

# Technology Assessment – Commercial- Determination of Coverage

Last update: 03/10/2017

## Important Notes

- Some codes listed on this job aid may be used for other medically appropriate services.
- Benefits may vary by plan. Check plan documents before quoting benefits.
- Benefit information in the grid below pertains to members subject to standard fully insured contracts.
- For Members insured by Self funded (ASO) arrangements, refer to their specific plan documents.

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PROCEDURE	CODES (CPT/HCPCS)	DESCRIPTION AND COMMENTS	MEDICAL EFFICACY PROVEN Y/N	PREAUTH REQUIRED Y/N NOT COVERED= NC	INITIAL REVIEW	LAST REVIEW	COMMENTS (THIS COLUMN WILL NOT BE DISPLAYED ON THE PROVIDER WEBSITE)
Abdominal Wall Repair	0437T	Implantation of a non-biologic or synthetic implant (e.g., polypropylene) for reinforcement of the abdominal wall and/or ventral hernia repair.	N	Y	07/20/2016	07/20/2016	
Accelerometry	95999, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T	Monitoring physical motion and muscle activity in order to evaluate patients with movement disorders and tremor or nocturnal seizures. Proprietary products include Kinesia (Cleveland Medical Devices).	N	Y	01/27/2010	02/15/2016 <a href="#">^Top</a>	This code may be used for other medical services that may not require prior authorization
Acoustic Cardiography	93799	Computer-aided electronic devices that acquire, record, and analyze heart sounds.	N	Y	01/01/2011	02/15/2016 <a href="#">^Top</a>	This code may be used for other medical services that may or may not require prior authorization

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Actigraphy	95803	A method of monitoring muscle activity with a portable device. Actigraphy is used in combination with, or in place of, standard sleep studies in order to detect sleep disorders such as obstructive sleep apnea. Proprietary names include Actiwatch, AW-64, and Emfit.	N	Y	12/02/2008	09/21/2015	<a href="#">^Top</a>
ADmark® Alzheimer's Evaluation	81401, 81405, 81406, 81479, 83520	An analysis of genes associated with early onset dementia and/or Alzheimer's. A proprietary product of Athena Diagnostics.	N	Y	09/25/2013	09/21/2015	These codes may be used for other genetic testing services requiring prior authorization.  <a href="#">^Top</a>
Advanced Electrophysiologic Cardiac Mapping, Body Surface Potential Mapping (64-lead EKG), Electrocardio-graphic Body Surface Mapping, Multichannel Electrocardiography	0178T, 0179T, 0180T	The recording and measurement of cardiac electrical activity using multiple electrodes. The mapping generates a 3D image of cardiac electrical currents. Proprietary products include CARTO® EP Mapping System, EnSite System, The Localisa Intracardiac System.	N	Y	06/25/2008	02/15/2016	<a href="#">^Top</a>
Agile Patency System	91299	A device used to determine the presence of GI obstructions or strictures prior to the use of a PillCam video capsule. The patency system consists of the dissolvable Agile Patency capsule (containing a radio frequency identification tag), handheld Agile Patency scanner, and a TesTag interference scanner.	N	Y	07/25/2012	02/15/2016	This code may be used for other medically appropriate services that do not require prior authorization.  <a href="#">^Top</a>

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Agilium Freestep for Unicompartmental Osteoarthritis	A9285	This is a lightweight low profile brace that is applied in the shoe instead of around the knee joint.	N	NC	12/09/2016	12/09/2016	
AlloMap®	81479, 81595	A 20-gene gene expression assay that measures the activity of the immune system with respect to the risk of heart transplant rejection. AlloMap is used in lieu of an endomyocardial biopsy.	Y	N	01/15/2012	09/21/2015	These codes may be used for other genetic testing services requiring prior authorization.
Ambulatory Electrocardiography	93228, 93229	Extended cardiac monitoring up to 30 days. Proprietary products include CardioNet MCOT™ (CardioNet, Inc.), ER920W and eTrigger (eCardio), CardioPAL® SAVI and SAVI Wireless (Medicomp), Lifestar ACT (LifeWatch).  <b>Refer to Ambulatory Electrocardiography pre-authorization criteria.</b>	Y	Y	04/09/2008	09/21/2015	
Ambulatory Electrocardiography	0295T, 0296T, 0297T, 0298T	Extended cardiac monitoring more than 48 hours up to 21 days.	N	Y	07/20/2016	07/20/2016	This type of Ambulatory Electrocardiographic monitoring is different that MCOT (CPT codes 93228 and 93229) that is on the Prior auth list and managed in Clinical Review.
Anoscopy, High Resolution (HRA)	46607	Examination of the anal canal with an anoscope and a high-resolution colposcope. The technique allows for the identification of abnormal anal cytology.	Y	N	01/01/2011	09/21/2015	

