

Clinical guidelines applicable for New York

Updated September 24, 2024

Note: Any clinical guideline not included in this standard adopted list that is needed to complete an ASO group-specific review requirement will be considered adopted for that ASO group only and for the specific type of review required. Additionally, as part of the pre-payment review program for commercial or Federal Employee Health Benefits Program® (FEHBP) plans, clinical guidelines approved by Medical Policy and Technology Assessment Committee (MPTAC) but not included in this standard adopted list may be used to review a provider's claims when a provider's billing practices are not consistent with other providers in terms of frequency or in some other manner or for provider education and are adopted for those purposes.

State	Clinical guidelines number	Clinical guidelines title	Clinical guidelines category	Date adopted by — New York	Date — current version implementation	Special notes
NY	CG-ANC-04	Ambulance Services: Air and Water		5/1/11	1/3/24	
NY	CG-ANC-07	Inpatient Interfacility Transfers		7/1/19	1/3/24	
NY	CG-BEH-02	Adaptive Behavioral Treatment		3/1/14	4/24/19	Archive 6/1/2024.
NY	CG-BEH-14	Intensive In-Home Behavioral Health Services		7/1/16	1/3/24	
NY	CG-BEH-15	Activity Therapy for Autism Spectrum Disorders and Rett Syndrome		6/28/18	1/3/24	Content transferred from BEH.00004 effective 6/28/2018
NY	CG-DME-06	Compression Devices for Lymphedema		11/17/06	12/28/23	Effective 12/28/2023 this clinical guideline will no longer be applied.
NY	CG-DME-10	Durable Medical Equipment		5/7/07	10/1/24	
NY	CG-DME-31	Powered Wheeled Mobility Devices		7/2/07	4/1/24	
NY	CG-DME-33	Wheeled Mobility Devices: Manual Wheelchairs — Ultra Lightweight		4/21/10	12/16/20	Effective 12/1/2021 this clinical guideline will no longer be applied.
NY	CG-DME-40	Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton		12/27/17	12/29/21	Content transferred from DME.00004 effective 12/27/2017. Effective 1/1/2022 this clinical guideline will no longer be applied.
NY	CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use		12/27/17	10/19/24	Content transferred from DME.00036 effective 12/27/2017
NY	CG-DME-43	High Frequency Chest Compression Devices for Airway Clearance		5/1/18	12/16/20	Content transferred from DME.00012 effective 5/1/2018. Effective 12/1/2021 this clinical guideline will no longer be applied.
NY	CG-DME-44	Electric Tumor Treatment Field (TTF)		6/28/18	1/3/24	Content transferred from DME.00035 effective 6/28/2018
NY	CG-DME-45	Ultrasound Bone Growth Stimulation		9/20/18	6/28/24	Content transferred from DME.00027 effective 9/20/2018
NY	CG-DME-46	Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities in the Home Setting		12/1/19	6/28/24	
NY	CG-GENE-01	Janus Kinase 2, CALR and MPL Gene Mutation Assays		12/27/17	4/7/21	Content transferred from GENE.00004 effective 12/27/2017. Archive 4/13/2022. Content transferred to CG-GENE-14 effective 4/13/2022.

