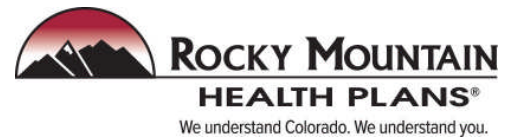


RMHP Preauthorization List
Effective April 1, 2010



- *This list applies to all services for which RMHP is the primary payer.
- * 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
 Care Core National: phone 800-792-8750 fax 800-540-2406 web www.carecorenational.com
 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
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
Autism Spectrum Disorder (ASD) Treatment (effective July 1, 2010)	Evaluation and Assessment; Behavioral Training and Management; Applied Behavioral Analysis; Habilitative Care (PT, OT, ST)	
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.	
Diagnostic Procedures Use this list when the procedure will be performed outside of Delta, Mesa, Montezuma, or Montrose county and within Colorado Submit request to Care Core National: Phone 800-792-8750 Fax 800-540-2406 Web www.carecorenational.com	CT Scans; CT Angiography; CT Colonography	70450-70498; 71250-71275; 72125-72133; 72191-72194; 73200-73206; 73700-73706; 74150-74175; 74261-74263; 75571-75574; 75635; 76380
	Magnetic Resonance Angiography (MRA)	70544-70549; 71555; 72159; 72198; 73225; 73725; 74185
	Magnetic Resonance Imaging (MRI)	70336; 70540-70543; 70551-70555; 71550-71552; 72141-72158; 72195-72197; 73218-73223; 73718-73723; 74181-74183; 75557-75563; 76390; 77058-77059; 77084
	3D rendering of CT Scan, MRI, US, or other tomographic modality	76376, 76377
	Nuclear Cardiology	78451-78454; 78466-78483; 78494-78496
	Nuclear Medicine	78000-78104; 78185; 78195; 78201-78264; 78278; 78290-78320; 78428-78445; 78456-78458; 78580-78607; 78610-78710; 78730-78807
	PET Scans	78459; 78491-78492; 78608-78609; 78811-78999
	Gastrointestinal endoscopic ultrasound	76975
	Investigational Procedures	S8080; S8085; S8092
	Unlisted Procedure Codes related to CT Scans, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, or PET scans	76497; 76498; 78099; 78199; 78299; 78399; 78499; 78599; 78699; 78799; 78999
Diagnostic Procedures Use this list when the procedure will be performed in Delta, Mesa, Montezuma, or Montrose county or outside of Colorado Submit fax request to RMHP	Electron Beam CT Scans, CT Coronary Angiography	S8085, S8092, 75571, 75572, 75573, 75574
	All PET scans	78459, 78491-78492, 78608-78609, 78811-78816, G0219, G0235, G0252
	CT Colonography	74261, 74262, 74263
	Functional MRI	70554, 70555
	SPECT scans of the brain	78607

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Category	Service	CPT — HCPCS Codes
DME, Orthotics, Prosthetics; Oxygen Equipment and Contents	Refer to DME preauthorization schedule	
ENT	Osseointegrated Hearing Device and Implantation or Replacement (Commercial and CHP+ Members age <18 years; RMHP Medicare Members)	69710-69718, L8690, L8691, L8692
	Cochlear device implant.	69930, L8614 - L8629
	Endoscopic sinus surgery	31254-31294
	Nonsurgical septal reduction	93799
	Rhinoplasty with/without septal repair - except for nasal deformity secondary to congenital cleft lip and/or palate	30400-30450; 30465
	Surgeries for snoring, obstructive sleep apnea syndrome, and upper airway resistance syndrome in adults: Partial Glossectomy or Hemiglossectomy (not with radical neck dissection) Uvulotomy Uvulopalatopharyngoplasty (UPPP) Laser-assisted Uvulopalatoplasty (LAUP) Submucosal Radiofrequency Uvulopalatoplasty (SRUP) Radiofrequency Assisted Uvulopalatoplasty (RAUP)	41120, 41530, 42140, 42145, 42160, S2080
Genetic Testing	BRCA testing	83890, 83891, 83892, 83893, 83894, 83896, 83898, 83902, 83903, 83904, 83905, 83906, 83912, S3818, S3819, S3820, S3822, S3823, S3828, S3829, S3830, S3831, S3833, S3834, S3890
	Gene expression profiling panel for use in the management of breast cancer treatment (e.g., Oncotype)	S3854, 84999
	Genetic testing for colon cancer	83890, 83891, 83892, 83893, 83894, 83896, 83898, 83902, 83903, 83904, 83905, 83906, 83912, S3828, S3829, S3830, S3831, S3833, S3834, S3890
General Surgery	Abdominoplasty, Lipectomy, Panniculectomy	15830-15839, 15847, 15876-15879
	Breast related procedures: Reconstruction, Reduction, Augmentation, Breast Implant or Removal, Removal or Replacement of tissue expander (No preauthorization required if Member has had a medically necessary mastectomy).	11970, 11971, 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, 43770-43775, 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
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
	Penile revascularization for impotence	37788

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Category	Service	CPT — HCPCS Codes
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
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).	
Hyperthermia Treatment	Hyperthermia used as an adjunct to radiation therapy or chemotherapy	77600-77620
Neurosurgery	Intraoperative Neurophysiologic Monitoring	92585, 95822, 95860, 95861, 95867, 95868, 95870, 95900, 95904, 95925 - 95937 billed with 95920 (professional and technical)
	Percutaneous Lumbar Discectomy	63020, 63030, 63035
	Spinal arthrodesis, lumbar and cervical, excludes codes 22800 - 22819 and related instrumentation for those codes	22533-22554, 22558-22585, 22590-22600, 22612-22632
	Total disc arthroplasty (artificial disc), including revision or removal	22856, 22857, 22861, 22862, 22864, 22865
	Deep Brain Stimulation	61850-61888; L8680-L8689
	Spinal Cord Stimulation	63655, 63685, 95970-95973 L8680-L8689
	Vagal Nerve Stimulation	61885, 64573
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	15820-15823, 67900-67911
Orthopedics	Autologous Chondrocyte Implant, including harvesting of chondrocytes	27412, J7330, S2112
	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, S2325
	Intraoperative Neurophysiologic Monitoring	92585, 95822, 95860, 95861, 95867, 95868, 95870, 95900, 95904, 95925 - 95937 billed with 95920 (professional and technical)
	Kyphoplasty; Vertebroplasty	22520-22525, S2360, S2361
	Percutaneous Lumbar Discectomy	63020, 63030, 63035
	Spinal arthrodesis, lumbar and cervical, excludes codes 22800 - 22819 and related instrumentation for those codes	22533-22554, 22558-22585, 22590-22600, 22612-22632
	Surgical treatment of femoral acetabular impingement	27299, 29999
	Xstop	0171T, 0172T
	Total disc arthroplasty (artificial disc), including revision or removal	22856, 22857, 22861, 22862, 22864, 22865