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Anser™ ADA	84999	The measurement of antibodies to Adalimumab (Humira) in order to facilitate the management of patients on this agent.	N	Y	03/26/2014	09/21/2015	This code may be used for other medically appropriate services requiring prior authorization.
Anser™ IFX	84999	The measurement of antibodies to Infliximab (Remicade) in order to facilitate the management of patients with inflammatory bowel disease. A proprietary product of Prometheus Laboratories, Inc.	Depends on Clinical Situation	Y	09/25/2013	05/01/2016 <a href="#">^Top</a>	This code may be used for other medically appropriate services requiring prior authorization.
Aortic Heart Valve, Catheter Delivered, Transaortic	33365	Aortic heart valve replacement using a transaortic catheter. This is a minimally invasive procedure used as an alternative to conventional open-heart surgery.	Y	Y	01/01/2011	02/15/2016 <a href="#">^Top</a>	Until system configured to pay without PA, needs to be referred to Clinical Review
Aortic Heart Valve, Catheter Delivered, Endovascular	33361, 33362, 33363, 33364	Aortic heart valve replacement using a transfemoral (TF) catheter. This is a minimally invasive procedure used as an alternative to conventional open-heart surgery. Proprietary products include Edwards SAPIEN™ Transcatheter Heart Valve (Edwards Lifesciences LLC) and CoreValve ReValving® System (Medtronic CoreValve LLC).	Y	N	01/01/2011	02/15/2016 <a href="#">^Top</a>	
Aortic Heart Valve, Catheter Delivered, Transapical, Transventricular, or Transthoracic	33366, 33367, 33368, 33369	Aortic heart valve replacement using a catheter device. This is a minimally invasive procedure used as an alternative to conventional open-heart surgery. Proprietary products include Edwards SAPIEN™ Transcatheter Heart Valve (Edwards Lifesciences LLC) and CoreValve ReValving® System (Medtronic CoreValve LLC).	Y	N	01/01/2011	02/15/2016 <a href="#">^Top</a>	

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Aqueous Drainage Devices for the Treatment of Glaucoma	66179, 66180, 66183, 66184, 66185, 0191T, 0253T, 0376T, 0449T, 0450T	A surgically implanted shunt used to decrease intra-ocular pressure in glaucoma patients. Proprietary products include iStent (Glaukos), EyePass Bi-Directional Glaucoma Implant (GMP Companies), Solx DeepLight Gold Micro-Shunt (OccuLogix), Ex-PRESS™ Mini Glaucoma Shunt (Alcon) and iTrack (iScience Interventional).	Depends on Device	NC CPT 0449T, 0450T all other codes Y	05/13/2009	09/21/2015	Any device billed with a T code will require medical necessity review.
Argus II Retinal Prosthesis System	0100T, C1841, C1842	An implanted device to treat adult patients with advanced retinitis pigmentosa (RP). The device includes a small video camera, transmitter mounted on a pair of eyeglasses, video processing unit (VPU) and an implanted retinal prosthesis (artificial retina). The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the retinal prosthesis	N	Y	09/25/2013	09/21/2015	
Auricular Electrostimulation/ Auricular Electroacupuncture	S8930	The application of electrical impulses/stimulation to acupuncture points on the ear in order to relieve pain in various body locations.	N	Y	03/26/2014	09/21/2015	This device would be excluded for Exchange/CBI products
Avise MCV <sup>SM</sup>	83520	A test that detects autoantibodies to mutated citrullinated vimentin (MCV); used in the diagnosis of rheumatoid arthritis.	N	Y	01/27/2010	09/21/2015	This code may be used for other medically appropriate services that do not require prior authorization.
Avise PG <sup>SM</sup>	84999	A test that measures methotrexate polyglutamates for the management of rheumatoid arthritis.	N	Y	01/27/2010	09/21/2015	This code may be used for other medically appropriate services that do not require prior authorization.

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Avise™ SLE	Multiple lab codes	A five marker serological and flow cytometric panel used for the diagnosis and management of Systemic Lupus Erythematosus	N	Y	03/26/2014	09/21/2015	
Balloon Sinuplasty/Balloon Sinuplasty™ System	31295, 31296, 31297	A surgical technique for the treatment of sinusitis, during which a wire-guided balloon catheter is inserted into the paranasal sinus and then inflated in order to compress tissue that is blocking the sinus orifice.	Y	N	06/25/2008	09/21/2015	
Bioelectrical Impedance Analysis, Whole body	0358T	A method used by some weight reduction programs to measure whole body adiposity.	N	Y	02/10/2015	07/20/2016	
Bioimpedance to Assess Lymphedema	93702	Utilization of electrical current flow to quantify changes in extracellular fluid in the patient's limb and determine the presence/amount of lymphedema. Proprietary names include L-Dex® U400.	N	Y	06/23/2010	02/15/2016	
Biomarker Testing for Alzheimer's Disease	Multiple laboratory codes	Cerebrospinal fluid or urine proteins used to manage, predict the onset, or determine the severity of Alzheimer's disease.	N	Y	11/03/2010	09/21/2015	
Biomarker Testing for high grade prostate cancer	81539	This test uses an algorithm that incorporates the blood levels of four different prostate-derived kallikrein proteins: Total PSA, Free PSA, Intact PSA and Human Kallikrein-2 (hK2), plus the patient's age and other clinical information to calculate the percentage risk (probability) of finding a Gleason Score 7 or higher grade of prostate cancer. Proprietary product includes 4K score Test (OPKO).	N	Y	12/09/2016	12/09/2016	This test would be excluded for Exchange/CBI products

