

Preauthorization List
Effective January 1, 2009



- * This list applies to all services for which RMHP is the primary payer.
- * Please refer to the Member's Evidence of Coverage. Services that are not a benefit of the Member's Evidence of Coverage will not be authorized.
- * To request preauthorization for services listed, fax all requests on the appropriate form and supporting documentation to
 RMHP: fax 877-201-7302 or 970-254-5738
 WINhealth Partners: phone 800-840-2211 fax 877-825-3018

NOTIFICATION by the FACILITY is required for the following services		
Admissions	800-416-2157, option 3 or 970-248-5197	
All Inpatient Hospitalizations: Acute, including Long Term Acute Care (LTAC); Rehabilitation; Skilled Nursing Facility Hospice		
NOTIFICATION by the PROVIDER RENDERING OB SERVICES is requested for the following services		
OB Care (pregnancies)	fax 877-201-7302 or 970-254-5738	
INFORMATIONAL		
Behavioral Health	Front Range members and providers contact Life Strategies for all services at 800-382-6871.	
PREAUTHORIZATION is required for the following services. Preauthorization is the responsibility of the participating provider ordering or rendering the services. Failure to preauthorize required services will result in denial of claim.		
Category	Service	CPT — HCPCS Codes
Ambulance/Air Transportation	Non-emergent transports/transfers	A0021-A0210, A0426, A0428, A0430 - A0431, A0499, A0435-A0436, A0999
Cardiac Procedures	Intracardiac EP Procedures/Studies	93600-93624, 93650-93652, 93799
Dental and Orthognathic Related Services	All dental and orthognathic services, including surrounding services such as anesthesia, facility, or appliances. Please refer to the Member's Evidence of Coverage or contact Customer Service to determine if dental services are a covered benefit.	
DME, Orthotics, Prosthetics; Oxygen Equipment and Contents	Refer to DME preauthorization schedule	
Diagnostic Procedures	Electron Beam CT Scans, CT Coronary Angiography	S8085, S8092, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T
	All PET scans	78459, 78491-78492, 78608-78609, 78811-78816, G0219, G0235, G0254
	SPECT scans of the brain	78607
ENT	Osseointegrated Hearing Device and Implantation or Replacement (Commercial and CHP+ Members age <18 years)	69710-69718, L8690, L8691
	Cochlear device implant.	69930, L8614 - L8624
	Endoscopic sinus surgery	31254-31294
	Rhinoplasty with/without septal repair	30400-30465
	Laser-assisted Uvulopalatoplasty (LAUP)	S2080
	Uvulopalatopharyngoplasty (UPPP) - Consultation with non-surgeon sleep specialist required	42140, 42145
Hearing Aids or Repairs	Hearing Aids or Repairs of Hearing Aids for Children less than 18 years of age Commercial and CHP+ Plans	V5014, V5030-V5080, V5100, V5120-V5150, V5170-V5190, V5210-V5230, V5242-V5261
Potentially Experimental or Investigational Services, including All Unlisted Procedure Codes	If there is a possibility a service will be considered experimental or investigational, please submit a request for review. Failure to obtain authorization for services determined by RMHP to be experimental or investigational will result in denial of payment. These services include, but are not limited to, new procedures without proven effectiveness, clinical trials and studies, miscellaneous codes, and Category III codes.	
	Clinical Trials or Studies	
	Unlisted Procedure Codes - done alone or in conjunction with other procedures	All codes ending with "99" or having a descriptor meaning "unlisted or unspecified procedure"
	Category III Codes	All codes ending in "T"
Gastrointestinal	Capsule Endoscopy, including physician interpretation.	91110, 91111
	BRAVO catheter free pH monitoring	91035
Genetic Testing	BRCA testing	83890, 83891, 83892, 83893, 83894, 83898, 83904, 83912, S3818, S3819, S3820, S3822, S3823
	Genetic testing for colon cancer	83890, 83891, 83892, 83893, 83894, 83898, 83904, 83912
General Surgery	Breast related procedures: Reconstruction, Reduction, Augmentation, Breast Implant or Removal (No preauthorization required if Member has had a medically necessary mastectomy).	19300, 19316-19499
	Obesity related surgeries: All surgeries related to obesity, including but not limited to bariatric surgeries, lipectomy, or excision of skin due to weight loss	15830-15839, 15876-15879, 43644, 43645, 43770-43774, 43842-43848, 43886-43888, S2083
	Gastric Neurostimulator: All treatments related to implantation, replacement, removal, revision, or programming	43647, 43648, 43881, 43882, 64590, 64595, 95980-95982, E0765
	Diastasis Recti Repair	15830 with 15847
	Treatment of varicose veins, including but not limited to, radiofrequency ablation, sclerotherapy, stripping and ligation, endolaser therapy	36468-36479, 37700-37785, S2130