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Category	Service	CPT — HCPCS Codes
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, C1300
	Rehab Services: PT, OT, ST - Preauthorization required only for Medicaid members when exceeding 24 units of service per episode.	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: Refer to page 4 for examples of potentially cosmetic procedures.	Oculoplastic Surgery: Blepharoplasty/Eyebrow Ptosis Repair	15820-15823, 67900-67911
	Breast related procedures: Reconstruction, Reduction, Augmentation, Breast Implant or Removal, Removal or Replacement of tissue expander (No preauthorization required if Member has had a medically necessary mastectomy).	11970, 11971, 19300, 19316-19499
	Abdominoplasty, Lipectomy, Panniculectomy	15830-15839, 15847, 15876-15879
	Diastasis Recti Repair	15830 with 15847
	Laser treatment for inflammatory skin disease, except for dx of psoriasis (696.1)	96920, 96921, 96922
	Photodynamic Therapy, except for dx actinic keratosis (702.0)	96567, J7308
	Reconstructive repair of pectus excavatum or carinatum	21740-21743
	Rhinoplasty with/without septal repair - except for nasal deformity secondary to congenital cleft lip and/or palate	30400-30450; 30465
	Treatment of varicose veins , including but not limited to, radiofrequency ablation, sclerotherapy, stripping and ligation, endolaser therapy	36468-36479, 37700-37785
Potentially Experimental or Investigational Services, including All Unlisted Procedure Codes Refer to page 12 for examples of potentially experimental procedures.	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 related to CT Scans, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, or PET scans must be submitted to Care Core as directed under Diagnostic Testing.	76497; 76498; 78099; 78199; 78299; 78399; 78499; 78599; 78699; 78799; 78999
	Unlisted Procedure Codes - done alone or in conjunction with other procedures except as stated above	All codes ending with "99" or having a descriptor meaning "unlisted or unspecified procedure"
Category III Codes	All codes ending in "T" except 0017T, 0159T, and 0213T-0218T	
Transplant related services, including initial consult and evaluations	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.	

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Potentially Cosmetic Procedures

Code(s)	Descriptions	Preauthorization Requirement
00102	Anesthesia for procedures involving plastic repair of cleft lip	No preauthorization required
00103	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)	Preauthorization required
00120	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified	Preauthorization required
00402	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive pr	Preauthorization required
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	Cosmetic
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	No preauthorization required
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 - 4 lesions	No preauthorization required
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	No preauthorization required
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	No preauthorization required
+11201	11200 plus each additional 10 lesions	No preauthorization required
11400 - 11446	Excision benign lesions except skin tags, varying sizes and locations	No preauthorization required
11300 - 11313	Shaving of epidermal or dermal lesions - varying sizes and locations	No preauthorization required
11719	Trimming of nondystrophic nails, any number	No preauthorization required
11900	Injection, intralesional; up to and including 7 lesions	No preauthorization required
+11901	11900; more than 7 lesions	No preauthorization required
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Cosmetic except following a medically necessary mastectomy No preauthorization required
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Cosmetic except following a medically necessary mastectomy No preauthorization required
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen	Cosmetic except following a medically necessary mastectomy No preauthorization required
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Cosmetic
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Cosmetic
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Cosmetic
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Cosmetic
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Preauthorization required
11970	Replacement of tissue expander with permanent prosthesis	Preauthorization required
11971	Removal of tissue expander(s) without insertion of prosthesis	Preauthorization required
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Cosmetic
15776	Punch graft for hair transplant; more than 15 punch grafts	Cosmetic
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Cosmetic
15781	Dermabrasion; segmental, face	Cosmetic
15782	Dermabrasion; regional, other than face	Cosmetic
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)	Cosmetic
15786	Abrasion; single lesion (eg, keratosis, scar)	Preauthorization required
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	Preauthorization required
15788	Chemical peel, facial; epidermal	Cosmetic
15789	Chemical peel, facial; dermal	Cosmetic

Code(s)	Descriptions	Preauthorization Requirement
15790	Chemical Peel Total Face	Cosmetic
15791	Chemical Peel Reg Face Hnd Other	Cosmetic
15792	Chemical peel, nonfacial; epidermal	Cosmetic
15793	Chemical peel, nonfacial; dermal	Cosmetic
15810	Salabrasion 20 Sq Cmor Less	Cosmetic
15811	Salabrasion Over 20 Sq Cm	Cosmetic
15819	Cervicoplasty	Cosmetic
15820	Blepharoplasty, lower eyelid;	Preauthorization required
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Preauthorization required
15822	Blepharoplasty, upper eyelid;	Preauthorization required
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Preauthorization required
15824	Rhytidectomy; forehead	Cosmetic
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Cosmetic
15826	Rhytidectomy; glabellar frown lines	Cosmetic
15828	Rhytidectomy; cheek, chin, and neck	Cosmetic
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Cosmetic
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Preauthorization required
15831	Excision, excessive skin & subcutaneous tissue; abdomen	Cosmetic
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Cosmetic
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Cosmetic
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Cosmetic
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Cosmetic
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Cosmetic
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Cosmetic
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Cosmetic
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Cosmetic
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	Preauthorization required
15876	Suction assisted lipectomy; head and neck	Cosmetic
15877	Suction assisted lipectomy; trunk	Cosmetic
15878	Suction assisted lipectomy; upper extremity	Cosmetic
15879	Suction assisted lipectomy; lower extremity	Cosmetic
17106 - 17108	Destruction of cutaneous vascular proliferative lesions	Preauthorization required
17200	Electrodestruction Skin Tags (1-15)	No preauthorization required
17201	Electrosurg Dest Mult Tag Ea Add 10	No preauthorization required
17340	Cryotherapy (CO2 slush, liquid N2) for acne	Cosmetic
17360	Chemical exfoliation for acne (eg, acne paste, acid)	Cosmetic
17380	Electrolysis epilation, each 30 minutes	Cosmetic
19140	Mastectomy For Gynecomastia	Preauthorization required
19316	Mastopexy	Preauthorization required
19318	Reduction mammoplasty	Preauthorization required