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Blue Light Treatment of Acne	96900, 96999	Phototherapy using blue or violet-blue light to treat acne. Proprietary products include ClearLight Acne PhotoClearing (APC) System (Lumenis, Yokneam, Israel) and Omnilux Blue Photo Dynamic Therapy (Photo Therapeutics Ltd., Cheshire, UK).	N	Y	11/03/2010	09/21/2015 <a href="#">^Top</a>	These codes may be used for other medically appropriate services requiring prior authorization.
Brachytherapy, High Dose Electronic	0394T, 0395T	A small disposable device that delivers radiation directly to the tumor, minimizing radiation to healthy tissue. Proprietary products include the Axxent Electronic Brachytherapy System and Xofigo® Electronic Brachytherapy (eBx®) System.	N	Y <b>National Imaging Associates Radiation Oncology Program</b>	07/20/2016	07/20/2016	
Breast Ductal Lavage	19499	A microcatheter and saline wash that collects breast ductal epithelial cells for cytological analysis. Used for breast cancer screening or risk management.	N	Y	09/24/2004	09/21/2015 <a href="#">^Top</a>	This code may be used for other medically appropriate services requiring prior authorization.
Breast MRI	77058, 77059	Advanced diagnostic imaging of the breast.	Y	Y <b>National Imaging Associates Advanced Radiology Program</b>	01/01/2007	09/21/2015 <a href="#">^Top</a>	
Breast MRI (post processing)	0159T	Computer aided detection and analysis of MRI image data.	N	Y	01/01/2007	09/21/2015 <a href="#">^Top</a>	0159T is a post-processing MRI code that is not reviewed by NIA and is <u>not</u> reimbursable by ConnectiCare.
BreastNext™ Next-Gen Cancer Panel	81211, 81213, 81228, 81321, 81323, 81408	The use of next-generation sequencing technology to analyze 14 genes other than BRCA1 and BRCA2 that have been reported to be associated with an increased risk of breast cancer. A proprietary product of Ambry Genetics.	N	Y	09/25/2013	09/21/2015 <a href="#">^Top</a>	Some of these codes may be used for other Genetic Tests that require Prior Authorization.

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BREVA Gen or BREVA Genplus	Coding guidance is pending	A genetic-based risk assessment test that detects the presence or absence of Single-Nucleotide Polymorphisms (SNPs) associated with non-hereditary breast cancer. The genetic results are used in a proprietary algorithm to predict breast cancer risk.	N	Y	07/25/2012	09/21/2015 <a href="#">^Top</a>	The proprietary vendor has not released any additional information related to Molecular Pathology codes, 81161-81479, and 81599 or 84999. Additional coding information will be added as it becomes available.
Bronchial Thermoplasty	31660, 31661	Radiofrequency ablation of bronchial smooth muscle in order to decrease asthma and bronchoconstriction. Proprietary products include Alair <sup>®</sup> Bronchial Thermoplasty System (Asthmatx, Inc.).	N	Y	06/23/2010	09/21/2015 <a href="#">^Top</a>	
Bronchial Valves	31647, 31648, 31649, 31651	One-way bronchial valves that cause partial lung collapse by blocking inspiratory flow. It is proposed as an alternative to lung volume reduction surgery. Proprietary products include the Zephyr <sup>®</sup> endobronchial valve (Emphasys Medical Inc.) and the Spiration IBV <sup>™</sup> (Spiration Inc.).	N	Y	01/01/2011	09/21/2015 <a href="#">^Top</a>	
Bronchoscope, Computer-Assisted	31627	A technique used in conjunction with standard bronchoscopy to guide the bronchoscope and/or bronchial tool to a target in, or adjacent to, the bronchial tree on a path indicated by CT scan. The technique is also known as Electromagnetic Navigational Bronchoscopy. Proprietary products include superDimension <sup>®</sup> /Bronchus inReach <sup>™</sup> System (superDimension, Inc.).	N	Y	01/27/2010	09/21/2015 <a href="#">^Top</a>	
Calypso 4D Localization System	77387	Electromagnetic transponders with a localization system approved to treat prostate cancer. The technique is used in treatment planning and radiation therapy, to align and monitor the patient's position relative to the isocenter of a linear accelerator.	N	Y	05/13/2009	09/21/2015 <a href="#">^Top</a>	Currently managed by CCI; may be managed by NIA in the future.



