

RMHP Prior Authorization List
Effective October 1, 2015 rev 7/18/2016



- *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:

RMHP providers submit requests and supporting documentation to RMHP: web [access/RMHP Provider Portal](#)
 Non-participating providers may fax requests and documentation to 800-262-2567 or 970-255-5681
 Care Core National, d/b/a eviCore healthcare: web www.carecorenational.com phone 800-792-8750

NOTIFICATION by the ADMITTING FACILITY 800-416-2157, option 4 or 970-248-5197
Call On Admission – Acute Inpatient Call PRIOR TO TRANSFER from one Acute Care Hospital to another Acute Care Hospital – CM NURSE REVIEW REQUIRED Call PRIOR TO ADMISSION for Long Term Acute Care (LTAC); Rehabilitation; Skilled Nursing Facility – CM NURSE REVIEW REQUIRED Call PRIOR TO ADMISSION for Inpatient Pediatric Feeding Program – PRIOR AUTHORIZATION REQUIRED
NOTIFICATION by the ADMITTING FACILITY – BEHAVIORAL HEALTH 855-886-2832
Call On Admission – Acute Inpatient Psych; Inpatient Detox; Observation; Residential Treatment; Structured Outpatient/Intensive Outpatient Program; Partial Hospitalization; Outpatient Detox
NOTIFICATION by the PROVIDER RENDERING OB SERVICES is requested for the following services
OB Care (pregnancies) fax 800-262-2567 or 970-255-5681
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 or HCPCS Code(s)
Ambulance/Air Transportation	Non-emergent transports/transfers	A0021-A0210, A0426, A0428, A0430 - A0431, A0499, A0435-A0436, A0999
Behavioral Health Services (Commercial, CHP+, Medicare) Submit request to Value Options: Web: ProviderConnect http://www.valueoptions.com/pc/provider/providerLogin.do Phone: 855-886-2832 Neuropsychological Testing for a medical evaluation: Submit request to RMHP	Applied Behavioral Analysis (ABA) for the treatment of Autism (Dx of F84.0, F84.5, F84.9)	0359T – 0374T S5108, S5110
	Electric Shock Therapy	Professional - 90870
	Psychological or Neuropsychological Testing Except for 96118, 96119, or 96120 when Dx is F06.8, F07.81, S06.0x0A-S06.0x9S	96101, 96102, 96103, 96111, 96116, 96118, 96119, 96120
	In Home OP services for Mental Health diagnosis (Dx F01-F99)	99341-99350, 99506, 99509, 99510, 99600, Rev code 0581
	Transcranial magnetic stimulation for depression/other neurologic disorders	90867, 90868, 90869
Cardiac Surgery/Cardiovascular	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage	0295T, 0296T, 0297T, 0298T
	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	36516
	Transcatheter Aortic Valve Replacement	33361-33369
	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach	33477
	Insertion, removal, repositioning of SQ implantable defibrillator Programming device evaluation and/or adjustment	33270, 33271, 33272, 33273 93260, 93261, 93644
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 EOC or contact Customer Service to determine if dental services are covered.	
Diagnostic Imaging Use this list when the procedure will be performed in Delta or Montrose county or outside of Colorado Submit request to RMHP	Electron Beam CT Scans, CT Coronary Angiography	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
	Investigational Procedures and Unlisted Codes	S8080-S8092; 76497; 76498; 78099; 78199; 78299; 78399; 78499; 78599; 78699; 78799; 78999

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Diagnostic Imaging Use this list when the procedure will be performed outside of Delta or Montrose county and within Colorado Submit request to Care Core National, d/b/a eviCore healthcare: Web www.carecorenational.com Phone 800-792-8750	CT Scans; CT Angiography; CT Colonography Low dose CT scan for lung cancer screening for smokers	70450-70498; 71250-71275; 72125-72133; 72191-72194; 73200-73206; 73700-73706; 74150-74178; 74261-74263; 75571-75574; 75635; 76380; G0297
	Magnetic Resonance Angiography (MRA)	70544-70549; 71555; 72159; 72198; 73225; 73725; 74185
	Magnetic Resonance Imaging (MRI) Magnetic Resonance Spectroscopy Magnetic Source Imaging (MSI) somatosensory testing	70336; 70540-70543; 70551-70555; 71550-71552; 72141-72158; 72195-72197; 73218-73223; 73718-73723; 74181-74183; 74712,74713; 75557-75563; 76390; 77058-77059; 77084; S8035
	3D rendering of CT Scan, MRI, US, or other tomographic modality	76376, 76377
	Nuclear Cardiology	78451-78454; 78466-78483; 78494-78496
	Nuclear Medicine	78012-78104; 78185; 78195; 78201-78266; 78278; 78290-78320; 78428-78445; 78456-78458; 78579-78607; 78610-78710; 78730-78807
	PET Scans	78459; 78491-78492; 78608-78609; 78811-78816, G0219, G0235, G0252
	Gastrointestinal endoscopic ultrasound Investigational Procedures and Unlisted Codes	76975 S8080-S8092; 76497; 76498; 78099; 78199; 78299; 78399; 78499; 78599; 78699; 78799; 78999
DME, Orthotics, Prosthetics; Oxygen Equipment and Contents	Refer to DME preauthorization schedule	
ENT	Osseointegrated Hearing Device and Implantation/Replacement (Commercial and CHP+ Members age <18 years; RMHP Medicare Members only. Medicaid – submit to HCPF)	69710-69718, L8690 – L8693
	Cochlear device implant. (Commercial, CHP+, and RMHP Medicare Members only. Medicaid – submit to HCPF)	69930, L8614 - L8629
	Rhinoplasty with/without septal repair - except for nasal deformity secondary to congenital cleft lip and/or palate	30400-30450; 30465
	Nasal/sinus endoscopy, with dilatation (balloon dilatation)	31295, 31296, 31297
	Uvulopalatopharyngoplasty (UPPP) Refer to Experimental Section for other surgeries and procedures for snoring, obstructive sleep apnea syndrome, and upper airway resistance syndrome in adults.	42145
Gastroenterology and 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
	Gastric electrical stimulation <ul style="list-style-type: none"> • Implantation, replacement, or removal of gastric neurostimulator electrodes, antrum; laparoscopic or open • Insertion, replacement, or removal of peripheral or gastric neurostimulator pulse generator or receiver • Electronic analysis of gastric neurostimulator pulse generator/transmitter system 	43647, 43648, 43881, 43882, 64590, 64595, 95980, 95981, 95982
	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, 15847, 15876-15879, 43644, 43645, 43770-43775, 43842-43848, 43886-43888, S2083