NY	CG-GENE-02	Analysis of RAS Status		12/27/17	10/1/20	Content transferred from GENE.00014 effective 12/27/2017. Archive 4/1/2021. Content transferred to CG-GENE-14 effective 4/1/2021.
NY	CG-GENE-03	BRAF Mutation Analysis		12/27/17	8/20/20	Content transferred from GENE.00019 effective 12/27/2017. Archive 4/1/2021. Content transferred to CG-GENE-14 effective 4/1/2021.
NY	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules		12/27/17	6/28/23	Content transferred from GENE.00032 effective 12/27/2017. Archive 4/1/2024.
NY	CG-GENE-07	BCR-ABL Mutation Analysis		5/9/19	4/13/22	Content transferred from GENE.00005 effective 5/9/2019. Archive 4/1/2023. Content transferred to CG-GENE-14 effective 4/1/2023.
NY	CG-GENE-08	Genetic Testing for PTEN Hamartoma Tumor Syndrome		5/9/19	4/7/21	Content transferred from GENE.00031 effective 5/9/2019. Archive 4/13/2022. Content transferred to CG-GENE-14 effective 4/13/2022.
NY	CG-GENE-09	Genetic Testing for CHARGE Syndrome		5/9/19	4/7/21	Content transferred from GENE.00040 effective 5/9/2019. Archive 4/13/2022. Content transferred to CG-GENE-13 effective 4/13/2022.
NY	CG-GENE-10	Chromosomal Microarray Analysis (CMA) for Developmental Delay, Autism Spectrum Disorder, Intellectual Disability and Congenital Anomalies		9/4/19	6/28/23	Content transferred from GENE.00021 effective 9/4/2019. Archive 4/1/2024.
NY	CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status		9/4/19	9/27/23	Content for genotype testing for single polymorphisms of metabolizing enzymes for specific drugs transferred from GENE.00010 effective 9/4/2019. Archive 4/1/2024.
NY	CG-GENE-12	PIK3CA Mutation Testing for Malignant Conditions		11/12/19	12/16/20	Content transferred from GENE.00044 effective 11/12/2019. Archive 4/1/2021. Content transferred to CG-GENE-14 effective 4/1/2021.
NY	CG-GENE-13	Genetic Testing for Inherited Diseases		2/5/20	5/25/23	Content transferred from GENE.00012 and GENE.00043 effective 2/5/2020. Content transferred from CG-GENE-05 effective 7/1/2021. Content transferred from GENE.00036 and GENE.00047 effective 12/29/2021. Content transferred from GENE.00003 and CG-GENE-09 effective 4/13/2022. Content transferred from CG-GENE-23, GENE.00033, GENE.00037 (partial content), GENE.00038, and GENE.00039 effective 4/1/2023. Archive 4/1/2024.

NY	CG-GENE-14	Gene Mutation Testing for Cancer Susceptibility and Management		2/5/20	9/27/23	Content transferred from GENE.00001 effective 2/5/2020. Content transferred from CG-GENE-02, CG-GENE-03, CG-GENE-12, and CG-GENE-20 effective 4/1/2021. Content transferred from CG-GENE-01 and CG-GENE-08 effective 4/13/2022. Content transferred from CG-GENE-07 and CG-GENE-17 effective 4/1/2023. Archive 4/1/2024.
NY	CG-GENE-15	Genetic Testing for Lynch Syndrome, Familial Adenomatous Polyposis (FAP), Attenuated FAP and MYH-associated Polyposis		2/5/20	1/3/24	Content transferred from GENE.00028 effective 2/5/2020. Archive 4/1/2024.
NY	CG-GENE-16	BRCA Genetic Testing		2/5/20	6/28/23	Content transferred from GENE.00029 effective 2/5/2020. Archive 4/1/2024.
NY	CG-GENE-17	RET Proto-oncogene Testing for Endocrine Gland Cancer Susceptibility		2/5/20	12/29/21	Content transferred from GENE.00030 effective 2/5/2020. Archive 4/1/2023. Content transferred to CG-GENE-14 effective 4/1/2023.
NY	CG-GENE-18	Genetic Testing for TP53 Mutations		2/5/20	1/3/24	Content transferred from GENE.00035 effective 2/5/2020. Archive 4/1/2024.
NY	CG-GENE-19	Measurable Residual Disease Assessment in Lymphoid Cancers Using Next Generation Sequencing		2/5/20	1/3/24	Content transferred from GENE.00045 effective 2/5/2020. Archive 4/1/2024.
NY	CG-GENE-20	Epidermal Growth Factor Receptor (EGFR) Testing		2/5/20	12/16/20	Content transferred from GENE.00006 effective 2/5/2020. Archive 4/1/2021. Content transferred to CG-GENE-14 effective 4/1/2021.
NY	CG-GENE-22	Gene Expression Profiling for Managing Breast Cancer Treatment		4/7/21	6/28/23	Content transferred from GENE.00011 effective 4/7/2021. Archive 4/1/2024.
NY	CG-GENE-23	Genetic Testing for Heritable Cardiac Conditions		4/7/21	4/13/22	Content transferred from GENE.00007 and GENE.00017 effective 4/7/2021. Archive 4/1/2023. Content transferred to CG-GENE-13 and GENE.00052 effective 4/1/2023.
NY	CG-LAB-13	Skin Nerve Fiber Density Testing		6/28/18	1/3/24	Content transferred from LAB.00020 effective 6/28/2018
NY	CG-MED-19	Custodial Care		7/13/07	1/3/24	
NY	CG-MED-23	Home Health		3/1/18	12/28/22	Effective 4/1/2023 this clinical guideline will no longer be applied.
NY	CG-MED-26	Neonatal Levels of Care		7/1/18	4/10/24	
NY	CG-MED-37	Intensive Programs for Pediatric Feeding Disorders		1/23/10	4/10/24	
NY	CG-MED-55	Site of Care: Advanced Radiologic Imaging		9/1/17	9/27/23	Archive 9/1/2024.
NY	CG-MED-59	Upper Gastrointestinal Endoscopy in Adults		11/1/18	11/1/24	
NY	CG-MED-63	Treatment of Hyperhidrosis		12/27/17	10/6/21	Content transferred from MED.00032 effective 12/27/2017. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins		12/27/17	10/1/24	Content transferred from MED.00064 effective 12/27/2017