Code(s)	Descriptions	Preauthorization Requirement
19324	Mammoplasty, augmentation; without prosthetic implant	Cosmetic except following a medically necessary mastectomy No preauthorization required
19325	Mammoplasty, augmentation; with prosthetic implant	Cosmetic except following a medically necessary mastectomy No preauthorization required
19328	Removal of intact mammary implant	Preauthorization required
19330	Removal of mammary implant material	Preauthorization required
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Cosmetic except following a medically necessary mastectomy No preauthorization required
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Cosmetic except following a medically necessary mastectomy No preauthorization required
19355	Correction of inverted nipples	Cosmetic except following a medically necessary mastectomy No preauthorization required
19370	Open periprosthetic capsulotomy, breast	Cosmetic except following a medically necessary mastectomy No preauthorization required
19371	Periprosthetic capsulectomy, breast	Cosmetic except following a medically necessary mastectomy No preauthorization required
19380	Revision of reconstructed breast	Cosmetic except following a medically necessary mastectomy No preauthorization required
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	Preauthorization required
21031	Excision of torus mandibularis	Preauthorization required
21076	Impression and custom preparation; surgical obturator prosthesis	Preauthorization required
21077	Impression and custom preparation; orbital prosthesis	Preauthorization required
21079	Impression and custom preparation; interim obturator prosthesis	Preauthorization required
21080	Impression and custom preparation; definitive obturator prosthesis	Preauthorization required
21081	Impression and custom preparation; mandibular resection prosthesis	Preauthorization required
21082	Impression and custom preparation; palatal augmentation prosthesis	Preauthorization required
21083	Impression and custom preparation; palatal lift prosthesis	Preauthorization required
21084	Impression and custom preparation; speech aid prosthesis	Preauthorization required
21085	Impression and custom preparation; oral surgical splint	Preauthorization required
21086	Impression and custom preparation; auricular prosthesis	Preauthorization required
21087	Impression and custom preparation; nasal prosthesis	Preauthorization required
21088	Impression and custom preparation; facial prosthesis	Preauthorization required
21089	Unlisted maxillofacial prosthetic procedure	Preauthorization required
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	Preauthorization required
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Cosmetic
21121	Genioplasty; sliding osteotomy, single piece	Cosmetic
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical ch	Cosmetic

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Potentially Cosmetic Procedures

Code(s)	Descriptions	Preauthorization Requirement
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Cosmetic
21125	Augmentation, mandibular body or angle; prosthetic material	Cosmetic
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Cosmetic
21137	Reduction forehead; contouring only	Cosmetic
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Cosmetic
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Cosmetic
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without	Preauthorization required except for emergent care
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	Preauthorization required except for emergent care
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft	Preauthorization required except for emergent care
21144	Recon Midface Lefort I Intrusion 1 Piece	Preauthorization required except for emergent care
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtai	Preauthorization required except for emergent care
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaini	Preauthorization required except for emergent care
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includ	Preauthorization required except for emergent care
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Preauthorization required
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Preauthorization required except for emergent care
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with	Preauthorization required except for emergent care
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with	Preauthorization required except for emergent care
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone gr	Preauthorization required except for emergent care
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone gr	Preauthorization required except for emergent care
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (inclu	Preauthorization required
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephal	Preauthorization required
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Preauthorization required
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Preauthorization required
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Preauthorization required
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign	Preauthorization required
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign	Preauthorization required

Code(s)	Descriptions	Preauthorization Requirement
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign	Preauthorization required
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Preauthorization required
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Preauthorization required
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Preauthorization required
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Preauthorization required
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Preauthorization required
21198	Osteotomy, mandible, segmental;	Preauthorization required
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Preauthorization required
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Preauthorization required
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Preauthorization required
21209	Osteoplasty, facial bones; reduction	Preauthorization required
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Preauthorization required
21215	Graft, bone; mandible (includes obtaining graft)	Preauthorization required
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Preauthorization required
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Preauthorization required
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Preauthorization required
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Preauthorization required
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Preauthorization required
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Preauthorization required
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Preauthorization required
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Preauthorization required
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-	Preauthorization required
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Preauthorization required
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Preauthorization required
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Preauthorization required
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Preauthorization required
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Preauthorization required
21270	Malar augmentation, prosthetic material	Preauthorization required
21275	Secondary revision of orbitocraniofacial reconstruction	Preauthorization required
21280	Medial canthopexy (separate procedure)	Preauthorization required
21282	Lateral canthopexy	Preauthorization required
21295	Reduction of masseter muscle and bone (e.g. for treatment of benign masseteric hypertrophy); extraoral approach	Preauthorization required
21296	Reduction of masseter muscle and bone (e.g. for treatment of benign masseteric hypertrophy); intraoral approach	Preauthorization required

Code(s)	Descriptions	Preauthorization Requirement
21299	Unlisted craniofacial and maxillofacial procedure	Preauthorization required
21497	Interdental wiring, for condition other than fracture	Preauthorization required
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Preauthorization required
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of	Preauthorization required
30420	Rhinoplasty, primary; including major septal repair	Preauthorization required
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Preauthorization required
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Preauthorization required
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Preauthorization required
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip o	No preauthorization required
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip,	No preauthorization required
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	Preauthorization required
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Preauthorization required
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Preauthorization required
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	Preauthorization required
36470	Injection of sclerosing solution; single vein	Preauthorization required
36471	Injection of sclerosing solution; multiple veins, same leg	Preauthorization required
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	No preauthorization required
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure	No preauthorization required
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	No preauthorization required
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	No preauthorization required
40740	Rep Lip Cleft Secondary Bil	No preauthorization required
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and	No preauthorization required
40806	Incision of labial frenum (frenotomy)	Preauthorization required
41010	Incision of lingual frenum (frenotomy)	No preauthorization required
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	No preauthorization required
42200	Palatoplasty for cleft palate, soft and/or hard palate only	No preauthorization required
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	No preauthorization required
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining gra	No preauthorization required
42215	Palatoplasty for cleft palate; major revision	No preauthorization required
42220	Palatoplasty for cleft palate; secondary lengthening procedure	No preauthorization required
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	No preauthorization required
66225	Repair of scleral staphyloma; with graft	No preauthorization required
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Preauthorization required
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Preauthorization required
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Preauthorization required
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Preauthorization required