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Services		CPT — HCPCS Codes
GenitoUrinary	Insertion or replacement of penile prosthesis	54400 - 54405; 54408 - 54411; 54416 - 54417
	Implant of neurostimulator electrodes; sacral nerve; Insertion, replacement, revision, or removal of peripheral neurostimulator pulse generator or receiver	64561, 64581, 64590, 64595
GYN	Hysterectomy (No preauthorization required for hysterectomy with pelvic exenteration)	58150-58210, 58260-58294, 58541-58554, 58570-58573
	Uterine Fibroid Embolization	37210
Home Health Care	RN, PT, OT, ST, MSW, HHA: Preauthorization required for Commercial, CHP+, and Medicaid Members. RMHP does not approve or deny Home Health services for Medicare Members. Home Health services for Medicare members must be provided by a Medicare certified Home Health Agency.	94005, 99500-99507, 99509-99602, S5522, S5523, S9208-S9214, G0151-G0156
	Home Infusion services: Preauthorization required for drugs listed on RMHP Formulary. Drugs that require preauthorization and the appropriate forms are obtained from the RMHP Web site (www.rmhp.org), or call 800-641-8921 for the RMHP Pharmacy Help desk. WINhealth Partners refer to the formulary on www.winhealthpartners.org or call 800-840-2211. Formulary information can be found at ePocrates@ (www.epocrates.com)	
Neurosurgery	Spinal arthrodesis, lumbar and cervical, excludes codes 22800 - 22819 and related instrumentation for those codes	22533-22554, 22558-22585, 22590-22600, 22612-22632
	Vagal Nerve Stimulation	64573
	Total disc arthroplasty (artificial disc), including revision or removal	22856, 22857, 22861, 22862, 22864, 22865
Nutritional Products	Medical Foods/ Enteral Nutrition	B4149-B4162, S9340-S9343, S9433-S9435
	Home Total Parenteral Nutrition; Lipids	B4164-B5200, S9364-S9368
Ophthalmology	Oculoplastic Surgery: Blepharoplasty, Eyebrow Ptosis Repair, Ectropion Repair	15820-15823, 67900-67917
Orthopedics	Autologous Chondrocyte Implant, including harvesting of chondrocytes	27412, J7330
	Osteochondral Allograft or Autograft, open or arthroscopic, knee	27415, 27416, 29866, 29867
	Arthroscopy, knee, surgical; meniscal transplantation, medial or lateral	29868
	Core hip decompression	27299
	Kyphoplasty	22523-22525
	Orthotripsy	28890, 0101T, 0102T, 0019T
	Xstop	0171T, 0172T
	Total disc arthroplasty (artificial disc), including revision or removal	22856, 22857, 22861, 22862, 22864, 22865
Spinal arthrodesis, lumbar and cervical, excludes codes 22800 - 22819 and related instrumentation for those codes		22533-22554, 22558-22585, 22590-22600, 22612-22632
Out of Plan - HMO, Medicare, Medicaid plans	Non-Participating Providers: Providers directing HMO, Medicare, and Medicaid Members to non-participating providers need to obtain authorization prior to services being rendered. All non-emergent out-of-network services provided to HMO Members by non-participating providers and/or facilities require authorization by RMHP. Medicare members may access Original Medicare benefits without preauthorization and will be liable for deductibles and coinsurance. Medicare Members may access ESRD services out of network without preauthorization.	
Out of Plan - PPO plans	Non-Participating Providers: The PPO member is responsible for obtaining authorization for services listed on the Preauthorization List when those services are rendered by an out of network provider. Failure to obtain preauthorization when required will result in a significant benefit reduction or denial of payment. Refer to member's Evidence of Coverage for additional information.	
Outpatient Services	Hyperbaric Oxygen Therapy	99183
	Rehab Services: PT, OT, ST - Preauthorization required only for Medicaid members when exceeding 24 units of service.	97001-97542, 97750, 97799, G0151-G0153
	Services provided in a Wound Care Clinic	97597-97602
Pharmacy	Drugs that require preauthorization and the appropriate forms are obtained from the RMHP Web site (www.rmhp.org), or call 800-641-8921 for the RMHP Pharmacy Help desk. WINhealth Partners refer to the formulary on www.winhealthpartners.org or call 800-840-2211. Formulary information can also be found at ePocrates@ (www.epocrates.com) .	
Plastic, Reconstructive, and/or Cosmetic Procedures including but not limited to:	Oculoplastic Surgery: Blepharoplasty/Eyebrow Ptosis Repair/Ectropion Repair	15820-15823, 67900-67917
	Breast related procedures: Reconstruction, Reduction, Augmentation, Breast Implant or Removal (No preauthorization required if member has had a medically necessary mastectomy).	19300, 19316-19499
	Diastasis Recti Repair	15830 with 15847
	Photodynamic Therapy, except for dx actinic keratosis (702.0)	96567
	Reconstructive repair of pectus excavatum or carinatum	21740-21743
	Rhinoplasty with/without septal repair	30400-30465
	Treatment of varicose veins, including but not limited to, radiofrequency ablation, sclerotherapy, stripping and ligation, endolaser therapy	36468-36479, 37700-37785
	Whole body integumentary photography	96904
Transplant related services, including initial consult and evals	All transplant services beginning with initial physician consultation, transplant evaluation, including testing and transplant procedures (except corneal transplants). This is for all Members, including PPO.	