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	Treatment of varicose veins, including but not limited to, radiofrequency ablation, sclerotherapy, stripping and ligation, endolaser therapy	36468-36479, 37700-37785
Genetic Testing and Other Laboratory Tests Submit genetic testing requests to eviCore healthcare: Web www.carecorenational.com Phone 800-792-8750 Submit other laboratory testing requests to RMHP	Genetic testing procedure codes are listed starting on page 7.	
	Other Lab Tests Submit request to RMHP Apolipoprotein Lipoprotein(a) enzyme immunoassay (Lp[a]) See Experimental List for additional tests	82172 83695
Genitourinary	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	55706
	Insertion or replacement of penile prosthesis	54400 - 54405; 54408 - 54411; 54416, 54417
	Implant of neurostimulator electrodes; sacral nerve; Insertion, replacement, or revision of peripheral neurostimulator pulse generator or receiver	64561, 64581, 64585, 64590, 64595
	Penile revascularization for impotence	37788
	Percutaneous posterior tibial nerve stimulation	64566
Hearing Aids or Repairs Commercial and CHP+ Plans	Hearing Aids or Repairs of Hearing Aids for Children less than 18 years of age	V5014, V5030-V5080, V5100, V5120-V5150, V5170-V5190, V5210-V5230, V5242-V5261
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.	
Hyperthermia with Chemotherapy	Cytoreduction, hyperthermic intraperitoneal chemotherapy (HIPEC)	96446 and 77605 or 77620; unlisted code
Neurosurgery	Bone or Soft Tissue Healing and Fusion Enhancement Products, including but not limited to: <ul style="list-style-type: none"> • Bone Morphogenic Protein (e.g. BMP, rhBMP-2, BMP-7) • Bone Void Filler; Ceramic-Based products (e.g. b-TCP, Vitoss) • Cell-Based Products (e.g. mesenchymal stem cells, Osteocel, Trinity Evolution) • Demineralized Bone matrix (DBM) • OptiMesh • Xenografts 	20930, 20931, 22899 C9359, C9362 Q4100, Q4131, Q4149
	Laminectomy, lumbar and cervical	63001, 63005, 63011, 63012, 63015, 63017, 63045, 63047, 63180 to 63200, 63250, 63252, 63265, 63267, 63268, 63270, 63272, 63273, 63275, 63277, 63278, 63280, 63282, 63283, 63285
	Magnetoencephalography (MEG)/Magnetic Source Imaging (MSI)	95965-95967
	Percutaneous lumbar discectomy	62287, 63020, 63030, 63035
	Spinal arthrodesis, lumbar and cervical, excludes codes 22800 - 22819 and related instrumentation for those codes	22533-22554, 22558-22585, 22590-22600, 22612-22634
	Total disc arthroplasty (artificial disc) including revision, removal	22856, 22857, 22858, 22861, 22862, 22864, 22865, 0095T, 0098T, 0375T
	Spinal cord stimulation	63650, 63655, 63663, 63664, 63685, 63688 L8680-L8689
	Vagus nerve stimulation	61885, 64553, 64568-64570

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Nutritional Products/Services	Medical Foods/ Enteral Nutrition	B4149-B4162, S9340-S9343, S9433-S9435
	Home Total Parenteral Nutrition; Lipids	B4164-B4216, B5000-B5200, S9364-S9368
	Inpatient Pediatric Feeding Program	No specific code
Ophthalmology	Electro-oculography with interpretation and report	92270
	Implantation of intrastromal corneal ring segments Collagen cross-linking of cornea	65785; 0402T
	Insertion of anterior segment aqueous drainage device, without extraocular reservoir	0191T, 0376T; 66183
	Keratoprosthesis for refractive error	65770 C1818
	Oculoplastic Surgery: Blepharoplasty, Eyebrow Ptosis Repair	15820-15823, 67900-67911
	Transpupillary thermoplasty	67299
	Orthopedics	Arthroplasty, ankle; with implant (total ankle)
Arthroplasty, hip or hip resurfacing		27130, 27132, 27134, 27137, 27138 27299, S2118
Arthroplasty, knee		27445, 27446, 27447, 27486, 27487
Arthroplasty, shoulder		23472, 23473, 23474
Autologous Chondrocyte Implant, including harvesting of chondrocytes		27412, J7330, S2112
Arthroscopy, knee, surgical; meniscal transplantation, medial or lateral		29868
Bone or Soft Tissue Healing and Fusion Enhancement Products, including but not limited to: <ul style="list-style-type: none"> • Bone Morphogenic Protein (e.g. BMP, rhBMP-2, BMP-7) • Bone Void Filler; Ceramic-Based products (e.g. b-TCP, Vitoss) • Cell-Based Products (e.g. mesenchymal stem cells, OsteoCel, Trinity Evolution) • Demineralized Bone matrix (DBM) • OptiMesh • Xenografts 		20930, 20931, 22899 C9359, C9362 Q4100, Q4131, Q4149
Core hip decompression		27299, S2325
Insertion of posterior spinous process distraction device		0171T, 0172T
Laminectomy, lumbar and cervical		63001, 63005, 63011, 63012, 63015, 63017, 63045, 63047, 63180 to 63200, 63250, 63252, 63265, 63267, 63268, 63270, 63272, 63273, 63275, 63277, 63278, 63280, 63282, 63283, 63285
Low-intensity ultrasound stimulation to aid bone healing, non-invasive (nonoperative)		20979
Percutaneous Lumbar Discectomy		62267, 62287, 63020, 63030, 63035
Spinal arthrodesis, lumbar and cervical, excludes codes 22800 - 22819 and related instrumentation for those codes		22533-22554, 22558-22585, 22590-22600, 22612-22634
Total disc arthroplasty (artificial disc), including revision/removal		22856, 22857, 22858, 22861, 22862, 22864, 22865, 0095T, 0098T, 0375T
Viscosupplementation – Hyaluronic Acid intra-articular injection		J7321, J7323, J7324, J7325, J7326, J7328, Q9980