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Potentially Cosmetic Procedures

Code(s)	Descriptions	Preauthorization Requirement
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Preauthorization required
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Preauthorization required
67907	Rep Blepharoptosis+rectus Transplan	Preauthorization required
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Preauthorization required
67909	Reduction of overcorrection of ptosis	Preauthorization required
67911	Correction of lid retraction	Preauthorization required
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	No preauthorization required
67916	Repair of ectropion; excision tarsal wedge	No preauthorization required
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	No preauthorization required
67923	Repair of entropion; excision tarsal wedge	No preauthorization required
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	No preauthorization required
67950	Canthoplasty (reconstruction of canthus)	No preauthorization required
69090	Ear piercing	Cosmetic
69300	Otoplasty, protruding ear, with or without size reduction	Preauthorization required
D2610	Inlay-Porcelain/Ceramic-One Surface	Preauthorization required when service is a benefit
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	Preauthorization required when service is a benefit
D2630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	Preauthorization required when service is a benefit
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	Preauthorization required when service is a benefit
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	Preauthorization required when service is a benefit
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	Preauthorization required when service is a benefit
D2740	Crown-Porcelain/Ceramic Substrate	Preauthorization required when service is a benefit
D2750	Crown-Porcelain Fused To High Noble Metal	Preauthorization required when service is a benefit
D2751	Crown-Procelain Fused To Predominantly Base Metal	Preauthorization required when service is a benefit
D2752	Crown-Porcelain Fused To Noble Metal	Preauthorization required when service is a benefit

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Procedure Name	Code(s)
Acoustic Pharyngometer (SNAP) testing	No specific code
Actigraphy testing, recording, analysis and interpretation (minimum of 72 hours to 14 consecutive days of recording)	95803
Adoptive Immunotherapy	S2107
Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report	0206T
Allergen specific IgG, quantitative or semi-quantitative	86001
Allergy immunotherapy; sublingual, oral	No specific code
Allergy testing: Allergen specific IgG, quantitative or semi-quantitative	86001
Allergy testing: Allergen specific IgG-4	86001
Allergy testing: Conjunctival Challenge Test (ophthalmic mucous membrane test)	95060
Allergy testing: Cytotoxic food testing	86807, 86808
Allergy testing: Dermatome (electro-acupuncture)	97813, 97814
Allergy testing: Direct nasal mucous membrane testing	95065
Allergy testing: Hair analysis for allergy	No specific code
Allergy testing: Leukocyte Histamine Release (LHRT)	86343
Allergy testing: Passive transfer or PK (Prausnitz-Kustner)	No specific code
Allergy testing: Provocative Food Test (neutralizing dose immunotherapy or NDI)	No specific code
Allergy testing: Rebeck Skin Window Test	No specific code
Allergy testing: Rinkle Method	No specific code
AlloDerm except when used with breast reconstruction following a medically necessary mastectomy	Q4116 except as described
Allograft, Cymetra, Injectable, 1cc	Q4112
Allograft, Graftjacket Express, Injectable, 1cc	Q4113
AlloMap™ test for detection of heart transplant rejection	0085T
Alpha-Stim Therapy (also known as cranial electrical stimulation)	E0745, E1399
Anecortave Acetate Depot Suspension (Retaane); posterior	0124T
Angelchik anti-reflux prosthesis	C9724
Anodyne infrared energy therapy system	A4639, E0221
Antiprothrombin (phospholipid cofactor) antibody, each 1g class	0030T
Anti-silicone antibody testing	No specific code
Apheresis (see Plasma Exchange)	36414-36416
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	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; exchange (ie, removal and replacement) of strut, each	20697
Aquapheresis (e.g. Aquadex FlexFlow) for congestive heart failure	No specific code (ICD 9 proc. code 99.78)
Arthroscopy with disposable arthroscope, office	No specific code
Artificial disc; Charite, Prestige, ProDisc-L and Prodisc-C, Bryan, Maverick, FlexiCore, Cervitech's PCM, and Cervicore	0092T, 0095T, 0096T, 0098T
Autologous Blood-Derived or Platelet-Derived Growth Factors for: Wound healing Epicondylitis (e.g. tennis elbow, elbow epicondylar tendinosis) Plantar fasciitis Dupuytren's contracture As an adjunct to spinal fusion	S9055
Autologous cell therapy with myocytes, hematopoietic stem cells	No specific code
Automated external defibrillator	E0617
Automated percutaneous lumbar discectomy (endoscopically-assisted)	63020, 63030, 63035
Automated point-of-care nerve conduction studies	95905; S3905
Avaulta Plus	No specific code
Aversion therapy for treatment of chemical dependency	No specific code
BioBrane Biosynthetic Dressing ; E-Z Derm, Other skin substitutes not otherwise specified	Q4100
Biochemical markers of Alzheimer's disease	S3852, S3855

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Biofeedback: Treatment of Headache, Fecal Incontinence, Chronic Pain, Hand Hemiplegia, Low Vision, Facial Palsy, Asthma, Pulmonary, Cardiovascular Conditions, Hypertension, Chronic Obstructive Pulmonary Disease (COPD), Insomnia, Raynaud's Disease, or other miscellaneous conditions	90901, 90911, E0746, 90875, 90876 except when billed with ICD-9 codes 788.30 – 788.39
Biological Terrain Assessments (also known as quantitative fluid analyzer, or QFA)	No specific code
BioniCare BIO-1000	E0762
Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	55706
Brachytherapy of the femoral popliteal arterial system	No specific code
Brachytherapy to reduce risk of a de novo restenosis in conjunction with a PTCA, with or without stent placement	No specific code
Breast duct endoscopy	No specific code
Breath condensate test for asthma and other respiratory disorders	95012
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	31627 – Experimental for Commercial Plans
Cautery-Assisted Palatal Stiffening (CAPSO)	No specific code
CellSearch™	Unlisted or S3711
Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	86352
Cellular Therapy	No specific code
Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral volume, and mean transit time	0042T
Cerebral Stimulation/Pacemaker	61850-61888 L8680-L8689
Cervicography	No specific code
Chemical Endarterectomy	M0300
Chronic Intermittent Intravenous Insulin Therapy (CIIT)	G9147
Circulating Tumor Cell (CTC) detection	Unlisted or S3711
Clinical Ecology	No specific code
Cobalamin (Vitamin B12) marker: serum holo-transcobalamin	0103T
Cognitive Evoked Potential Testing (e.g., P300 test)	No specific code
Collagen Cross Links as Markers of Bone Turnover	82523
Collamend	No specific code
Coma Stimulation	S9056
Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) copensator convergent beam modulated fields, per treatment session	0073T
Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	0212T
Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	0174T
Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	0175T
Computer-assisted surgical navigational procedure for musculoskeletal procedures	0054T, 0055T, 20985
Conchal cartilage graft for TMJ	No specific code
Continuous Passive Motion (CPM) devices for joints other than knee; for prevention of thromboembolism; for temporomandibular joint	E0936
Cooling vests for multiple sclerosis	E0218, E0236 ICD-9 340
Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	0181T
CPM Machine for joints other than Knee	E0936
Cryosurgical ablation of tumors other than liver, kidney (50520, 50593) or prostate	19105 or code for an unlisted procedure
CT scan screening for lung cancer	No specific code
Cuffpatch	No specific code
Current Perception Threshold Testing/Sensory Nerve Conduction	G0255
Cytoreduction, hyperthermic intraperitoneal chemotherapy for the treatment of carcinomatosis of gastrointestinal origin	96445 and 77605 billed with ICD-9 197.6