NY	CG-MED-65	Manipulation Under Anesthesia		10/1/24	10/1/24	Content transferred from MED.00079 effective 12/27/2017. [Note: This CG was also previously applied from 12/27/2017 through 4/30/2022]
NY	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue		12/27/17	6/28/24	Content transferred from MED.00080 effective 12/27/2017
NY	CG-MED-68	Therapeutic Apheresis		12/27/17	10/19/24	Content transferred from MED.00113 effective 12/27/2017
NY	CG-MED-69	Inhaled Nitric Oxide		6/28/18	9/27/23	Content transferred from MED.00076 effective 6/28/2018. Effective 9/1/2024 this clinical guideline will no longer be applied.
NY	CG-MED-73	Hyperbaric Oxygen Therapy (Systemic/Topical)		9/20/18	6/28/24	Content transferred from MED.00005 effective 9/20/2018
NY	CG-MED-74	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry		9/20/18	6/28/24	Content transferred from MED.00051 effective 9/20/2018
NY	CG-MED-75	Medical and Other Non-Behavioral Health Related Treatments for Autism Spectrum Disorders and Rett Syndrome		9/20/18	7/8/20	Content transferred from MED.00107 effective 9/20/2018. Archive 7/7/2021.
NY	CG-MED-76	Magnetic Source Imaging and Magnetoencephalography		10/1/24	10/1/24	Content transferred from RAD.00019 effective 9/20/2018. [Note: This CG was also previously applied from 9/20/2018 through 4/30/2022]
NY	CG-MED-77	SPECT/CT Fusion Imaging		9/20/18	7/7/21	Content transferred from RAD.00042 effective 9/20/2018. Archive 12/29/2021.
NY	CG-MED-78	Anesthesia Services for Interventional Pain Management Procedures		10/1/24	10/1/24	
NY	CG-MED-79	Diaphragmatic/Phrenic Nerve Stimulation and Diaphragm Pacing Systems		1/3/19	12/28/23	Content transferred from MED.00100 effective 1/3/2019
NY	CG-MED-83	Site of Care: Specialty Pharmaceuticals		4/24/19	10/1/24	Content transferred from CG-DRUG-47 effective 4/24/2019
NY	CG-MED-87	Single Photon Emission Computed Tomography Scans for Noncardiovascular Indications		2/5/20	7/7/21	Content transferred from RAD.00023 effective 2/5/2020. Archive 12/29/2021.
NY	CG-MED-88	Preimplantation Embryo Biopsy		4/15/20	4/1/24	Content transferred from CG-GENE-06 effective 4/15/2020.
NY	CG-MED-89	Home Parenteral Nutrition		11/1/21	6/28/24	
NY	CG-MED-95	Transanal Irrigation		3/16/24	10/1/24	
NY	CG-MED-97	Biofeedback and Neurofeedback		1/1/25	1/1/25	Content transferred from MED.00125 effective 6/28/2024.
NY	CG-OR-PR-05	Myoelectric Upper Extremity Prosthetic Devices		5/18/07	1/4/23	Content transferred from OR-PR.00004 effective 11/18/2021. Effective 9/27/2023 this clinical guideline will no longer be applied.
NY	CG-OR-PR-08	Microprocessor Controlled Lower Limb Prosthesis		9/27/23	10/1/24	
NY	CG-REHAB-07	Skilled Nursing and Skilled Rehabilitation Services (Outpatient)		5/7/07	10/1/24	
NY	CG-REHAB-08	Private Duty Nursing in the Home Setting		7/13/07	10/1/24	
NY	CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift		5/18/07	1/3/24	
NY	CG-SURG-05	Maze Procedure		12/8/12	7/7/21	Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-08	Sacral Nerve Stimulation as a Treatment of Neurogenic Bladder Secondary to Spinal Cord Injury		9/17/11	6/28/24	
NY	CG-SURG-09	Temporomandibular Disorders		9/17/11	1/3/24	

