplantation	3/16/2012	**Covered benefit with conditions**	27415, 27416, 29866, 29867, J7330, S2112	OAT for joints other than the knee is not a covered benefit		
Positron Emission Tomography (PET) Scans for Lymphoma	11/18/2011	**Covered benefit with conditions**	78811, 78812,78813, 78814,78815,78816			
Applied Behavioral Analysis (ABA) Therapy for Autism	9/16/2011	**Covered benefit with conditions**	97151 97152 97153 97154 97155 97156 97157 97158 0362T 0363T	ABA covered per settlement conditions.		
Total Knee Arthroplasty	12/10/2010	**Covered benefit with conditions**	Clinical edits 20985, 0054T, 0055T PA 27437, 27438, 27440, 27441, 27445, 27446, 27447	covered when associated with appropriate procedure codes		
Routine Ultrasound for Pregnancy	12/10/2010	**Covered benefit with conditions**	76801, 76805, 76813, 76817	high risk pregnancy codes included with edits		
Breast MRI	10/22/2010	**Covered benefit with conditions**	77046, 77047, 77048, 77049			

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Spinal Cord Stimulators	10/22/2010	**Covered benefit with conditions**	63650, 63655, 63685, C1822, L8679, L8680, L8685, L8686, L8687, L8688 M5114-M5117, M5410-M5413, M961, 724.3,M54.30-M54.32, M54.40- M54.42, 356.9, G60.9 M4720-M4728, M47811-M47819, M5010-M5013, 724.4, 729.2, 722.83,M96.1 338.29,G89.29,338.28,G89.28, 338.4, G89.4, 721.3	non covered for treatment for chronic neuropathic pain		
Bone Growth Stimulators	10/30/2009	**Covered benefit with conditions**	20974, 20975, E0747, E0748, E0749 20979, E0760			
Vagal Nerve Stimulation	10/30/2009	**Covered benefit with conditions**	61885, 61886, 64553, 64568, C1822, L8679, L8680, L8682, L8683, L8685, L8686, L8687, L8688			
Computed Tomographic Angiography	5/8/2009	**Covered benefit with conditions**	75574			
Implantable Drug Delivery System	11/14/2008	**Covered benefit with conditions**	C1772, C1891, C2626, E0782, E0783, E0785, E0786, C1889	Implantable drug delivery systems (Infusion Pump or IDDS) for treatment of chronic non-cancer pain is not a covered benefit This decision does not apply to the use of IDDS for other purposes		
Discography	8/15/2008	**Covered benefit with conditions**	62290, 62291, 72285, 72295	Discography for patients with chronic low back pain and lumbar degenerative disc disease is not a covered benefit.		

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Extracorporeal membrane oxygenation (ECMO) in Adults	5/20/2016	**Covered benefit with conditions**	33946, 33947, 33948, 33949, 33952, 33954, 33956, 33958, 33962, 33964, 33966, 33984, 33986, 33987, 33988, 33989, 5A15223	ECMO claim reviewed post-claim pre-payment for medical necessity.		
Microprocessor-Controlled Lower Limb Prosthetics	3/16/2012	**Covered benefit with conditions**	L5856, L5857, L5858 L5859, L5973 and L5969	Microprocessor-controlled Lower Limb Prostheses (MCP) for the Knee is a covered benefit with conditions Microprocessor-controlled Lower Limb Prostheses (MCP) for the feet and ankle is not a covered benefit		