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Cancer of Unknown or Uncertain Primary	81504	A gene expression profiling test that uses microarray processing and analytics to determine the cellular origin of tumors in patients with cancers of unknown or uncertain primary (CUP). Proprietary products include Pathwork® Tissue of Origin Test (Pathwork Diagnostics, Inc.) and Rosetta Cancer of Origin Test™ (Rosetta Genomics, Ltd.)	N	Y	01/27/2010	09/21/2015	This code may be used for other medically appropriate services requiring prior authorization.  <a href="#">^Top</a>
Capsule Endoscopy for Esophageal Imaging (PillCam)	91111	A non-invasive procedure intended for visualization of the esophagus.	N	Y	02/21/2006	09/21/2015	<a href="#">^Top</a>
Capsule Endoscopy for Small Bowel Imaging	91110	A non-invasive procedure intended for visualization of the small bowel mucosa used to assess the small intestine for sources of bleeding.	Y	N	01/14/2005	09/21/2015	<a href="#">^Top</a>
Capsule Endoscopy for Colon	0355T	A non-invasive procedure intended for visualization of the colon	N	Y	03/26/2014	09/21/2015	This code may be used for other medically appropriate services
Cardiac Contractility Modulation	0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T	A treatment for moderate to severe Congestive Heart Failure that includes a pulse generator and leads implanted in the right atrium and ventricle. The electrical stimulus modulates the strength of the heart contraction. Proprietary products include the Optimizer IV (Impulse Dynamics).	N	Y	07/20/2016	07/20/2016	
Cardiac Pacemaker, Leadless	0387T, 0388T, 0389T, 0390T, 0391T	A cardiac pacemaker with a built-in battery that is implanted in the right heart chamber using a transfemoral catheter. Proprietary products include Nanostim Leadless Pacemaker (St. Jude Medical) and the Micra Transcatheter Pacing System (Medtronic).	N	Y	07/20/2016	07/20/2016	

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Carotid Sinus Baroreflex Activation Device	0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T	Electrical activation of the carotid baroreceptor system to treat resistant hypertension.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
Central Arterial Pressure Waveforms, Non-Invasive Analysis	0311T	A device for calculating the "arterial stiffness index" (ASI) related to how fast the BP falls as the air pressure is released from the BP cuff. The ASI is proposed as a means of identifying individuals who are at risk for cardiovascular disease. Proprietary products include CardioVision MS-2000, CVProfilor, and HDI PulseWave.	N	Y	01/29/2013	09/21/2015	<a href="#">^Top</a>
Chemosensitivity or Chemoresistance Assays	Multiple laboratory codes	Laboratory test(s) used to determine how cancer cells will respond to different chemotherapy drugs. Proprietary names include: ChemoFx <sup>®</sup> Assay (Helomics), Extreme Drug Resistance (EDR <sup>®</sup> ) Assay Exiqon.	N	Y	12/02/2008	02/15/2016	<ul style="list-style-type: none"> <li>Both Helomics and Exiqon are non-participating laboratories.</li> <li>The lab codes may be used for other medical services requiring prior authorization</li> </ul> <a href="#">^Top</a>
Circulating Tumor Cell Detection	86152, 86153	A method of detecting and counting epithelial Circulating Tumor Cells (CTCs) in blood samples from cancer patients. Patients with elevated CTCs are thought to have a greater risk of reduced survival compared with patients with lower CTC levels. Proprietary products include CellSearch <sup>™</sup> Circulating Tumor Cell Kit (Veridex LLC)	N	Y	11/03/2010	09/21/2015	<a href="#">^Top</a>

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Cold/Compression Devices	E0218, E0236 Additional HCPCS E and L codes possible	Cold therapy and compression systems used to manage post-operative pain and swelling following orthopedic procedures and to minimize the risk of vascular thrombosis. Products include Nu-Pulse and VascuTherm.	N	Y	01/25/2012	09/21/2015	<b>Group Products:</b> As of 01/01/2013, for new and renewing products, "Compression and cold therapy devices following joint surgery" are Excluded from coverage. <b>SOLO/Muni Products:</b> Will still require a Preauthorization review by Clinical Review. <a href="#">^Top</a>
ColoNext™	81201, 81292, 81294, 81295, 81297, 81298, 81300, 81317, 81319  Additional Molecular Pathology codes may be included	A next-generation sequencing panel that tests for variants in 17 genes that have been associated with hereditary Colorectal cancer, including the genes that cause Lynch syndrome and the gene that causes Familial Adenomatosis Coli. A proprietary product of Ambry Genetics.	N	Y	09/25/2013	02/15/2016	Requests for this service should be evaluated using CCI PA criteria for <b>Genetic Testing, Colorectal Cancer</b> . Not all of the genetic markers in this panel are recommended for routine screening.  <a href="#">^Top</a>
Computed Tomography, Heart and Coronary Angiography; Coronary CTA	75572, 75573, 75574	Advanced diagnostic imaging of the heart and coronary arteries.	Y	Y <b>National Imaging Associates Advanced Radiology Program</b>	02/26/2006	09/21/2015	<a href="#">^Top</a>
Computed Tomography, Heart, with Quantitative Evaluation of Coronary Calcium	75571	Advanced diagnostic imaging used to evaluate calcium deposits in the coronary arteries.	N	Y <b>National Imaging Associates Advanced Radiology Program</b>	01/27/2011	09/21/2015	<a href="#">^Top</a>
Computer-Assisted Audiometry	0208T, 0209T, 0210T, 0211T, 0212T	Computer-assisted pure tone, speech and comprehensive audiometry.	N	Y	01/27/2010	09/21/2015	<a href="#">^Top</a>