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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 Commercial and Medicaid HMO Members by non-participating providers and/or facilities require authorization by RMHP. Medicare Members always may access Original Medicare benefits without preauthorization and will be liable for deductibles, co-pay, and coinsurance.	
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	Bone Growth Stimulation for bone healing: Electrical or Low intensity US stimulation	20974, 20975, 20979
	Brachytherapy to reduce risk of a de novo restenosis in conjunction with a PTCA, with or without stent placement	No specific code
	Chelation Therapy for Non-Overload Conditions; Chemical Endarterectomy, except with diagnoses specific to heavy metal poisoning or toxicity: R78.71-R78.79; T454X1A-T454X4S; T56.xxxA-T57.xxxA	M0300, S9355 J0600, J0470, J0895, J3520
	Hyperbaric Oxygen Therapy, including topical O ² for wound care	99183, G0277
	Ocular photoscreening (e.g., PhotoScreener), except 12 months through 36 months of age	99174, 99177
	Outpatient Therapy: Medicaid only	
	<i>Habilitative Speech Therapy</i> – Preauthorization needed for adults age 21 or older	92507, 92508, 92520-92526, 92597, 92605-92614, 92626, 92627, 96105, 96111, 97532
	<i>Habilitative Physical and Occupational Therapy</i> – ALL habilitative PT/OT services require preauthorization	97001-97004, 97010-97039, 97110-97124, 97140-97546, 97750, 97799
	Habilitative services will help a person RETAIN, LEARN, OR IMPROVE SKILLS AND FUNCTIONS FOR DAILY LIVING.	
	Rehabilitation: Medicaid only Preauthorization needed for Members UNDER age 21 when exceeding 48 units of any combination of PT/OT per 12 month period – habilitative, rehabilitative, or combination. DO NOT SUBMIT REQUESTS FOR ADULTS 21 OR OVER. BENEFIT LIMITS APPLY.	97001-97004, 97010-97039, 97110-97124, 97140-97546, 97750, 97799
	Rehabilitative services will help RESTORE FUNCTIONAL ABILITY THAT HAS BEEN LOST due to injury or illness.	
	Sleep Studies: Home Sleep Studies, Polysomnography, Acoustic Pharyngometer (SNAP) testing	95782, 95783, 95800, 95801, 95806, 95807, 95808, 95810, 95811; G0398, G0399, G0400
Pain Management – Spinal Pain	Destruction by neurolytic agent, paravertebral facet joint nerve(s)	64633 – 64636, 64999
	Injection(s), paravertebral facet joint or nerves innervating joint	0213T – 0218T; 64461-64463; 64490 - 64495
Pharmacy	Refer to the RMHP Web site (www.rmhp.org) or call 800-641-8921 for the RMHP Pharmacy Help desk.	
Plastic, Reconstructive, and/or Cosmetic Procedures including but not limited to: Refer to page 13 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
	Laser treatment for inflammatory skin disease, except for diagnosis of psoriasis (L40.0-L40.9)	96920, 96921, 96922
	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

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<p>Potentially Experimental or Investigational Services, including All Unlisted Procedure Codes Refer to page 22 for examples of experimental procedures.</p>	<p>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.</p>	
	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 having a descriptor meaning "unlisted or unspecified procedure"
	Category III Codes	All codes ending in "T" except 0042T, 0052T, 0053T, 0159T, 0184T, 0249T
<p>Radiation Oncology</p>	<p>Proton Beam Therapy for uveal melanomas Stereotactic body radiation therapy Thoracic target(s) delineation for stereotactic body radiation therapy</p>	<p>32701, 77373, 77435, , 77520, 77522, 77523, 77525, G0339, G0340</p>
<p>Transplant related services</p>	<p>All transplant services, including artificial heart, beginning with initial physician consultation, transplant evaluation, including testing, and transplant procedures (except corneal transplants). This is for all Members, including PPO.</p>	
<p>Wound Care Clinic</p>	<p>Services provided in a Wound Care Clinic</p>	<p>97597-97610</p>
<p>Wound Care Products and Procedure</p>	<p>Bioengineered Skin Products, including but not limited to:</p> <ul style="list-style-type: none"> • Alloderm – Q4116 • Apligraf – Q4101 • Artiss • BioBrane Biosynthetic Dressing • Dermagraft – Q4106 • Epicel • GRAFTJACKET; GRAFTJACKET Regenerative Tissue Matrix – Q4107 • Integra Bilayer Matrix Wound Dressing – Q4104 • Integra Meshed Bilayer Wound Matrix • Integra Dermal Regeneration Template(collagen-glycosaminoglycan copolymer – Q4105 • Oasis Wound Matrix – Q4102 • Oasis tri-layer wound matrix – Q4124 • Orcel (bilayered cellular matrix) • Primatrix – Q4110 • Regranex – S0157 • TransCyte (allogeneic human dermal fibroblasts) • Allowrap ds or dry, per square centimeter – Q4150 • Amnioband or guardian, per square centimeter – Q4151 • Dermapure, per square centimeter – Q4152 • Dermavest, per square centimeter – Q4153 • Biovance, per square centimeter – Q4154 • Neoxflo or clariflo, 1 mg – Q4155 • Neox 100, per square centimeter – Q4156 • Revitalon, per square centimeter – Q4157 • Marigen, per square centimeter – Q4158 • Affinity, per square centimeter – Q4159 • Nushield, per square centimeter – Q4160 	<p>C9363, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4116, Q4121, Q4124, S0157</p> <p>Refer to the Experimental List for additional products billed with codes Q4100 – Q4130 or C9353 – C9367</p> <p>Bioengineered skin substitutes not coded as Q4101, Q4102, Q4106, Q4107, Q4110, Q4121, Q4124, and Q4131 are non-covered for Medicare</p>

Prior Authorization is required through eviCore healthcare for the genetic testing procedures marked “Yes”.				
Note: Medicaid: NAB= Not a Benefit NIC= Not in Contract (codes not listed on Medicaid Fee Schedule – Not payable) Web www.carecorenational.com Phone 800-792-8750				
CPT/HCPCS Codes	Description	CHP+ Commercial	Medicaid	Medicare
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	YES	NIC	YES
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	YES	NIC	YES
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	YES	NIC	YES
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	YES	NIC	YES
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	YES	NIC	YES
0010M	Oncology (High-Grade Prostate Cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA and human kallikrein 2 [hK2]) plus patient age, digital rectal examination status, and no history of positive prostate biopsy, utilizing plasma, prognostic algorithm reported as a probability score	YES	NIC	YES
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed		NIC	YES
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	YES	NIC	YES
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	YES	NIC	YES
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	YES	YES	YES
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	YES	YES	YES
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	YES	YES	YES
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	YES	NAB	YES
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	YES	YES	YES
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant			YES
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	YES	YES	YES
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	YES	YES	YES
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	YES	YES	YES
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	YES	YES	YES
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	YES	YES	YES
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	YES	YES	YES
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	YES	YES	YES