* The codes listed above are subject to change and may not be all inclusive.

* If you have questions or need additional information, please contact Customer Service at 800-854-4558. For WINhealth Partners Customer Service, call 800-840-2211.

This list includes only those CPT codes new 2009, reviewed as of 12/17/2008. Additional codes may be added to the CPT manual throughout the year and may not appear on this list. It is the responsibility of the provider to contact RMHP to determine if new codes will be covered under the member's health care contract and/or require preauthorization.

Code	DESC	Determination	Preauth Required?
20696	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) o	Experimental	Yes
20697	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Experimental	Yes
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	Experimental	Yes
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Experimental	Yes
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Experimental	Yes
27215	Open treatment of iliac spine(s), ... Revised code that considers pelvis as having two sides, making procedures unilateral	CMS rejected this concept and does not allow modifier 50 with this code. RMHP will follow CMS.	No
27216	Revised code that considers pelvis as having two sides, making procedures unilateral	CMS rejected this concept and does not allow modifier 50 with this code. RMHP will follow CMS.	No
27217	Revised code that considers pelvis as having two sides, making procedures unilateral	CMS rejected this concept and does not allow modifier 50 with this code. RMHP will follow CMS.	No
27218	Revised code that considers pelvis as having two sides, making procedures unilateral	CMS rejected this concept and does not allow modifier 50 with this code. RMHP will follow CMS.	No
41512	Tongue base suspension, permanent suture technique	Experimental	Yes
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	Experimental	Yes
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Experimental	Yes
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	Covered only with diagnosis 722.90 - 722.93	No
+63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	If > 4 units plus 63620, bill radiation oncology codes. Deny > 4 units as billing error	No
83876	Myeloperoxidase (MPO)	Experimental	Yes
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	Experimental	Yes
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for IM use	Experimental	Yes
90681	Rotavirus vaccine, human, attenuated, 2 does schedule, live, for oral use	Experimental	Yes
90738	Japanese encephalitis virus vaccine, inactivated, for IM use	Deny. Travel vaccine. NAB.	No
93228	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	Experimental	Yes
93229	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	Experimental	Yes
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Experimental	Yes
+0054T	Computer assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on fluoroscopic images	Experimental	Yes
+0055T	Computer assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on CT/MRI images...	Experimental	Yes
+0189T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	Experimental	Yes
0188T	Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes	Experimental	Yes
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Experimental	Yes
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach	Experimental	Yes
0192T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach	Experimental	Yes
0193T	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Experimental	Yes
0194T	Procalcitonin (PCT)	Experimental	Yes
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace	Experimental	Yes
0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Experimental	Yes