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Deep Brain Stimulation for chronic pain, cluster headaches (346.2), or obesity	64553, 64573, L8680-L8689
Dermatrix	A6025
Destruction of localized lesion of choroid (eg, choroidal neovascularization), transpupillary thermotherapy	0016T
Discectomy with anular repair	No specific code
Duct lavage of mammary ducts; Cytoc and HALO NAF collection systems	19499
Ductoscopy	19499
Dynamic Cardiomyoplasty	33548
Dynamic Spinal Visualization	76120, 76125
Electrical Stimulation for wound care	G0281, G0282
Electrical Stimulation of non-healing wounds (for home use)	E0761
Electrical Stimulation to treat fecal incontinence	E0740, E0746, G0283
Electrical Stimulation to treat obesity	0155T-0158T
Electrical Stimulation to treat pain (microcurrent stimulation, H-wave, functional stimulation, EMG-triggered stimulation, sympathetic stimulation, Interferential Stimulation, and galvanic stimulation, for home use)	E0745, E1399
Electrical Stimulation to treat ulcers/wounds (for home use)	E0761
Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	0178T
Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report	0179T
Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only	0180T
Electrogastrography	91132-91133
Electromagnetic Stimulation to treat chronic wounds/ulcers	G0329
Electromagnetic Stimulation to treat chronic wounds/ulcers (for home use)	E0761, E0769
Electromagnetic Stimulation to treat urinary incontinence	G0295
Electrothermal coagulation of knee, wrist, ankle and elbow joints	No specific code
Embolization, ovarian and internal iliac vein for pelvic congestion syndrome	No specific code
EndoCinch device	C9724
Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels	0080T
Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral branches (superior mesenteric, celiac and/or renal artery(s))	0078T
Enteryx™ device	C9724
Enzyme-potentiated desensitization	No specific code
Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	0207T
Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS)	0184T
Exhaled breath condensate pH	0140T
Extracorporeal immunoabsorption using protein A columns for: Cancer treatment; Autoimmune diseases other than rheumatoid arthritis; Renal transplant recipients	36515
Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy	0019T
Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	0102T
Extracorporeal Shockwave Therapy for Plantar Fasciitis	28890
FDG-SPECT for all indications except to evaluate myocardial viability in patients with known coronary artery disease	S8085
Fecal (stool) analysis for diagnosis of intestinal dysbiosis	No specific code
Fecal DNA analysis for colorectal cancer screening	S3890
Fetal mesencephalic transplantation for treatment of Parkinson's Disease	No specific code
Fetal surgery for repair of congenital diaphragmatic hernia, myelomeningocele, aqueductal stenosis, heart block, pulmonary valve or aortic obstruction, tracheal atresia or stenosis, and cleft lip and palate	59897 S2400, S2404, S2409
Fiberoptic analysis of colorectal polyps (SpectraScience™ Optical Biopsy™ System)	No specific code
FIBROSpect II®, HCV FIBROSURE™	83520 or 83883 with 070.0 - 070.9 or 571.0 - 571.9
Fully implantable insulin pump. Note: This does not include FDA approved externally worn insulin pumps which are considered medically necessary.	A4220, C1772, C1891, C2626 E0782 - E0783 Any of these codes with diagnoses 250.00 - 250.93, V45.85, V58.67

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Functional Intracellular Analysis (FIA™) by SpectraCell Labs	No specific code
Functional Neuromuscular Stimulation Devices for Ambulation	E0764
Functional Neuromuscular Stimulation Devices for Home Use	E0745, E1399
Gait analysis for conditions other than cerebral palsy	96000-96004 except when billed with ICD-9 codes 343.0 - 343.9
Galvanic stimulation devices for home use	E0745
GammaGraft, per sq cm	Q4111
Gastric electrical stimulation/gastric pacemaker for treatment of obesity	0155T-0158T
Gene Therapy	No specific codes
Genetic testing for Congenital Long QT Syndrome	S3860; S3862
Genetic testing for Familial Alzheimer's disease	S3852
Genetic testing for Malignant melanoma	Genetic testing codes (83891, 83896, 83898, 83902, 83912, or 83913) billed with ICD-9 codes 172.0 - 172.9
GlucoWatch Biographer interstitial glucose monitor	S1030
GRAFTJACKET express, injectable, 1cc	Q4107
Heartsbreath test for detection of heart transplant rejection	0085T
High dose rate electronic brachytherapy, per fraction	0182T
Holo-transcobalamin (serum) as a marker of Vitamin B12 status	0103T
Home monitoring of hemoglobin (e.g., HemoCue B-Hemoglobin Photometer)	No specific code
Home spirometry	94014-94016, S8190
Home Uterine Activity Monitoring (HUAM)	99500, S9001
Human epididymis protein 4 (HE4)	86305
H-wave electrical stimulation device for home use	E0745
Hyaluronan binding assay (HBA) to determine sperm maturity and function	89398
Idiopathic environmental intolerance	No specific code
Immunologic treatment for miscarriage: Paternal and fetal antigen immunotherapy for recurrent fetal loss, if identified	No specific code
Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	0051T
Implantation of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation	0048T
Implantation of intrastromal corneal ring segments	0099T
Indirect, non-invasive measurement of left ventricular filling pressure (e.g., VeriCor device) in the outpatient setting	93799
Inert gas rebreathing as a measurement of cardiac output (e.g., Innocur)	0104T, 0105T
Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach	0191T
Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach	0192T
Insulin potentiation therapy	No specific code
Integra bilayer matrix wound dressing (BMWWD), per sq cm	Q4104
Integra Flowable Wound Matrix, Injectable, 1Cc	Q4114
Integra matrix, per sq cm	Q4108
Intensive Wean Therapy for Children with Feeding Disorders	No specific code
Intracranial angioplasty/stenting (NeuroLink System, Wingspan™ Stent System)	61630, 61635
Intradiscal electrothermal therapy (IDET)	22526, 22527
Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	0197T
Intraluminal gastric bubble (e.g., Garren-Edwards, etc.)	Configured as bariatric procedure codes
Intrapulmonary percussive ventilators (e.g., Percussionaire device)	E0481
Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for	0205T