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Computer-Assisted Surgical Navigation	20985, 0054T, 0055T	Fluoroscopic, MRI, CT or imageless (usually infrared) systems and software that provide additional information during an orthopedic procedure.	N	Y	04/24/2008	09/21/2015	<a href="#">^Top</a>
ConfirmMDx™	81479, 81599, 84999	An epigenetic assay to help distinguish patients who have a true-negative prostate biopsy from those who may have occult cancer. A proprietary product of MDxHealth.	N	Y	09/25/2013	02/15/2016	These codes may be used for other genetic testing services requiring prior authorization.  <a href="#">^Top</a>
Continuous Monitoring of Intraocular Pressure	0329T	A device that monitors both ocular blood flow and intra-ocular pressure over a number of hours. It is argued that multiple measurements of intra-ocular pressure and ocular blood flow increases the detection of glaucoma compared to traditional tonometry, which measures only average intra-ocular pressure.	N	Y	03/26/2014	09/21/2015	
Cooling Devices	E0218, E0236 Additional HCPCS E and L codes possible	Active and/or passive devices used in numerous medical settings such as neuro/musculoskeletal conditions, pain management, post-surgical healing and prophylaxis for hair loss due to chemotherapy. Proprietary names include AutoChill®, Game Ready™ Active Cooling Vest, Flexitherm™, FAST® Cooling Suit, VitaWrap™ Cooltemp Vest, SteeleVest®, HeatShield™, Silver Eagle Cooling Vest/Headwear, Chill-Its® Vests/Hats/Headbands, CryoCuff®, Polar Care Cub.	N	Y	12/02/2008	09/21/2015	<a href="#">^Top</a>
Corneal Collagen Cross-Linking	0402T	A treatment for progressive keratoconus that uses riboflavin and ultraviolet A to cross-link collagen fibers and increase the stability of the cornea.	N	Y	07/20/2016	07/20/2016	

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Corneal Hysteresis	92145	Deformation of the cornea using an air jet and measurement of the corneal biomechanical response. It has been proposed as a tool for assessing glaucoma.	N	Y	12/02/2008	09/21/2015	<a href="#">^Top</a>
Corus CAD	81493	A gene expression profile test of 23 genes that is used to estimate a person's risk of coronary artery disease. This is a proprietary product of CardioDx.	N	Y	07/20/2016	07/20/2016	CardioDx is non-par.
Counsyl Universal Genetic Test, Counsyl Family Prep Test	Multiple Molecular Pathology codes, 81599	A saliva-based genetic screening assay. Counsyl screens for a large panel of genetic conditions (only a few of which are recommended for pre-natal screening by either ACOG or ACMG).	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a> <p>These codes may be used for other genetic testing services requiring prior authorization. <b>NOTE:</b> Counsyl is contracted to provide genetic testing services for <b>only</b> the following:</p> <ul style="list-style-type: none"> <li>• Cystic Fibrosis, no PA CPT 81220</li> <li>• Fragile X , no PA CPT 81243</li> <li>• BRCA genetic testing, PA required CPT 81211, 81212, 81215 81217</li> </ul>
Cryoablation for Atrial Fibrillation	93656, 93657	Percutaneous transcatheter cryotherapy used to treat atrial fibrillation. Proprietary devices include Arctic Front® Cardiac CryoAblation Catheter.	Y	N	09/25/2013	02/15/2016	<a href="#">^Top</a>
Cryoablation of the Breast	19105	The use of cryotherapy to freeze and destroy breast fibroadenomas or breast carcinoma.	N	Y	10/23/2007	02/15/2016	<a href="#">^Top</a>
Cryoablation of Nerves	0440T, 0441T, 0442T	Cryosurgery used to treat neurogenic pain.	N	Y	07/20/2016	07/20/2016	
Cryoablation for Plantar Fasciitis	28899	Cryosurgery used to treat chronic pain secondary to plantar fasciitis.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a> <p>This code may be used for other medically appropriate services requiring prior authorization.</p>

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Cryoablation of Pulmonary Tumors	0340T	The use of a cryosurgical tool to ablate pulmonary tumors and/metastatic disease.	N	Y	03/26/2014	09/21/2015	
Cryoplasty for Peripheral Vascular Disease	37799	A device that combines cryotherapy and angioplasty for the treatment of peripheral arterial disease. Proprietary products include CryoPlasty® Therapy and PolarCath® Peripheral Dilatation System.	N	Y	06/23/2010	02/15/2016 <a href="#">^Top</a>	This unlisted code may be used for other medically appropriate services.
Cryopreservation; Reproductive Tissue, Oocyte	89337, 0357T	Freezing oocytes in order to preserve them for later use in advanced reproductive treatment procedures.	Y	Y	01/01/2011	02/15/2016 <a href="#">^Top</a>	Excluded in most fully insured products; please check specific Self- Funded SPD as necessary.
Cryopreservation; Reproductive Tissue, Ovarian	0058T	Freezing ovarian tissue in order to preserve it for later use in advanced reproductive treatment procedures.	N	Y	01/01/2011	02/15/2016 <a href="#">^Top</a>	
DecisionDX Gene Expression Tests	Coding guidance is pending	Gene expression assays for glioblastoma multiforme (DecisionDX-GBM) and uveal melanoma (DecisionDX-UM) with analysis using a proprietary algorithm (Castle Biosciences).	N	Y	06/23/2010	09/21/2015 <a href="#">^Top</a>	The proprietary vendor has not released any additional information related to Molecular Pathology codes, 81161-81479, and 81599 or 84999. Additional coding information will be added as it becomes available.
Defibrillator, Subcutaneous Implantable	33240, 33241, 33262, 33270, 33271, 33273	An alternative to routine ICD placement for treating patients with life-threatening heart arrhythmias. The device is implanted under the skin at the bottom of the rib cage/sternum.	Y	N	03/26/2014	09/21/2015	