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CPT/HCPCS Codes	Description	CHP+ Commercial	Medicaid	Medicare
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	YES	NIC	YES
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	YES	NIC	YES
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)			YES
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants			YES
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	YES	YES	YES
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	YES	YES	YES
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)			YES
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	YES	NAB	YES
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	YES	NAB	YES
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	YES	NAB	YES
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	YES	YES	YES
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	YES	YES	YES
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)			YES
81240	F2 (prothrombin, coagulation factor II)(e.g. hereditary hypercoagulability) gene analysis, 20210G>A variant	YES	YES	YES
81241	F5 (coagulation factor V)(eg, hereditary hypercoagulability) gene analysis, Leiden variant	YES	YES	YES
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	YES	YES	YES
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	YES	YES	YES
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	YES	YES	YES
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	YES	YES	YES
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	YES	YES	YES
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence			YES
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants			YES
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])			YES

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CPT/HCPCS Codes	Description	CHP+ Commercial	Medicaid	Medicare
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	YES	YES	YES
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	YES	YES	YES
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	YES	YES	YES
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)		NIC	YES
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)		NIC	YES
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	YES	NIC	YES
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	YES	NIC	YES
81275	KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13			YES
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	YES	NIC	YES
81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	YES	YES	YES
81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	YES	NAB	YES
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	YES	NIC	YES
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	YES	NAB	YES
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	YES	YES	YES
81291	MTHFR (5-10-methylenetetrahydrofolate reductase) eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	YES	NAB	YES
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	YES	YES	YES
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	YES	YES	YES
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	YES	YES	YES
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	YES	YES	YES
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	YES	YES	YES

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CPT/HCPCS Codes	Description	CHP+ Commercial	Medicaid	Medicare
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	YES	YES	YES
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	YES	YES	YES
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	YES	YES	YES
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	YES	YES	YES
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	YES	YES	YES
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	YES	NIC	YES
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	YES	NAB	YES
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	YES	NIC	YES
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	YES	YES	YES
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	YES	YES	YES
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	YES	YES	YES
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	YES	YES	YES
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis			YES
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	YES	YES	YES
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant			YES
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	YES	YES	YES
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis			YES
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)			YES
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)		NAB	YES
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1)(e.g., warfarin metabolism), gene analysis, common variant(s) (e.g., 1639G>A, c.173+1000C>T)	YES	NAB	YES
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant[eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	YES	YES	YES
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	YES	YES	YES
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	YES	YES	YES

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81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	YES	YES	YES
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	YES	YES	YES
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) KRAS (Kirsten rat sarcoma viral oncogene homolog) (e.g., Noonan syndrome), full gene sequence)	YES	YES	YES
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	YES	YES	YES
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of > 50 exons, sequence analysis of multiple genes on 1 platform)	YES	YES	YES
81408	Molecular pathology procedure, Level 9 (eg, analysis of > 50 exons in a single gene by DNA sequence analysis)	YES	YES	YES
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	YES	NAB	YES
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	YES	NAB	YES
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	YES	NIC	YES
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	YES	NAB	YES
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	YES	NAB	YES
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	YES	NAB	YES
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	YES	YES	YES
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	YES	NAB	YES
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	YES	NAB	YES
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	YES	NAB	YES
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	YES	NAB	YES

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CPT/HCPCS Codes	Description	CHP+ Commercial	Medicaid	Medicare
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	YES	NAB	YES
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	YES	NIC	YES
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	YES	NIC	YES
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	YES	NIC	YES
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	YES	NAB	YES
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	YES	NAB	YES
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	YES	NIC	YES
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	YES	NIC	YES
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	YES	NAB	YES
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	YES	NIC	YES
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	YES	NAB	YES
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	YES	NAB	YES
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	YES	NAB	YES

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81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	YES	NIC	YES
81599	Unlisted multianalyte assay with algorithmic analysis	YES	NIC	YES
82188	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	YES	NIC	YES
84999	Unlisted chemistry procedure	YES	Yes	YES
G0464	Colorectal cancer screening; stool-based dna and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3)	YES	NIC	YES
S3721	Prostate cancer antigen 3 (PCA3) testing	YES	NAB	YES
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	YES	YES	YES
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	YES	YES	YES
S3841	Genetic testing for retinoblastoma	YES	YES	YES
S3842	Genetic testing for von hippel-lindau disease	YES	YES	YES
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness			YES
S3845	Genetic testing for alpha-thalassemia	YES	YES	YES
S3846	Genetic testing for hemoglobin E beta-thalassemia	YES	YES	YES
S3849	Genetic Testing for Niemann-Pick disease	YES	YES	YES
S3850	Genetic testing for sickle cell anemia			YES
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	YES	YES	YES
S3853	Genetic testing for myotonic muscular dystrophy			YES
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	YES	YES	YES
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene	YES	NIC	YES
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	YES	YES	YES
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	YES	YES	YES
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	YES	YES	YES
S3870	CGH test developmental delay	YES	YES	YES
S3890	Dna analysis, fecal, for colorectal cancer screening	YES	YES	YES

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CPT/HCPCS 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

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Cosmetic Procedures

CPT/HCPCS 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, including propranolol treatment for infant hemangiomas	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
19300	Mastectomy For Gynecomastia	Preauthorization required
19316	Mastopexy	Preauthorization required

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19318	Reduction mammoplasty	Preauthorization required
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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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

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CPT/HCPCS 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

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CPT/HCPCS 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
49999	Diastasis Recti Repair	Cosmetic
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

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67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Preauthorization required
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
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
C9800; Q2028	Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies	NAB for Commercial or Medicaid. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)
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
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	NAB for Commercial or Medicaid. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)
Q2026	Injection, Radiesse, 0.1ML Effective date 3/23/2010	NAB for Commercial or Medicaid. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)
Q2027	Injection, Sculptra, 0.1ML Effective date 3/23/2010	NAB for Commercial or Medicaid. Allowed for Medicare only with Dx B20, (HIV) AND E88.1 (lipodystrophy)

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Certain services or items may be specific exclusions of the Member's EOC.