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In-vitro chemotherapy assays, also known as : ATP Assay Cancer Chemosensitivity Assay Chemosensitivity Assay Testing Clonogenic Assay Clonogenic Chemosensitivity Cytoprint Assay DiSC MTT Assay Nonclonogenic Cytotoxic Drug Resistance Assay (EDR) Thymidine Incorporated Assay Tumor Stem Cell Assay	No specific codes
IPPB machine for home use	E0500
IV lidocaine for tinnitus aurium	No specific code
Keratoprosthesis for refractive error	65770, C1818
Laparoscopic bipolar coagulation to treat uterine fibroids	No specific code
Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein	0143T
Laser Acupuncture	S8948
Laser Discectomy; lumbar and cervical discs	62287
Laser treatment of acne	No specific code
Liquid crystal thermography	93740
Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	0183T
Low level laser therapy for treatment of pain syndromes (e.g., carpal tunnel)	S8948
Lumbar dynamic stabilization: Bronsard's ligament DSS (Dynamic Soft Stabilization) system Dynesys Graf ligament, FASS (Fulcrum Assisted Soft Stabilization), Loop system	0171T, 0172T
Lysis of epidural adhesions	64999, 62263, 62264
Magnetic bio-stimulation therapy	No specific code
Magnetic Resonance Spectroscopy	76390
Magnetic Source Imaging (MSI) somatosensory testing	S8035
Magnetic Source Imaging, Positional	No specific code
Magnetic stimulation for treatment of urinary incontinence (e.g., ExMI chair)	G0295
Magnetoencephalography (MEG)/Magnetic Source Imaging (MSI)	95965-95967
MammaPrint	S3854, 84999
Maxwell-Brancheau Arthroereisis (MBA) Implant	S2117
Measurement of Long-chain Omega-3 Fatty Acids in Red Blood Cell	0111T, 82726
Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	94013
Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	0198T
Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	94011
Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	94012
Mechanical Embolectomy (e.g., Merci Retriever)	37184-37185
Medi-Dx 7000	0106T-0110T, G0255
Mediskin	No specific code
MedX Lumbar and Cervical Extension Machine	No specific code
Metatarsal to TMJ transplant	20957 or 20972 with ICD-9 524.6 - 524.69
Microcurrent stimulation for home use	E0745, E1399
Micropressure therapy for Meniere's disease (Meniett device)	A4638, E2120
Microwave thermotherapy for breast cancer (Microfocus™ APA1000, Celsion)	No specific code
Monitoring of intraocular pressure during vitrectomy surgery	0173T
Monochromatic infrared energy (MIRE) therapy	E0221, A4639
Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	95905

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Multiple chemical sensitivity (MCS)	No specific code
Multivariate analysis of patient-specific findings with quantifiable computer probability assessment, including report	0185T
NC-STAT	No specific code
NeruoMatrix Collagen Nerve Cuff	C9355
Neurofeedback	90875, 90876
Neuromuscular stimulators for home use	E0744-E0746
Nitric oxide measurements for asthma and other respiratory conditions (e.g., NIOX, nitric oxide monitoring system)	94799, 83987
Non-contact wound warming cover/devices or Noncontact Normothermic Wound Therapy (NNWT)	A6000, E0231, E0232
Noninvasive physiologic study implant wireless pressure sensor in aneurysmal sac follow endovascular repair, complete study	93982
Oasis burn matrix, per sq cm	Q4103
Oasis wound matrix, per sq cm	Q4102
Ocular photoscreening (e.g., PhotoScreener)	99174
Omniscardiogram/Cardiointegram	S9025
Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	83951
Open osteochondral autograft, talus (includes obtaining graft[s])	28446
Opioid detoxification under sedation/general anesthesia	01999
OrthAD Collamend APT	No specific code
Orthoptics (eye exercises) for learning disabilities and traumatic brain injury	92065
Orthotrac pneumatic compression spinal traction devices	E0830
Osteopathic cranial manipulation	No specific code
OvaCheck	No specific code
Palatal stiffening procedures with palatal implants	C9727
Pancreatic islet cell transplantation through portal vein, open	0142T
Pancreatic islet cell transplantation through portal vein, percutaneous	0141T
Paraspinal surface electromyography	S3900
Parastep Ambulation System	E0764
Partial glossectomy for sleep apnea	41120
Partial left ventriculectomy (e.g., Batista procedure)	33542
Paternal and fetal antigen immunotherapy for recurrent fetal loss	No specific code
PCA3 (also known as DDE) for screening, detection and/or management of prostate cancer	Genetic testing codes (83891, 83896, 83898, 83902, 83912, or 83913) billed with ICD-9 codes 185, 222.2, 233.4, 236.5, 600.00 - 600.01, 600.10 - 600.11, 600.20 - 600.21, 600.90 - 600.92, 790.93, V10.46, V16.42, V76.44, V84.03
Pelvic Floor Stimulation as a Treatment of Urinary Incontinence	E0740
Pelvicol	No specific code
Penial vein embolization	37790
Pentothal interviews	No specific code
Percussionaire device	E0481
Percutaneous Discectomy	62287
Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)	62287, 22899
Percutaneous sacral augmentation (sacroplasty), bilateral injection(s), including the use of a balloon or mechanical device, when used, 2 or more needles	0201T
Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	0200T
Permacol	C9364