NY	CG-SURG-12	Penile Prosthesis Implantation		8/24/07	10/1/21	Effective 12/1/2021 this clinical guideline will no longer be applied.
NY	CG-SURG-27	Gender Affirming Surgery		7/18/09	1/4/23	Effective 12/1/2023 this clinical guideline will no longer be applied.
NY	CG-SURG-28	Transcatheter Uterine Artery Embolization		5/7/07	10/6/21	Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-29	Lumbar Discography		4/1/24	4/1/24	
NY	CG-SURG-34	Diagnostic Infertility Surgery		5/1/14	7/7/21	Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-35	Intracytoplasmic Sperm Injection (ICSI)		5/1/14	10/1/24	
NY	CG-SURG-49	Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities		5/1/19	9/27/23	Archive 4/1/2024.
NY	CG-SURG-50	Assistant Surgeons		2/13/16	6/28/24	
NY	CG-SURG-52	Site of Care: Hospital-Based Ambulatory Surgical Procedures and Endoscopic Services		1/1/21	9/27/23	Archive 9/1/2024.
NY	CG-SURG-55	Cardiac Electrophysiological Studies (EPS) and Catheter Ablation		4/1/24	10/1/24	[Note: This CG had also previously been applied from 8/1/2021 through 11/30/2021]
NY	CG-SURG-61	Cryosurgical or Radiofrequency Ablation to Treat Solid Tumors Outside the Liver		12/27/17	10/16/21	Content for radiofrequency ablation to treat tumors outside the liver transferred from CG-SURG-62 effective 12/18/2019. Content transferred from SURG.00025 effective 12/27/2017. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-63	Cardiac Resynchronization Therapy with or without an Implantable Cardioverter Defibrillator for the Treatment of Heart Failure		12/27/17	9/27/23	Content transferred from SURG.00064 effective 12/27/2017. Archive 4/1/2024.
NY	CG-SURG-71	Reduction Mammoplasty		5/1/18	6/28/24	Content transferred from SURG.00086 effective 5/1/2018
NY	CG-SURG-72	Endothelial Keratoplasty		5/1/18	1/3/24	Content transferred from SURG.00108 effective 5/1/2018
NY	CG-SURG-75	Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions		6/28/18	12/29/21	Content transferred from SURG.00110 effective 6/28/2018. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-77	Refractive Surgery		6/28/18	12/29/21	Content transferred from SURG.00009 effective 6/28/2018. Effective 1/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-79	Implantable Infusion Pumps		6/28/18	10/6/21	Content transferred from SURG.00068 effective 6/28/2018. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-81	Cochlear Implants and Auditory Brainstem Implants		9/20/18	6/28/24	Content transferred from SURG.00014 effective 9/20/2018
NY	CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids		9/20/18	6/28/24	Content transferred from SURG.00020 effective 9/20/2018
NY	CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity		10/31/18	10/19/24	Content transferred from SURG.00024 effective 10/31/2018
NY	CG-SURG-84	Mandibular/Maxillary (Orthognathic) Surgery		9/20/18	6/28/24	Content transferred from SURG.00049 effective 9/20/2018