Procedure Name	CPT or HCPCS Code(s)
Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals;	0223T-0225T
Actigraphy testing, recording, analysis and interpretation (minimum of 72 hours to 14 consecutive days of recording)	95803
Adoptive Immunotherapy	S2107
Allergy immunotherapy; sublingual, oral	No specific code
Allergy testing: Allergen specific IgG, quantitative or semi-quantitative, each allergen	86001
Allergy testing: BloodPrint IgG Food Test	83520
Allergy testing: Conjunctival Challenge Test (ophthalmic mucous membrane test)	95060
Allergy testing: Cytotoxic food testing	No specific code
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 NDIT)	No specific code
Allergy testing: Rebuck Skin Window Test	No specific code
Allergy testing: Rinkel Method	No specific code
Alpha-Stim Therapy (also known as cranial electrical stimulation)	E0745, E1399
Angelchik anti-reflux prosthesis	C9724
Anodyne infrared energy therapy system	A4639, E0221
Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	0377T
Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence)	0288T
Antiprothrombin (phospholipid cofactor) antibody, each 1g class	86849
Aquapheresis (e.g. Aquadex FlexFlow) for congestive heart failure	No specific code (ICD proc. code 6A550Z3)
Arthrodesis of sacroiliac joint with insertion of fixation device with or without imaging guidance	27279
Arthrodesis, pre-sacral interbody technique, incl disc space preparation, discectomy, w/ posterior instrument, w/ image guidance, incl bone graft, when performed, L5-S1	0309T
Arthrodesis, pre-sacral interbody technique, incl disc space preparation, discectomy, w/ posterior instrumentation, w/ image guidance, incl bone graft when performed, L5-S1	22586
Assessment of field of vision with concurrent data analysis and data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	0378T
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	G0460, S9055, 0232T
Autologous cell therapy with myocytes, hematopoietic stem cells	No specific code
Automated percutaneous lumbar discectomy (endoscopically-assisted)	63020, 63030, 63035
Automated point-of-care nerve conduction studies	95905; S3905
Avaulta Plus	No specific code
Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	0358T

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<p>Bioengineered Skin Substitutes and Wound Care Products Allopatch HD; Flex HD – Q4128 Alloskin – Q4115 Alloskin AC, per sq cm – Q4141 Alloskin RT, per sq cm – Q4123 Amnioexcel or Biodexcel, per sq cm – Q4137 Amnioexcel or Biodexcel, Injectable, 1cc – Q4139 Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter – Q4163 Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc – Q4162 Architect extracellular matrix, per sq cm – Q4147 Arthroflex, per sq cm – Q4125 Bio-connekt wound matrix, per square centimeter – Q4161 BioDfactor BioDfence dryflex, per sq cm – Q4138 BioDfence, per sq cm – Q4140 Cormatrix Cymetra, Injectable, 1cc – Q4112 DermACELL, per sq cm – Q4122 DermaSpan – Q4126 Endoform Dermal Template – C9367 Epifix – Q4131, Q4145 Evicel fibrin sealant Excellagen, 0.1 cc – Q4149 EZderm, per sq cm – Q4136 GammaGraft, per sq cm – Q4111 Grafix core, per sq cm – Q4132 Grafix prime, per sq cm – Q4133 GRAFTJACKET XPRESS, Injectable, 1cc – Q4113 GORE Bio-A Tissue Reinforcement GORE Bio-A Fistula Plug Helicoll, per square centimeter – Q4164 hMatrix, per sq cm – Q4134 Hyalomatrix – Q4117 Integra Flowable Matrix, Injectable, 1cc – Q4114 Integra matrix, per sq cm – Q4108 Keramatrix, per square centimeter – Q4165 LiquidGen Matristem burn matrix – Q4120 Matristem micromatrix – Q4118 Matrixtem wound matrix – Q4119 Mediskin, per sq cm – Q4135 Memoderm/derma/tranz/integup – Q4126 Neox 1k, per sq cm – Q4148 NeruoMatrix Collagen Nerve Cuff – C9355 Oasis burn matrix, per sq cm – Q4103 Parietex Porcine implant, Permacol - C9364 PTFE felt Repriza, per sq cm – Q4143 Skin substitute, NOS – Q4100 SurgiMend (C9358, C9360) Surgisis (C1781) Talymed – Q4127 Tensix, per sq cm – Q4146 Theraskin – Q4121 TissueMend Unite biomatrix – Q4129 Veritas Tissue Matrix – C9354 Xcm biologic tissue matrix, per sq cm – Q4142</p>	<p>See specific product for codes</p>
<p>Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)</p>	<p>93702</p>

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Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs	0239T
Biological Terrain Assessments (also known as quantitative fluid analyzer, or QFA)	No specific code
BioniCare BIO-1000	E0762
Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression or placebo-control, in an approved coverage with evidence development clinical trial	G0276
Brachytherapy of the femoral popliteal arterial system	No specific code
Breast duct endoscopy	No specific code
Breast tomosynthesis, except for Medicare	77061, 77062, 77063, G0279
Breath condensate test for asthma and other respiratory disorders	95012
Bronchoscopy, rigid or flexible, incl fluoroscopic guidance, when performed; w/ balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion init lobe	31647
Bronchoscopy, rigid or flexible, incl fluoroscopic guidance, when performed; w/ removal of bronchial valve(s), each additional lobe	31649
Bronchoscopy, rigid or flexible, incl fluoroscopic guidance, when performed; w/ balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion each additional lobe	31651
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	31648
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	31660
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	31661
Cautery-Assisted Palatal Stiffening (CAPSO)	No specific code
Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	86152
Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); interpretation and report	86153
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
Cervicography	No specific code
Chronic Intermittent Intravenous Insulin Therapy (CIIT)	G9147
Circulating Tumor Cell (CTC) detection	Unlisted or S3711
Clinical Ecology	No specific code
Cognitive Evoked Potential Testing (e.g., P300 test)	No specific code
Coma Stimulation	S9056
Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	0212T
Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	0380T
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
Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment	0206T
Conjunctival incision with posterior extrascleral placement of pharmacological agent (Retaane® ; Anecortave Acetate Depot Suspension	68399
Cont Meas Wheeze Rate Bronchodil Sleep 3-24 Hrs	0244T
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 Dx G35
Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	0181T