Potentially Cosmetic Procedures

Code(s)	Descriptions	Cover (CV) or Cosmetic (CS) or preauth (PRE)
00102	Anesthesia for procedures involving plastic repair of cleft lip	CV
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	APPROVE IF PROCEDURE PRE
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	APPROVE IF PROCEDURE PRE
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive pr	APPROVE IF PROCEDURE PRE
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	CS
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	CV
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 - 4 lesions	CV
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	CV
11200	Removal of skin tags, multiple fibrocutaneous taags, any area; up to and including 15 lesions	CV
+11201	11200 plus each additional 10 lesions	CV
11300 - 11313	Shaving of epidermal or dermal lesions - varying sizes and locations	CV
11400 - 11446	Excision benign lesions except skin tags, varying sizes and locations	CV
11719	Trimming of nondystrophic nails, any number	CV
11900	Injection, intralesional; up to and includign 7 lesions	CV
+11901	11900; more than 7 lesions	CV
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	CS
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	CS
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	CS
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	CS
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	PRE
11970	Replacement of tissue expander with permanent prosthesis	PRE
11971	Removal of tissue expander(s) without insertion of prosthesis	PRE
15775	Punch graft for hair transplant; 1 to 15 punch grafts	CS
15776	Punch graft for hair transplant; more than 15 punch grafts	CS
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	CS
15781	Dermabrasion; segmental, face	CS
15782	Dermabrasion; regional, other than face	CS
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)	CS
15786	Abrasion; single lesion (eg, keratosis, scar)	PRE
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	PRE
15788	Chemical peel, facial; epidermal	CS
15789	Chemical peel, facial; dermal	CS
15790	Chemical Peel Total Face	CS
15791	Chemical Peel Reg Face Hnd Other	CS
15792	Chemical peel, nonfacial; epidermal	CS
15793	Chemical peel, nonfacial; dermal	CS
15810	Salabrasion 20 Sq Cmor Less	CS
15811	Salabrasion Over 20 Sq Cm	CS
15819	Cervicoplasty	CS
15820	Blepharoplasty, lower eyelid;	PRE
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	PRE
15822	Blepharoplasty, upper eyelid;	PRE
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	PRE
15824	Rhytidectomy; forehead	CS
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	CS
15826	Rhytidectomy; glabellar frown lines	CS
15828	Rhytidectomy; cheek, chin, and neck	CS
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	CS
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	PRE
15831	Excision, excessive skin & subcutaneous tissue; abdomen	CS
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	CS
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	CS

Potentially Cosmetic Procedures

Code(s)	Descriptions	Cover (CV) or Cosmetic (CS) or preauth (PRE)
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	CS
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	CS
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	CS
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	CS
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	CS
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	CS
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	PRE
15876	Suction assisted lipectomy; head and neck	CS
15877	Suction assisted lipectomy; trunk	CS
15878	Suction assisted lipectomy; upper extremity	CS
15879	Suction assisted lipectomy; lower extremity	CS
17200	Electrodestruction Skin Tags (1-15)	CV
17201	Electrosurg Dest Mult Tag Ea Add 10	CV
17340	Cryotherapy (CO2 slush, liquid N2) for acne	CS
17360	Chemical exfoliation for acne (eg, acne paste, acid)	CS
17380	Electrolysis epilation, each 30 minutes	CS
19140	Mastectomy For Gynecomastia	PRE
19316	Mastopexy	PRE
19318	Reduction mammoplasty	PRE
19324	Mammoplasty, augmentation; without prosthetic implant	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19325	Mammoplasty, augmentation; with prosthetic implant	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19328	Removal of intact mammary implant	PRE
19330	Removal of mammary implant material	PRE
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19355	Correction of inverted nipples	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19370	Open periprosthetic capsulotomy, breast	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19371	Periprosthetic capsulectomy, breast	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
19380	Revision of reconstructed breast	COVER AFTER MED NEC MASTECTOMY, OTHERWISE CS
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	PRE
21031	Excision of torus mandibularis	PRE
21076	Impression and custom preparation; surgical obturator prosthesis	PRE
21077	Impression and custom preparation; orbital prosthesis	PRE
21079	Impression and custom preparation; interim obturator prosthesis	PRE
21080	Impression and custom preparation; definitive obturator prosthesis	PRE
21081	Impression and custom preparation; mandibular resection prosthesis	PRE
21082	Impression and custom preparation; palatal augmentation prosthesis	PRE
21083	Impression and custom preparation; palatal lift prosthesis	PRE
21084	Impression and custom preparation; speech aid prosthesis	PRE
21085	Impression and custom preparation; oral surgical splint	PRE
21086	Impression and custom preparation; auricular prosthesis	PRE
21087	Impression and custom preparation; nasal prosthesis	PRE
21088	Impression and custom preparation; facial prosthesis	PRE
21089	Unlisted maxillofacial prosthetic procedure	PRE
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	PRE
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	CS
21121	Genioplasty; sliding osteotomy, single piece	CS
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical ch	CS
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	CS
21125	Augmentation, mandibular body or angle; prosthetic material	CS
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	CS
21137	Reduction forehead; contouring only	CS
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	CS
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	CS