NY	CG-SURG-85	Hip Resurfacing		10/31/18	4/12/23	Content transferred from SURG.00051 effective 10/31/2018. Effective 9/1/2023 this clinical guideline will no longer be applied.
NY	CG-SURG-86	Endovascular/Endoluminal Repair of Aortic Aneurysms, Aortoiliac Disease, Aortic Dissection and Aortic Transection		10/31/18	3/12/22	Content transferred from SURG.00054 effective 10/31/2018. Effective 5/1/2022 this clinical guideline will no longer be applied. Archive 9/1/2024.
NY	CG-SURG-87	Nasal Surgery for the Treatment of Obstructive Sleep Apnea and Snoring		9/20/18	7/7/21	Content transferred from SURG.00074 effective 9/20/2018. Effective 12/1/2021 this clinical guideline will no longer be applied.
NY	CG-SURG-88	Mastectomy for Gynecomastia		9/20/18	4/10/24	Content transferred from SURG.00085 effective 9/20/2018
NY	CG-SURG-89	Radiofrequency Neurolysis and Pulsed Radiofrequency Therapy for Trigeminal Neuralgia		10/1/24	10/1/24	Content transferred from SURG.00090 effective 9/20/2018. [Note: This CG was also previously applied from 9/20/2018 through 11/30/2021]
NY	CG-SURG-92	Paraesophageal Hernia Repair		4/1/24	4/1/24	[Note: This CG had also previously been applied from 6/1/2020 through 11/30/2022]
NY	CG-SURG-94	Keratoprosthesis		3/21/19	12/29/21	Content transferred from SURG.00115 effective 3/21/2019. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-95	Sacral Nerve Stimulation and Percutaneous or Implantable Tibial Nerve Stimulation for Urinary and Fecal Incontinence; Urinary		3/21/19	12/28/23	Content transferred from SURG.00117 effective 3/21/2019
NY	CG-SURG-96	Intraocular Telescope		3/21/19	12/29/21	Content transferred from SURG.00136 effective 3/21/2019. Effective 10/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-97	Cardioverter Defibrillators		6/24/19	9/27/23	Content transferred from SURG.00033 effective 6/24/2019. Archive 4/1/2024.
NY	CG-SURG-99	Panniculectomy and Abdominoplasty		5/9/19	4/10/24	Content transferred from SURG.00048 effective 5/9/2019
NY	CG-SURG-101	Ablative Techniques as a Treatment for Barrett's Esophagus		9/4/19	6/28/24	Content transferred from SURG.00106 effective 9/4/2019
NY	CG-SURG-104	Intraoperative Neurophysiological Monitoring		1/1/21	4/13/22	Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-105	Corneal Collagen Cross-Linking		2/5/20	12/29/21	Content transferred from MED.00109 effective 2/5/2020. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-106	Venous Angioplasty with or without Stent Placement or Venous Stenting Alone		2/5/20	4/13/22	Content transferred from SURG.00122 effective 2/5/2020. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-107	Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)		7/1/20	4/13/22	Content transferred from SURG.00028 effective 7/1/2020. Effective 5/1/2022 this clinical guideline will no longer be applied.
NY	CG-SURG-118	Intraocular Anterior Segment Aqueous Drainage Devices (without extraocular reservoir)		4/25/24	4/25/24	Content transferred from SURG.00103 effective 4/10/2024.