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PET Scan for the following conditions: Autoimmune, viral and pyogenic disorders Cerebrovascular disease Degenerative and demyelinating diseases Dementias, including Alzheimer's disease Developmental, inherited, or congenital disorders Giant cell arteritis Migraine Miscellaneous conditions; cerebral blood flow in newborns; trauma; chronic vegetative state Musculoskeletal conditions except chronic osteomyelitis Nutritional or metabolic disorders Psychiatric and substance abuse conditions Pulmonary conditions	78608, 78609, G0235
pH; exhaled breath condensate	83987
Photodynamic therapy for the treatment of the following skin lesions (e.g., Levuln Kerastick and Metvix CureLight): Basal Cell Carcinoma Bowen's Disease Acne Vulgaris Hidradenitis suppurativa Mycoses Warts	96567 J7308
Photopheresis for the treatment of: Solid organ transplant rejection Acute graft-versus-host-disease (GVHD) Autoimmune diseases	36522
Physical performance test or measurement	97750
Physiologic recording of tremor using accelerometer(s) and/or gyroscope(s) (including frequency and amplitude), including interpretation and report	0199T
Pillar™ Palatal Implant System	C9727
Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	0219T
Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	0220T
Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	0221T
Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	0222T
Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	0190T
Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch	0079T
Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation	0081T

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Plasma Exchange (Plasmapheresis) Acute pancreatitis related to hyperlipidemia (577) Amyotrophic lateral sclerosis (ALS/Lou Gehrig's disease) (335.2) Asthma (493) Chronic fatigue syndrome (780.71) Crohn's disease (regional enteritis) (555) Guillain-Barre` syndrome grades 1-2 (357) Inclusion body myositis (710.4) Multiple sclerosis in the absence of acute fulminant onset (340) Paraneoplastic syndrome including Lambert-Eaton myasthenic syndrome (358.1) Paraproteinemic polyneuropathy, including monoclonal gammanopathy of undetermined significance (MGUS) (356.4, 273.1) Pemphigus (694.4) Polymyositis and dermatomyositis (710.3, 710.4) Rheumatoid arthritis (714) Scleroderma (systemic sclerosis) (710.1) Stiff man syndrome (333.91) Systemic lupus erythematosus (710)	36514, 36515, or 36516 with any of the diagnoses codes listed
Pneumatic compression; programmable devices (Pneumatic Compressions Device and Lymphedema Pumps)	E0652
Portable/Topical hyperbaric oxygen chamber	A4575
Posterior juxtasclear placement of Anecortave Acetate Depot Suspension (Retaane® for treatment of macular degeneration	0124T
Posterior vertebral joint(s) arthroplasty (eg, facet joint(s) replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	0202T
PreGen Stool DNA test for colorectal cancer screening	S3890
Pressure-Specific Sensory Testing	0106T-0110T, G0255
PriMatrix, per sq cm	Q4110
Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	68816
Procalcitonin (PCT)	84145
Procuren (platelet-derived growth factor) or other growth factor preparation to promote wound healing	S9055
Prolotherapy	M0076
Proton beam therapy for all breast cancer, lung cancer, uterine cancer, hepatocellular carcinoma, bladder cancer	77520-77525
Pulsatile IV Insulin Therapy (PIVIT)	G9147
Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	0209T
Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	0208T
Quantitative Sensory Testing (QST) (including but not limited to reflex symptomatic dystrophy, diabetic neuropathy)	0106T-0110T G0255
Radiant heat bandage, noncontact	E0231, E0232
Radioembolization with Yttrium-90 Microspheres (e.g. SIR-spheres, TheraSpheres) except for unresectable primary hepatocellular carcinoma (HCC) or unresectable metastatic liver tumors	S2095; C2616
Radiofrequency ablation of the following tumors: Adrenal cancer Breast cancer Breast fibroadenoma Head and neck cancer Lymphoma Ovarian Cancer Pelvic/abdominal metastatic cancer of unspecified origin Tumors of the lung	Code for unlisted procedure or 32998
Radiofrequency ablation of veins other than saphenous veins (i.e., varicose tributaries and perforator veins)	36475, 36476
Radiofrequency Discectomy, lumbar, thoracic and cervical	S2348, 62287, 62292
Radiofrequency microablation or lesioning for plantar fasciitis	No specific code
Radiofrequency transvaginal and transurethral radiofrequency for treatment of urinary incontinence	No specific code
Radiofrequency treatment of fecal incontinence	No specific code
Radiofrequency volumetric tissue reduction of the palate or tongue base for sleep apnea (e.g., Somnoplasty)	41530

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Rapid Anesthesia Assisted Detoxification (RAAD)	01999
Regional cerebral blood flow monitoring using implanted thermal perfusion probe	61107, 61210
Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes	0188T
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)	0189T
Removal of a ventricular assist device, extracorporeal, percutaneous transeptal access, single or dual cannulation	0050T
Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace	0164T
Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	46707
Repair of anorectal fistula with plug [e.g., porcine small intestine submucosa (SIS)]	46707
Replacement or repair of implantable component or components of total replacement heart system (artificial heart), exclu	0053T
Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	0052T
Repose Tongue Suspension System	41512
Retaane® (Anecortave Acetate Depot Suspension); posterior justascleral placement via conjunctival incision for treatment of macular degeneration	0124T
Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	0165T
Rhinomanometry	92512
Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral	0168T
Sacral Nerve Modulation/Stimulation for: Constipation (564) Chronic pelvic pain (625.9) Fecal incontinence (787.6) Urge incontinence due to diabetic peripheral neuropathy Urge incontinence due to multiple sclerosis (788.3 and 340) Incontinence due to spinal cord injury (788.3 with 344.0 or 344.1) When criteria are met and preauthorized, may be allowed for stress or urinary incontinence (625,6, 788.3)	64561, 64581, 64590, 64595
SafeBlood™	S9055
Saliva tests: Hormone levels for menopause and aging (e.g., cortisol, DHEA, estradiol, estrone, progesterone, testosterone)	S3650 82626, 82627 require clinical review
Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report	0187T
Scintimammography	S8080
Sclerotherapy of the greater saphenous and perforator veins	36470
Screening for Vertebral Fracture with Dual X-ray Absorptiometry (DEXA) (Instant Vertebral Assessment, Dual Energy Vertebral Assessment)	77082
Sensory Integration Therapy	97533
Serum Holo-Transcobalamin as a Marker of Vitamin B12 (i.e., Cobalamin) Status	0103T
Sick Building Syndrome	No specific code
Signal Averaged ECG	93278
Signal Averaged ECG (SAECG)	93278
Silver-coated wound dressings	A6196, A6197, A6198, A6199, A6206, A6207, A6210
Single Photon Emission Computed Tomography (SPECT) for the diagnosis of ADD/ADHD, Dementias and other Psychiatric Conditions	78607
Single Photon Emission Computed Tomography (SPECT) for the Diagnosis of ADD/ADHD, Dementias, and other	78607
Sinuplasty, balloon dilatation of the paranasal sinuses (i.e., Relieva balloon dilatation device)	S2344
Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone) and sleep time	0203T
Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	0204T
SpectraCell Labs Functional Intracellular Analysis (FIA™) test	No specific code
Speculoscopy; PapSure Test	58999
Speech audiometry threshold, automated (includes use of computer-assisted device)	0210T