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Corneal incisions in the donor cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (add on code)	0289T
Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (add on code)	0290T
Cryopreservation; immature oocyte(s)	0357T
Cryosurgical ablation of tumors other than liver, kidney (50520, 50593) or prostate	19105 or code for an unlisted procedure
Cuffpatch	No specific code
Current Perception Threshold Testing/Sensory Nerve Conduction	G0255
Dermatrix	A6025
Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata	0419T
Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata	0420T
Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance	0301T
Discectomy with annular repair	No specific code
Duct lavage of mammary ducts; Cytoc and HALO NAF collection systems	19499
Ductoscopy	19499
Dynamic Spinal Visualization	76120, 76125
Electrical Stimulation for wound care other than described in G0281	G0282
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
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 (for home use)	E0769
Electromagnetic Stimulation to treat chronic wounds/ulcers other than as described in G0329 or for other uses	G0295
Electromagnetic Stimulation to treat urinary incontinence	G0295
Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed	0285T
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
Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	0397T
Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive	0337T
Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels	0080T
Endovascular repair of visceral aorta ... by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed...	34841-34844
Endovascular repair of visceral aorta and infrarenal abdominal aorta... with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed...	34845-34848
Endovascular Repair, Iliac Art Bifurcation w/Endoprosth Uni	0254T
Endovascular Repair, Iliac Art Bifurcation w/Endoprosth Uni w/ Radiological S&I	0255T
Enteryx™ device	C9724
Enzyme-potentiated desensitization	No specific code
Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	0207T
Exhaled breath condensate pH	83987

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External heart rate and 3-axis accelerometer data recording 15 to 30 days to assess changes in heart rate and to monitro motion analysis forr the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	0383T
External heart rate and 3-axis accelerometer data recording 15 to 30 days to assess changes in heart rate and to monitro motion analysis forr the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	0384T
External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitro motion analysis forr the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	0385T
External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitro motion analysis forr the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	0386T
External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitro motion analysis forr the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	0381T
External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitro motion analysis forr the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	0382T
Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care;	0299T, 0300T
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
Extra-osseous subtalar joint implant for talotarsal stabilization	0335T
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; PreGen Stool DNA test for colorectal cancer screening	S3890
Fetal mesencephalic transplantation for treatment of Parkinson's Disease	No specific code
Fetal surgery	59072, 59074, 59076, 59897 S2400-S2409
Fiberoptic analysis of colorectal polyps (SpectraScience™ Optical Biopsy™ System)	No specific code
FIBROSpect II®, HCV, ASH, or NASH FibroSURE™	0001M, 0002M, 00003M or 83520 or 83883 EXCEPT when used for evaluation of Hepatitis C (Dx B15.0-B19.9; K70.0-K70.9; K73.0-K75.81; K76.0; K76.89; K76.9)
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 E10.10 - E13.9; Z96.41; Z79.4
Functional Intracellular Analysis (FIA™) by SpectraCell Labs	No specific code
Galectin-3	82777
Gastric electrical stimulation/gastric pacemaker for treatment of obesity	No specific code
Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	0355T
Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	91112
GlucoWatch Biographer interstitial glucose monitor	S1030, S1031
GORE® PRECLUDE® Vessel Guard	22899
Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	83006
Heartsbreath test or AlloMap™ test for detection of heart transplant rejection	0085T
High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	0395T
High dose rate electronic brachytherapy, per fraction	0182T

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High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	0394T
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
Idiopathic environmental intolerance	No specific code
Immunologic treatment for miscarriage: Paternal and fetal antigen immunotherapy for recurrent fetal loss, if identified	No specific code
Implant/replace carotid sinus baroreflex activation device total syst (includ generator placemnt uni/bilateral lead placemnt intraop interrogation program & reposit)	0266T
Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning)	0267T
Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning)	0268T
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)	93799
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic;	0228T, 0229T
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral;	0230T, 0231T
Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	0253T
Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures, when performed	0293T
Insertion of ocular telescope prosthesis including removal of crystalline lens	0308T
Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed	0302T, 0303T, 0304T
Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	0424T
Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	0425T
Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	0426T
Insertion(s) or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	0427T
Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	0408T
Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	0409T
Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	0410T
Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	0411T
Insulin potentiation therapy	No specific code
Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report	0243T
Interrogation device eval carotid sinus baroreflex activat syst telemetric iterative communicat w/implant device to monitor diagnos&program thpy values w/interpret&report	0272T
Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	0306T

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Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system	0391T
Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	0418T
Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	0434T
InterrogationDeviceEvalCarotid sinus baroreflex activation syst telemetric iterative comm w/implantDevice toMonitor diagnost&program thpy values w/interpret&report w/program	0273T
Intracranial angioplasty/stenting (NeuroLink System, Wingspan TM Stent System)	61630, 61635
Intradiscal electrothermal therapy (IDET); Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)	22526, 22527, 22899, 62287
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
Intramuscul autologous marrow cell thpy w/prep of harvest cells multi inject, 1 leg, US guidance, uni/bilateral marrow harvest for intramuscular autologous marrow cell thpy	0265T
Intramuscular autologous bone marrow cell therapy w/prep of harvest cells multi inject 1 leg includ US guidance, complete proced includ uni/bilateral bone marrow harvest	0263T
Intramuscular autologous bone marrow cell therapy w/prep of harvest cells, multi inject, 1 leg, includ ultrasound guidance complete proced exclud bone marrow harvest	0264T
Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	0396T
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
Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report	0291T, 0292T
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
Labral reconstruction of hip - allograft	No specific code
Laparoscopic bipolar coagulation to treat uterine fibroids	No specific code
Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	0336T
Laparoscopy, surgical, esophageal sphincter augmentation parcedure, placement of sphincter augmentation device (ie magnetic band)	0392T
Laser Discectomy; lumbar and cervical discs	62287
Laser treatment of acne	No specific code
Lipoprotein, blood; electrophoretic separation and quantitation	83700, 83704
Lipoprotein-associated phospholipase A2 (Lp-PLA2, PLAC)	83698
Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	97610
Low level laser therapy for treatment of pain syndromes (e.g., carpal tunnel)	S8948
Lysis of epidural adhesions	64999, 62263, 62264
MAAA: Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adonectin, ferritin, interleukin 2-receptor alpha), utilizing serum	81506
Magnetic bio-stimulation therapy	No specific code