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Disc, Artificial	22856, 22857, 22858, 22861, 22862, 22864, 22865, 0095T, 0098T, 0163T, 0164T, 0165T, 0375T	Cervical or lumbar prosthetic implants used during laminectomy procedures to replace diseased vertebra. Proprietary products include Charité® (lumbar), Prodisc® (lumbar and cervical), Prestige® (cervical), Bryan® (cervical), Secure®C (cervical).	Depends on Clinical Situation	Y <b>National Imaging Associates Musculo-skeletal Program</b>	01/14/2005	02/15/2016 <a href="#">^Top</a>	Artificial disc procedures are excluded for Exchange products
Double Balloon Enteroscopy	No specific code	A technique for the evaluation and detection of gastrointestinal bleeding.	Y	N	01/27/2010	09/21/2015 <a href="#">^Top</a>	
Drug Eluting Implant, Lacrimal Canaliculus	0356T	Medication infused plugs inserted in the lacrimal canaliculus to treat post-operative inflammation, pain or elevated intraocular pressure in patients with glaucoma or ocular hypertension	N	Y	02/10/2015	07/20/2016	
Drug Eluting Ocular Insert	0444T, 0445T	Use of an ocular insert to decrease intraocular pressure in patients with glaucoma or ocular hypertension	N	Y	07/20/2016	07/20/2016	
EarlyCDT-Lung®	83520	A blood test that measures autoantibodies to lung cancer-associated antigens; the test is used for detecting lung cancer when a pulmonary nodule has been identified with computed tomography. This is a proprietary product from Oncimmune.	N	Y	01/29/2013	09/21/2015 <a href="#">^Top</a>	This code may be used for other medically appropriate services.  The vendor, Oncimmune, is non-participating.
Elastography, Liver	91200	An ultrasonic technique that measures the elastic properties of tissues. It has been used to evaluate liver fibrosis.	Y	N	12/31/2014	09/21/2015	

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Elastography	0346T	An ultrasonic technique that measures the elastic properties of tissues. It has been used to evaluate breast and prostate cancer.	N	Y	03/26/2014	02/15/2016	
Electrocardio-graphic Analysis, Computer-Based	0206T	Analysis of electrocardiograms (ECGs) using a computer-based algorithm. Usually used in conjunction with signal-averaged electrocardiography (SAECG).	N	Y	01/27/2010	09/21/2015	<a href="#">^Top</a>
Electrothermal Arthroscopy	29999, S2300	The use of a laser or radiofrequency probe to deliver non-ablative heat to a target area. In theory, the heat will cause the collagen fibers to shrink resulting in a tightening and stabilization of the joint capsule, ligament or tendon.	N	Y	11/03/2010	09/21/2015	The code 29999 may be used for other medically appropriate services that may/may not require prior authorization.  <a href="#">^Top</a>
Endoscopic Decompression of the lumbar spine	62380	Minimally invasive spine surgery using proprietary techniques such as transforaminal (TESSYS <sup>®</sup> ) and/or interlaminar (iLESSYS <sup>®</sup> ).	N	NC	12/09/2016	12/09/2016	
Endoscopic Retrograde Cholangio-Pancreatography (ERCP) with Optical Endomicroscopy	43206, 43252, 88375	An ERCP technique used to assist in tissue analysis of GI polyps, dysplasia and cancer.	N	Y	07/20/2016	07/20/2016	These codes may be used for other medically appropriate services that may not require prior authorization.
Endothelial Function Assessment	0337T	A non-invasive measurement of endothelial dysfunction proposed as a method to identify patients with early-stage CAD. Also known as peripheral artery tonometry.	N	Y	03/26/2014	09/21/2015	
Endovenous Mechanochemical Ablation (MOCA)	36473, 36474	A non-thermal venous ablation system that combines an infusion catheter with a rotating wire to mix and diffuse a sclerosing solution. Proprietary products include ClariVein <sup>®</sup> Occlusion Catheter, Vascular Insights.	N	NC	01/25/2012	09/21/2015	<a href="#">^Top</a>