Potentially Cosmetic Procedures

Code(s)	Descriptions	Cover (CV) or Cosmetic (CS) or preauth (PRE)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without	APPROVE IF EMERGENT OTHERWISE PRE
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	APPROVE IF EMERGENT OTHERWISE PRE
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft	APPROVE IF EMERGENT OTHERWISE PRE
21144	Recon Midface Lefort I Intrusion 1 Piece	APPROVE IF EMERGENT OTHERWISE PRE
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtai	APPROVE IF EMERGENT OTHERWISE PRE
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaini	APPROVE IF EMERGENT OTHERWISE PRE
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includ	APPROVE IF EMERGENT OTHERWISE PRE
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	PRE
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	APPROVE IF EMERGENT OTHERWISE PRE
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with	APPROVE IF EMERGENT OTHERWISE PRE
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with	APPROVE IF EMERGENT OTHERWISE PRE
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone gr	APPROVE IF EMERGENT OTHERWISE PRE
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone gr	APPROVE IF EMERGENT OTHERWISE PRE
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (inclu	PRE
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephal	PRE
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	PRE
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	PRE
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	PRE
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign	PRE
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign	PRE
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign	PRE
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	PRE
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	PRE
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	PRE
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	PRE
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	PRE
21198	Osteotomy, mandible, segmental;	PRE
21199	Osteotomy, mandible, segmental; with genioglossus advancement	PRE
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	PRE
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	PRE
21209	Osteoplasty, facial bones; reduction	PRE
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	PRE
21215	Graft, bone; mandible (includes obtaining graft)	PRE
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	PRE
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	PRE
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	PRE
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	PRE
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	PRE
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	PRE
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	PRE
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	PRE
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-	PRE

Potentially Cosmetic Procedures

Code(s)	Descriptions	Cover (CV) or Cosmetic (CS) or preauth (PRE)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	PRE
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	PRE
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	PRE
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	PRE
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	PRE
21270	Malar augmentation, prosthetic material	PRE
21275	Secondary revision of orbitocraniofacial reconstruction	PRE
21280	Medial canthopexy (separate procedure)	PRE
21282	Lateral canthopexy	PRE
21295	Reduction of masseter muscle and bone (e.g. for treatment of benign masseteric hypertrophy); extraoral approach	PRE
21296	Reduction of masseter muscle and bone (e.g. for treatment of benign masseteric hypertrophy); intraoral approach	PRE
21299	Unlisted craniofacial and maxillofacial procedure	PRE
21497	Interdental wiring, for condition other than fracture	PRE
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	PRE
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of	PRE
30420	Rhinoplasty, primary; including major septal repair	PRE
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	PRE
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	PRE
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	PRE
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip o	CV
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip,	CV
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	PRE
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	PRE
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	PRE
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	PRE
36470	Injection of sclerosing solution; single vein	PRE
36471	Injection of sclerosing solution; multiple veins, same leg	PRE
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	CV
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure	CV
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	CV
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	CV
40740	Rep Lip Cleft Secondary Bil	CV
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and	CV
40806	Incision of labial frenum (frenotomy)	PRE
41010	Incision of lingual frenum (frenotomy)	PRE
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	PRE
42200	Palatoplasty for cleft palate, soft and/or hard palate only	CV
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	CV
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining gra	CV
42215	Palatoplasty for cleft palate; major revision	CV
42220	Palatoplasty for cleft palate; secondary lengthening procedure	CV
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	CV
66225	Repair of scleral staphyloma; with graft	CV
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	PRE
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	PRE
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	PRE
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	PRE
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	PRE

Potentially Cosmetic Procedures

Code(s)	Descriptions	Cover (CV) or Cosmetic (CS) or preauth (PRE)
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	PRE
67907	Rep Blepharoptosis+rectus Transplan	PRE
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	PRE
67909	Reduction of overcorrection of ptosis	PRE
67911	Correction of lid retraction	PRE
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	CV
67916	Repair of ectropion; excision tarsal wedge	PRE
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	PRE
67923	Repair of entropion; excision tarsal wedge	CV
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	CV
67950	Canthoplasty (reconstruction of canthus)	PRE
69090	Ear piercing	CS
69300	Otoplasty, protruding ear, with or without size reduction	PRE
D2610	Inlay-Porcelain/Ceramic-One Surface	PRE WITH EOC
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	PRE WITH EOC
D2630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	PRE WITH EOC
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	PRE WITH EOC
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	PRE WITH EOC
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	PRE WITH EOC
D2740	Crown-Porcelain/Ceramic Substrate	PRE WITH EOC
D2750	Crown-Porcelain Fused To High Noble Metal	PRE WITH EOC
D2751	Crown-Procelain Fused To Predominantly Base Metal	PRE WITH EOC
D2752	Crown-Porcelain Fused To Noble Metal	PRE WITH EOC