NY	CG-SURG-119	Treatment of Varicose Veins (Lower Extremities)		4/25/24	4/25/24	Content transferred from SURG.00037 effective 4/10/2024.
NY	CG-SURG-120	Vagus Nerve Stimulation		4/25/24	4/25/24	Content transferred from SURG.00007 effective 4/10/2024.
NY	CG-THER-RAD-07	Intravascular Brachytherapy (Coronary and Non-Coronary)		6/28/18	12/29/21	Content transferred from THER-RAD.00003 effective 6/28/2018. Effective 1/1/2022 this clinical guideline will no longer be applied.
NY	CG-TRANS-02	Kidney Transplantation		11/17/06	4/10/24	
NY	CG-TRANS-03	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation		9/20/18	10/1/24	Content transferred from TRANS.0018 effective 9/20/2018

Third-party criteria adopted: The health plan may use guidelines developed by third parties to perform utilization management services of some procedures for certain health plan members.

Radiation oncology

As of July 1, 2018, the health plan uses: Carelon Medical Benefits Management, Inc. Radiation Oncology clinical appropriateness guidelines: Radiation oncology includes brachytherapy, intensity-modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT), and stereotactic radiosurgery (SRS) developed by Carelon Medical Benefits Management. These guidelines are available at: [guidelines.carelonmedicalbenefitsmanagement.com](https://www.guidelines.carelonmedicalbenefitsmanagement.com).

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Musculoskeletal (MSK) clinical appropriateness guidelines

As of June 1, 2018, the health plan uses Carelon Medical Benefits Management musculoskeletal clinical appropriateness guidelines: Spine surgery, joint surgery, and interventional pain management developed by Carelon Medical Benefits Management. These guidelines are available at: [guidelines.carelonmedicalbenefitsmanagement.com](https://www.guidelines.carelonmedicalbenefitsmanagement.com).

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Outpatient sleep testing and therapy services

As of June 1, 2013, the health plan uses sleep diagnostic and treatment guidelines developed by Carelon Medical Benefits Management, a separate company. Carelon Medical Benefits Management's obstructive sleep Apnea diagnostic and treatment management clinical appropriateness guidelines are available at [guidelines.carelonmedicalbenefitsmanagement.com](https://www.guidelines.carelonmedicalbenefitsmanagement.com). For certain health plan members, Carelon Medical Benefits Management also provides sleep diagnostic and treatment management services.

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Radiology

The health plan uses diagnostic imaging management guidelines developed by Carelon Medical Benefits Management, a separate company. For certain health plan members as of November 1, 2008, Carelon Medical Benefits Management also provides radiology utilization management services.

The health plan also develops diagnostic imaging medical policies, which may address a service described in a Carelon Medical Benefits Management diagnostic imaging clinical appropriateness guideline. Where such medical policy exists, the health plan medical policy supersedes the Carelon Medical Benefits Management Diagnostic imaging clinical appropriateness guideline.

Carelon Medical Benefits Management's diagnostic imaging clinical appropriateness guidelines are available at [guidelines.carelonmedicalbenefitsmanagement.com](https://www.guidelines.carelonmedicalbenefitsmanagement.com).