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Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	0398T
Magnetic stimulation for treatment of urinary incontinence (e.g., ExMI chair)	G0295
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 ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	0198T
MedX Lumbar and Cervical Extension Machine	No specific code
Menaflex	G0428
Mesenchymal Stem Cell Therapy (e.g., Osteocel, Osteocel Plus)	No specific code
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
Minimally Invasive Lumbar Decompression (MILD)	No specific code
Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	0329T
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
Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	0310T
Multianalyte Assays with Algorithmic Analyses (MAAA)	0001M – 0003M
Multiple chemical sensitivity (MCS)	No specific code
Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions	0400T
Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions	0401T
Multivariate analysis of patient-specific findings with quantifiable computer probability assessment, including report	99199
Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics)	0399T
Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	0331T
Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	0332T
Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant	0406T
Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	0407T
NC-STAT	No specific code
Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency	0287T
Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	0286T
Neuragen nerve guide	C9352
Neurawrap nerve protector	C9353
NeuroMend Nerve Wrap	C9361
Nitric oxide measurements for asthma and other respiratory conditions (e.g., NIOX, nitric oxide monitoring system)	Unlisted code or 83987
Non-contact wound warming cover/devices or Noncontact Normothermic Wound Therapy (NNWT)	A6000, E0231, E0232
Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report	93050
Noninvasive physiologic study implant wireless pressure sensor in aneurysmal sac follow endovascular repair, complete study	93982
Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	E0761
Omega-3 Fatty Acid, including alpha-linoleic acid, eicosapentaenoic and docosahexaenoic acids	0111T, 82541, 82544
Omniscardiogram/Cardiointegram	S9025
Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	83951
Open osteochondral autograft, talus (includes obtaining graft[s])	28446
Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs	0245T

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Open treatment of rib fracture requiring internal fixation, unilateral; 3-4 ribs	0246T
Open treatment of rib fracture requiring internal fixation, unilateral; 5-6 ribs	0247T
Open treatment of rib fracture requiring internal fixation, unilateral; 7 or more ribs	0248T
Opioid detoxification under sedation/general anesthesia	H0047, 01999
Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	0351T
Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	0352T
Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	0354T
Optical coherence tomography of breast, surgical cavity; real-time intraoperative	0353T
Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	88375
Optical endomicroscopy - Esophagoscopy, rigid or flexible	43206
Optical endomicroscopy - Upper GI endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate	43252
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, OvaSure, OVA1	No specific code
Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time	0405T
Palatal stiffening procedures with palatal implants; Pillar™ Palatal Implant System	C9727
Pancreatic islet cell transplantation	48999
Paraspinal surface electromyography	S3900
Partial left ventriculectomy (e.g., Batista procedure)	33542
Paternal and fetal antigen immunotherapy for recurrent fetal loss	No specific code
Pelvicol	No specific code
Penile vein embolization	37790
Percutan transcatheter closure of left atrial appendage w/implant, transseptal puncture, cath, left atrial angiography left atrial appendage angiography rad superv/interpret	0281T
Percutaneous cryoablation of tumor of bone without imaging guidance	20983
Percutaneous laminotomy/laminectomy for decompress of neural elements, indirect image guidance W/orW/Out use of endoscope sgl or multi levels uni/bilateral cervical/thoracic	0274T
Percutaneous laminotomy/laminectomy for decompress of neural elements, under indirect image guidance W/orW/Out use of endoscope sgl/multi levels, uni/bilateral lumbar	0275T
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
Percutaneous/open implant neurostimulator electrode array subq includ imag guidance, cervical, thoracic or lumbar; for trial, includ removal at end of trial period	0282T
Percutaneous/open implantat neurostimulator electrode array subq includ imag guidance, cervical thoracic or lumbar; permanent w/implany pulse generator	0283T
Peri-procedural device evaluation (in person) and programming of device system system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	0390T

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PET Scan for the following conditions: Autoimmune, viral and pyogenic disorders Cerebrovascular disease Degenerative and demyelinating diseases Dementias 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
Photodynamic therapy for the treatment of skin lesions other than actinic keratosis or Bowen's Disease (e.g., Levuln Kerastick and Metvix CureLight): Basal Cell Carcinoma Acne Vulgaris Hidradenitis suppurativa Mycoses Warts	96567, J7308 are experimental except when the dx code is L57.0 or D04.0-D04.9
Photopheresis for the treatment of: Solid organ transplant rejection Autoimmune diseases Covered without preauthorization for a diagnosis D89.813 (Graft versus host disease)	36522
Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	34839
Physiologic recording of tremor using accelerometer(s) and/or gyroscope(s) (including frequency and amplitude), including interpretation and report	0199T
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 interstitial device(s) in bone for radiostereometric analysis (RSA)	0347T
Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	0190T
Plasma myeloperoxidase (MPO)	83876
Platelet-rich plasma injection, any tissue, including image guidance, harvesting, and preparation when performed	0232T
Portable/Topical hyperbaric oxygen chamber	A4575
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
Pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure)	0294T
Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	0403T
Probing Nasolacrimal Duct with transluminal balloon catheter dilatation	68816 except under age 10 years
Procuren (platelet-derived growth factor) or other growth factor preparation to promote wound healing	S9055
Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	0305T
Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	0389T

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Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	0417T
Programming device evaluation and adjustment of implantable subcutaneous lead defibrillator system with physician analysis, reviews and report	93260
Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	0435T
Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	0436T
Prolotherapy	M0076
Proton beam therapy for all diagnoses except uveal melanoma	77520-77525
Pulsatile IV Insulin Therapy (PIVIT)	G9147
Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	0208T
Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	0209T
Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	93895
Quantitative pupillometry with interpretation and report, unilateral or bilateral	0341T
Quantitative Sensory Testing (QST) (including but not limited to reflex symptomatic dystrophy, diabetic neuropathy); Medi-Dx 7000; Pressure-Specifies Sensory Testing	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	Code for unlisted procedure or 32998
Radiofrequency Discectomy, lumbar, thoracic and cervical	S2348, 62287, 62292
Radiofrequency microablation or lesioning for plantar fasciitis	No specific code
Radiofrequency stimulation for wound care(e.g., Provant Wound Closure System, MicroVas Vascular Treatment System)	G0281, G0282, , G0329, G0295
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
Rapid Anesthesia Assisted Detoxification (RAAD)	01999
Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	0416T
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 and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	0431T
Removal and replacement of permanent cardiac contractility modulation system pulse generator only	0414T
Removal of esophageal sphincter augmentation device	0393T
Removal of intracardiac ischemia monitoring device	0307T
Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	0428T
Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	0429T
Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	0430T
Removal of permanent cardiac contractility modulation system; pulse generator only	0412T
Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	0413T
Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace	0164T
Repair of anorectal fistula with plug [e.g., porcine small intestine submucosa (SIS)]	46707
Repose Tongue Suspension System	41512
Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	0432T

