

Medical Coverage Policies

Medical coverage policies describe Humana's evaluation and coverage of medical procedures, devices and laboratory tests.

March 2024 Updates

Medicare

Revised Policies

- Airway Clearance Devices
- Artificial Intervertebral Disc Replacement
- Autism Spectrum Disorders Diagnosis and Treatments
- Cardiovascular Nuclear Imaging and Stress Testing
- Carotid Revascularization
- Code Compendium (Musculoskeletal and Neurologic)
- Colonoscopy and Colorectal Cancer Screening
- Comprehensive Genomic Profiling and Genetic Testing for Solid Tumors
- Coronary CT Angiography, Fractional Flow Reserve with CT, Calcium Scoring
- Diagnostic Imaging
- Drug Testing
- Dynamic Spinal Stabilization Devices
- Early Prostate Cancer Detection
- Elective Aorta and Iliac Artery Aneurysm Repair
- Electrical Stimulators- Diaphragmatic/Phrenic Nerve, Functional and Neuromuscular
- Electrothermal Intradiscal Therapies
- Facility Based Sleep Studies
- Gene Expression Profiling for Cancer Indications
- Gene Expression Profiling for Noncancer Indications
- Gene Therapy Treatments for Beta
- Genetic and Biomarker Testing for Alzheimer Disease
- Genetic and Coagulation Testing for Noncancer Blood Disorders
- Genetic Testing
- Genetic Testing for Cardiac Conditions
- Genetic Testing for Diagnosis of Inherited Conditions
- Genetic Testing for Hematologic Malignancies and Suspected Myeloid Disorders
- Genetic Testing for Hereditary Ataxias
- Genetic Testing for Hereditary Breast, Ovarian, Pancreatic and Prostate Cancer
- Genetic Testing for Hereditary Cancer
- Genetic Testing for Hereditary Colorectal and Uterine Cancer
- Hip, Knee and Shoulder Arthroscopic Surgeries
- Infertility Evaluation and Treatments
- Injections for Chronic Pain

- Interspinous Process Decompression Spacers
- Laparoscopic Hiatal Hernia Repair
- Liquid Biopsy
- Measurable (Minimal) Residual Disease Testing
- Microwave Thermotherapy
- Molecular Biomarkers for Prostate Cancer Risk Stratification
- Molecular Markers in Fine Needle Aspirates of Thyroid Nodules
- Molecular Testing for HLA-B*27 for Ankylosing Spondylitis
- Multianalyte Assays with Algorithmic Analyses for Cancer Indications
- Multiplex Pathogen Identification Panels for Infectious Disease
- Noninvasive Home Ventilators
- Noninvasive Tests for Hepatic Fibrosis
- Obstructive Sleep Apnea and Other Sleep Related Breathing Disorders Nonsurgical Treatments
- Ocular Surface Disease Diagnosis and Treatments
- Orthognathic Surgery
- Osteochondral and Subchondral Defects Surgery
- Outpatient Rehabilitation (PT_OT)
- Pharmacogenomic Testing
- Pharmacogenomics and Companion Diagnostics
- Prosthetics
- Rheumatoid Arthritis: Biologic Markers and Pharmacologic Assessment
- Serological and Fecal Testing for Inflammatory Bowel Disease
- Shoulder Arthroplasty
- Urinary Bladder Dysfunction
- Uterine Fibroid Surgical Treatments
- Videofluoroscopy, Dynamic MRI for Musculoskeletal Indications

Retired Policy

- Electrical Tumor Treatment Fields

Commercial

Revised Policies

- Artificial Intervertebral Disc Replacement
- Code Compendium (Laboratory)
- Code Compendium (Musculoskeletal and Neurological)
- Erectile Dysfunction and Peyronie's Disease Treatments
- Gene Therapy Treatments for Beta Thalassemia
- Genetic Testing
- Genetic Testing for Cardiac Conditions
- Genetic Testing for Diagnosis of Inherited Conditions

- Multianalyte Assays with Algorithmic Analyses for Noncancer Indications
- Prophylactic Mastectomy
- Skin and Tissue Substitutes
- Urinary Bladder Dysfunction
- Uterine Fibroid Surgical Treatments

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