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NY		CT of the Head	Head & Neck Imaging	4/1/11		
NY		CTA of the Head: Cerebrovascular	Head & Neck Imaging	4/1/11		
NY		MRI of the Head	Head & Neck Imaging	4/1/11		
NY		MRA of the Head: Cerebrovascular	Head & Neck Imaging	4/1/11		
NY		CT of the Orbit, Sella Turcica, Posterior Fossa and the Temporal Bone, including Mastoids	Head & Neck Imaging	4/1/11		
NY		MRI of the Orbit, Face, Neck	Head & Neck Imaging	4/1/11		
NY		CT of the Paranasal Sinus Maxillofacial Area	Head & Neck Imaging	4/1/11		
NY		MRI of the Temporomandibular Joints	Head & Neck Imaging	4/1/11		
NY		CT of the Neck (Soft Tissue)	Head & Neck Imaging	4/1/11		
NY		CTA of the Neck	Head & Neck Imaging	4/1/11		
NY		MRA of the Neck	Head & Neck Imaging	4/1/11		
NY		CT of the Chest	Chest Imaging	4/1/11		

NY		CTA of the Chest	Chest Imaging	4/1/11		
NY		MRI of the Chest	Chest Imaging	4/1/11		
NY		MRA of the Chest	Chest Imaging	4/1/11		
NY		Nuclear Cardiology - Myocardial Perfusion Imaging	Cardiac Imaging	4/1/11		
NY		Nuclear Cardiology - Cardiac Blood Pool Imaging	Cardiac Imaging	4/1/11		
NY		Nuclear Cardiology - Infarct Imaging	Cardiac Imaging	4/1/11		
NY		Stress Echocardiography	Cardiac Imaging	3/1/12		
NY		Transesophageal Echocardiography (TEE)	Cardiac Imaging	3/1/12		
NY		Resting Transthoracic Echocardiography	Cardiac Imaging	3/1/12		
NY		CT Cardiac (Structure)	Cardiac Imaging	4/1/11		
NY		MRI - Cardiac	Cardiac Imaging	4/1/11		
NY		CT of the Abdomen	Abdominal & Pelvic Imaging	4/1/11		
NY		MRI of the Abdomen	Abdominal & Pelvic Imaging	4/1/11		
NY		CTA/MRA of the Abdomen	Abdominal & Pelvic Imaging	4/1/11		
NY		CTA of the Abdominal Aorta - Lower Extremity Run-off	Abdominal & Pelvic Imaging	4/1/11		
NY		CT of the Pelvis	Abdominal & Pelvic Imaging	4/1/11		
NY		MRI of the Pelvis	Abdominal & Pelvic Imaging	4/1/11		
NY		CTA/MRA of the Pelvis	Abdominal & Pelvic Imaging	4/1/11		
NY		CT of the Abdomen & Pelvis Combination	Abdominal & Pelvic Imaging	4/1/11		
NY		CT of the Cervical Spine	Spine Imaging	4/1/11		
NY		MRI of the Cervical Spine	Spine Imaging	4/1/11		
NY		CT of the Thoracic Spine	Spine Imaging	4/1/11		
NY		MRI of the Thoracic Spine	Spine Imaging	4/1/11		
NY		CT of the Lumbar Spine	Spine Imaging	4/1/11		
NY		MRI of the Lumbar Spine	Spine Imaging	4/1/11		
NY		CT of the Upper Extremity	Upper Extremity Imaging	4/1/11		
NY		MRI of the Upper Extremity (Any Joint)	Upper Extremity Imaging	4/1/11		
NY		MRI of the Upper Extremity (Non-Joint)	Upper Extremity Imaging	4/1/11		
NY		CTA/MRA Upper Extremity	Upper Extremity Imaging	4/1/11		
NY		CT of the Lower Extremity	Lower Extremity Imaging	4/1/11		
NY		MRI of the Lower Extremity (Joint & Non-Joint)	Lower Extremity Imaging	4/1/11		
NY		CTA/MRA of the Lower Extremity	Lower Extremity Imaging	4/1/11		

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

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