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Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	0433T
Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	0415T
Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	0165T
Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and reposition)	0270T
Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	0284T
Revision/removal carotid sinus baroreflex activat device total system (includ generator placemnt uni/bilateral lead placemnt intraop interrogation programming & reposition)	0269T
Revision/removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	0271T
Rhinomanometry	92512
Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral	30999
Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), incl autograft or allograft, incl image guidance	27279
SafeBlood™	S9055
Saliva tests: Hormone levels for menopause and aging (e.g., cortisol, DHEA, estradiol, estrone, progesterone, testosterone)	S3650 82626, 82627 require clinical review
Scintimammography	S8080
Sclerotherapy of the saphenofemoral junction or the saphenous veins	36470; 36471
Secretory type II phospholipase A2 (sPLA2-IIA)	0423T
Sensory Integration Therapy	97533
Sick Building Syndrome	No specific code
Signal Averaged ECG (SAECG)	93278
Single Photon Emission Computed Tomography (SPECT) for the diagnosis of ADD/ADHD, Dementias and other Psychiatric Conditions	78607
Skin advanced glycation endproducts (AGE) measurement by multi-wavelength fluorescent spectroscopy	0233T
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
Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	0211T
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 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	Q4130
Stretta procedure	43257
Subconjunctival retinal prosthesis	0100T
Subtalar Arthroereisis	S2117
Suprachoroidal delivery of pharmacologic agent	67299
Sural nerve graft with radical prostatectomy	No specific code
Surgeries and Procedures for snoring, obstructive sleep apnea syndrome, and upper airway resistance syndrome in adults, except for Uvulopalatopharyngoplasty (UPPP): Laser-assisted Uvulopalatoplasty (LAUP) Partial Glossectomy or Hemiglossectomy (not with radical neck dissection) Radiofrequency Assisted Uvulopalatoplasty (RAUP) Submucosal Radiofrequency Uvulopalatoplasty (SRUP) Uvulectomy	41120, 41130, 41530, 42140, 42160, S2080, any "unlisted" code
Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, SAVER, DOR procedures)	33548
Sympathetic stimulation devices for home use (Dynatron)	No specific code

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Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	0422T
Tear film imaging, unilateral or bilateral, with interpretation and report	0330T
Technical component for assessment of field of vision w/concurrent data analysis & data storage w/patient initiated data transmit to remote surveillance center up to 30 days	0379T
Temperature Gradient Studies	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
Thorascopic laser ablation for treatment of emphysema	No specific code
Three-dimensional (3-D) ultrasound for routine obstetrics	No specific code
Thromboxane metabolite(s), including thromboxane if performed, urine	84431
TissueMend, per sq cm	Q4100
Tongue reduction surgery (radiofrequency base of tongue surgery) for treatment of sleep apnea	41530
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
Transcath place wireless physio sensor aneurysmal sac endovascu repair, rad sup&interpret, calibrat&collect data	34806
Transcatheter insertion of stent of common carotid artery or innominate artery via percutaneous approach radiological supervision and interpretation	37218
Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	0387T
Transcatheter mitral valve repair percutaneous approach via the coronary sinus	0345T
Transcatheter mitral valve repair with prosthetic valve via percutaneous approach	33419
Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	33418
Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous	0075T, 0076T
Transcatheter removal of permanent leadless pacemaker, ventricular	0388T
Transcatheter renal sympathetic denervation, percutaneous approach	0338T, 0339T
Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	0404T
Transciliary fistulization (transciliary filtration or Singh filtration) for glaucoma	0123T
Transcoronary Ablation of Septal Hypertrophy (TASH)	93799
Transcutaneous electrical joint stimulation device system, includes all accessories	E0762
Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	0278T
Transesophageal endoscopic therapies for gastroesophageal reflux disease (Stretta procedure, Enteryx™ device, Gatekeeper device and EndoCinch device)	43257
Transfer, free toe joint, with microvascular anastomosis for TMJ disorder	20957, 20972, 20973 or 26556 with Dx M26.60-M26.69
Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	0234T
Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	0235T
Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	0236T
Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	0237T
Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	0238T
Transmyocardial transcatheter closure of ventricular septal defect, with implant; with or without cardiopulmonary bypass	33999
Transoral incisionless fundoplication procedure (EsophyX System)	
Trans-sacral approach for anterior lumbar interbody fusion	0195T, 0196T

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Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	0421T
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 or "dry needling"	20552 or 20553 with A4216 or J3475 Or 20552 or 20553 without any drug
Ultrasound ablation of uterine fibroids (ExAblate™ 2000 and Other Tumors)	0071T, 0072T
Ultrasound for evaluation of paranasal sinuses	S9024
Ultrasound of the carotid and/or femoral artery(s) to assess risk for coronary artery disease	0126T
Ultrasound, elastography (List separately in addition to code for primary procedure)	0346T
Upper airway stimulation for obstructive sleep apnea	
Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior/posterior vagal trunks adjacent to EGJ, pulse generator	0312T
Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	0314T
Vagus nerve blocking therapy (morbid obesity); laparoscopic revision/replacement of vagal trunk neurostimulator electrode array, incl connection to existing pulse generator	0313T
Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	0317T
Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	0315T
Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	0316T
Vagus nerve stimulation: Anxiety disorders Alzheimer's disease Bulimia Chronic hiccups Depression Essential tremors Headache	61885, 64553, 64568-64570
Ventricular remodeling or restoration (e.g., CorRestore Patch System, SAVER, and Dor procedure)	33548
VeriCor device	93799
Vertebral Axial Decompression (Vax-D®, DRX9000™, and TruTrac401 Traction)	S9090
Vestibular Autorotation Test (VAT)	No specific code
Vision therapy for the treatment of learning disabilities and mild traumatic brain injury, including: Tinted or colored lens Training glasses Prism glasses	92065
Visual evoked potential, screening of visual acuity, automated	0333T
Whole body DEXA for body composition studies	No specific code