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Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	0211T
Sperm evaluation: Hamster penetration test Hyaluronan binding test Sperm chromatin structure assay (SCSA®) Sperm DNA fragmentation/integrity assays (SDFATM)	89329 89398
Spinal cord stimulation for: Central deafferentation pain from CNS damage due to stroke, spinal cord injury Cluster headaches Nociceptive pain (resulting from irritation, not damage to the nerves) Visceral pain	63655, 63685 95970-95973 L8680-L8689
Spinal manipulation under anesthesia	22505
Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized	0169T
Strattice	No specific code
Stretta procedure	0010T
Subconjunctival retinal prosthesis	0100T
Subtalar Arthroereisis	S2117
Suprachoroidal delivery of pharmacologic agent	0186T
Sural nerve graft with radical prostatectomy	No specific code
SurgiMend Collagen Matrix	C9358
Surgisis	C1781
Sympathetic stimulation devices for home use	No specific code
Telethermography	93740
Temporary prostatic stent (e.g., Spanner stent)	53855
TenoGlide Tendon Protector Sheet	C9356
Thermal capsulorrhaphy for all joints: Arthrocare Electrothermal coagulation of all joints except the shoulder ORA Tec	S2300
Thermography; liquid crystal, electronic, all aspects of use	93740
Thoracoscopic laser ablation for treatment of emphysema	No specific code
Three-dimensional (3-D) ultrasound for routine obstetrics	No specific code
Threshold electrical stimulation	E0745
Threshold Electrical Stimulation as a Treatment of Motor Disorders	E0745
Thromboxane metabolite(s), including thromboxane if performed, urine	84431
TissueMend, per sq cm	Q4109
Tongue reduction surgery (radiofrequency base of tongue surgery) for treatment of sleep apnea	41530
Total Ankle Replacement with implant	27702
Total ankle replacement, i.e., Agility, Buechel-Pappas ankles, Eclipse, STAR, TNK and Topez)	27702
Total Body Integumentary Photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	96904
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other	0163T
Total disc arthroplasty (e.g., ProDisc, Bryan Cervical disc, FlexiCore Charite, Maverick, Charite)	22856, 22857, 22864, 22865 0092T-0098T
Transcath place wireless physio sensor aneurysmal sac endovascu repair, rad sup&interpret, calibrat&collect data	34806
Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervi	0075T
Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervi	0076T
Transcilliary fistulization (transcilliary filtration or Singh filtration) for glaucoma	0123T
Transcranial magnetic stimulation for depression/other neurologic disorders	0160T, 0161T
Transcutaneous electrical joint stimulation device system, includes all accessories	E0762
Transesophageal endoscopic therapies for gastroesophageal reflux disease (Stretta procedure, Enteryx™ device, Gatekeeper device and EndoCinch device)	43201, 43257

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Transfer, free toe joint, with microvascular anastomosis for TMJ disorder	20957, 20972, 20973 or 26556 with ICD 524.6-524.69
Transluminal dilation of aqueous outflow canal; with retention of device or stent	0177T
Transluminal dilation of aqueous outflow canal; without retention of device or stent	0176T
Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulm bypass	0166T
Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass	0167T
Trans-sacral approach for anterior lumbar interbody fusion	0195T, 0196T
Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	0193T
Treatment for tendonopathies: Autologous blood injection Platelet-rich plasma injection Bone marrow plasma injection Prolotherapy (proliferant or proliferation therapy) Sarapin	P9020 S9055 M0076
Trigger point injections of saline, magnesium sulfate or glucose	20552 or 20553 with A4216 or J3475
Ultrasound ablation of uterine fibroids (ExAblate™ 2000 and Other Tumors	0071T, 0072T
Ultrasound Accelerated Fracture Healing (e.g., Sonic Accelerated Fracture Healing System (SAFHS® Exogen, Inc.) Chronic epidcondylitis Closed fresh fractures with open reduction Open fracture Prosthesis loosening following hip arthroplasty	20979 E0760
Ultrasound for evaluation of paranasal sinuses	S9024
Ultrasound of the carotid and/or femoral artery(s) to assess risk for coronary artery disease	0126T
Unite	No specific code
uPM3 for screening, detection and/or management of prostate cancer	Genetic testing codes (83891, 83896, 83898, 83902, 83912, or 83913) billed with ICD-9 codes 185, 222.2, 233.4, 236.5, 600.00 - 600.01, 600.10 - 600.11, 600.20 - 600.21, 600.90 - 600.92, 790.93, V10.46. V16.42, V76.44, V84.03
Vagus nerve stimulation: Anxiety disorders Alzheimer's disease Bulimia Chronic hiccups Depression Essential tremors Headache	64553, 64573
Validated, statistically reliable, randomized, controlled, single-patient clinical investigation of FDA approved chronic care drugs, provided by a pharmacist, interpretation and report to the prescribing health care professional	0130T
Ventricular remodeling or restoration (e.g., CorRestore Patch System, SAVER, and Dor procedure	33548
VeriCor device	93799
Veritas Tissue Matrix	C9354
Vertebral Axial Decompression (Vax-D®, DRX9000™, and TruTrac401 Traction)	S9090
Vestibular Autorotation Test (VAT)	No specific code
Virtual colonoscopy	74261-74263
Vision therapy for the treatment of learning disabilities and mild traumatic brain injury, including: Tinted or colored lens Training glasses Prism glasses	92065
Vitamin B12 marker: Serum Holo-Transcobalamin	0103T
Whole body DEXA for body composition studies	76499