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Epidermal Nerve Fiber Density	Multiple laboratory codes	A technique used to support the diagnosis of small nerve fiber neuropathy. Nerve fibers in the epidermis are quantified in order to confirm small nerve fiber pathology.	Y	Y	01/25/2012	09/21/2015 <a href="#">^Top</a>	The lab that provides this service is OON. The requests will not be reviewed for Medical Necessity; however, an auth is necessary for claim payment.
Epidural Injection(s), Transforaminal, with Ultrasound Guidance	0228T, 0229T, 0230T, 0231T	Epidural steroid injections using ultrasound to guide needle placement (rather standard fluoroscopy).	N	Y	01/01/2011	02/15/2016 <a href="#">^Top</a>	
Esophageal Lengthening	43283, 43338	Surgical procedures to lengthen the esophagus during anti-reflux surgery or an esophageal hernia repair.  <b>Esophageal lengthening performed in conjunction with a bariatric surgery procedure requires pre-authorization.</b>	Y	Y	07/27/2011	02/15/2016 <a href="#">^Top</a>	
Esophageal Pressure Topography, 3-D High Resolution	0240T, 0241T	A technique that measures esophageal pressure and motility.	N	Y	01/01/2011	02/15/2016 <a href="#">^Top</a>	
Esophageal Sphincter Augmentation Procedure	43284, 43285	Laparoscopic placement of an esophageal sphincter augmentation device for the treatment of GERD.	N	NC	07/20/2016	07/20/2016	
Ethmoid Sinus, Drug Eluting Implant	0406T, 0407T	A device implanted in the ethmoid sinus to keep it open and aid in wound healing. The stent is usually infused with either a steroid or antibiotic. Proprietary products include Propel™ Steroid-Releasing Implant, Relieva Stratus™ MicroFlow Spacer, and Sinu-Foam Spacer	N	Y	07/20/2016	07/20/2016	

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Exhaled Breath Condensate pH	83987	A marker of airway inflammation. Some studies have shown that the pH of breath condensate is lower in patients with inflammatory airway disorders, such as asthma, chronic bronchitis, bronchiectasis and cystic fibrosis.	N	Y	01/27/2010	09/21/2015	<a href="#">^Top</a>
Eximer Laser (XTRAC Laser) for Skin Conditions	96920, 96921, 96922	A device that delivers focused laser light directly to the affected area of the skin. Used to treat individuals with a variety of cutaneous conditions.  <b>Prior authorization is not needed for Eximer Laser if it is being used to treat psoriasis.</b>	Depends on Clinical Situation	Y	05/16/2007	09/21/2015	<a href="#">^Top</a>
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions	28890, 0101T, 0102T	High- or low-energy shock waves used for the treatment of several musculoskeletal conditions including plantar fasciitis and lateral epicondylitis.	N	Y	09/24/2004	09/21/2015	<a href="#">^Top</a>
Extracorporeal Shock Wave Therapy (ESWT) for Wound Healing	0299T, 0300T	High- or low-energy shock waves used for wound treatment.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
Extra-osseous Subtalar Joint Implant	0335T	A silastic silicone implant used to correct flatfoot deformity.	N	Y	03/26/2014	09/21/2015	
Facet Joint Allografts	0219T, 0220T, 0221T, 0222T	A minimally invasive spinal technique that uses allografted bone to stabilize the facet joint space.	N	Y	01/27/2010	09/21/2015	Currently managed by CCI; may be managed in future by NIA <a href="#">^Top</a>
Facet Joint Injections, Ultrasound Guidance	0213T, 0214T, 0215T, 0216T, 0217T, 0218T	Facet joint injections using ultrasound to guide needle placement (rather than standard fluoroscopy).	N	Y	01/27/2010	02/15/2016	Fluoroscopically-guided facet joint injections are used to treat chronic back pain. The literature supports the use of <u>fluoroscopic-guidance</u> (but not ultrasonic-guidance). Clinical review is not necessary for fluoroscopic-guidance. <a href="#">^Top</a>

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Facet Joint Arthroplasty	0202T	Using a spinal implant to restore spinal facet structure and function. It is used as an alternative to spinal fusion.	N	Y	05/09/2016	05/09/2016	<u>Currently being managed by CCI; may be managed in future by NIA.</u>
Fecal Bacteriotherapy	44705, G0455	Also known as Fecal Transplant, Fecal Microbiota Transplant, Fecal Transfusion and Stool Transplant. The procedure involves the nasogastric or colonoscopic delivery of saline-diluted fecal matter from a healthy donor into the colon of a patient with recurrent <i>C. difficile</i> infection and associated diarrhea. The treatment is also being investigated for Crohn's disease, ulcerative colitis and inflammatory bowel disease.	Y	N	07/25/2012	09/21/2015	<a href="#">^Top</a>
Fecal DNA Testing for Colorectal Cancer	81528, G0464	A test that screens for the presence of cancer-specific genetic material in the stool. Proprietary products include PreGen-Plus™, ExtractMaster™, Cologuard, ColoSure™, QIAamp DNA Stool Mini Kit.	Depends on the Test	Y	08/09/2007	09/21/2015	<a href="#">^Top</a>
Fecal Incontinence Treatment, Submucosal Injection	0377T	The use of anoscopy to guide injection of a bulking agent to treat fecal incontinence. Typical bulking agents are polytetrafluoroethylene, collagen, or autologous fat	N	Y	02/10/2015	07/20/2016	
Fenestrated Endovascular Repair, Visceral and Infrarenal Aorta	34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848	An endovascular graft with scallops at the top and openings in the graft wall facilitating aortic implantation across adjacent blood vessels without blocking blood flow through those vessels.	N	Y	03/26/2014	09/21/2015	

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FirstStep <sup>Lx</sup> Plus	81228, 81229	A proprietary service for individuals with autism spectrum disorder or other disorders of childhood development that combines genetic testing, personalized reporting and genetic counseling. The vendor for this service is Lineagen.	Y	N	09/25/2013	02/15/2016	Lineagen in a non-participating lab. CPT codes 81228 and 81229 can be billed by other participating labs such as Quest  <a href="#">^Top</a>
Fluorescence Spectroscopy of the Prostate	0443T	Using fluorescence spectroscopy to diagnose prostate cancer.	N	Y	07/20/2016	07/20/2016	
Functional Electrical Stimulation	E0745, E0762, E0764, E0769, E0770, E1399	Devices that are worn on the arm or leg and use small amounts of electricity to stimulate muscles. The devices are marketed for use post-stroke, for patients with spinal cord injuries, patients with cerebral palsy or patients with foot drop. Proprietary products include Bioness H200 and L300, 300PV <sup>TM</sup> , Neuromove <sup>TM</sup> , Automove 800, BioniCare <sup>®</sup> Knee System, Jstim 1000, OrthoCor <sup>TM</sup> Active Knee System, Walkaide.	N	Y	10/23/2007	09/21/2015	These codes may be used for other medically appropriate services that may or may not require prior authorization. HCPCS code E1399 is a non-specific code that may be used for a variety of services. Functional Electrical Stimulator devices will formally be on the PA list effective 1/1/17. Functional Electrical Stimulation devices and similar devices are excluded for Exchange/CBI  <a href="#">^Top</a>
Functional Intracellular Analysis (FIT <sup>TM</sup> ), Leukocyte Nutrient Analysis	Multiple laboratory codes	Examining leukocytes to determine levels of intracellular micronutrients. It has been proposed that this technology leads to improved management for chronic conditions such as cardiovascular disease, diabetes, arthritis and Alzheimer's. Proprietary products include FIT <sup>TM</sup> (SpectraCell Laboratories, Inc.). Also known as essential metabolic analysis, intracellular micronutrient analysis, and micronutrient testing.	N	Y	12/02/2008	02/15/2016	These code(s) may be used for other medically appropriate services.  <a href="#">^Top</a>

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Functional MRI	70554, 70555, 96020	MRI imaging of the brain that involves identification and mapping of stimulation of brain function.	Depends on Clinical Situation	Y <b>National Imaging Associates Advanced Radiology Program</b>	05/02/2007	09/21/2015  <a href="#">^Top</a>	CPT 96020 is hard coded in Amisys to deny EX 74.
Galectin 3	82777	Galectin-3 is a biomarker associated with fibrosis and inflammation. It may play a role in cardiac remodeling in heart failure and may be useful to determine prognosis.	N	Y	01/29/2013	09/21/2015  <a href="#">^Top</a>	
Gastric Neurostimulator	43647, 43648, 43659, 43881, 43882, 43999, 64590, 64595, C1767, L8686	Gastric neural pacing that is FDA-approved for use in treating medication-resistant gastroparesis (delayed gastric emptying). The device is sometimes used off-label for the treatment of morbid obesity.  <b>If bariatric surgery is not a covered benefit, then this technology may not be covered.</b>	Depends on Clinical Situation	Y	05/16/2007	09/21/2015  <a href="#">^Top</a>	Some of these codes may be used for other medically appropriate services that may or may not require prior authorization. The unlisted codes 43659 and 43999 may be used for a variety of other services.
Gene Expression Profiling for Prostate Cancer	81321, 81322, 81323, 81401, 81479	A genetic panel used to direct management for prostate cancer. The test may be used to predict cancer aggressiveness and long-term patient prognosis. Proprietary products include ProstaVysion (Bostwick Laboratories).	N	Y	03/26/2014	09/21/2015	These codes may be used for other genetic testing services requiring prior authorization.
Genetic Expression Profiling for Thyroid Cancer	88173, 81479, 81445,	A cytopathologic and molecular pathologic test to help distinguish benign and malignant thyroid lesions in patients with indeterminate FNA cytology. Proprietary product include Afrima® (Veracyte), Thyroseq® (Univ. of Pittsburgh), ThyGenX (Interpace Diagnostics), Quest Thyroid Cancer Mutation Panel.	Y	Y	09/25/2013	09/21/2015	Not all vendors are participating. Prior authorization is required whether vendor is in- or out-of-network. Some codes may be used for other genetic testing services requiring prior authorization.

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Genetic Testing for Advanced Age-Related Macular Degeneration (AMD)	81401, 81405, 81408, 81479	Genetic expression panels used to predict the progression of AMD in affected individuals or to provide AMD risk to asymptomatic individuals. Proprietary tests include Macula Risk® PGx (Arctic Dx), Retna Gene™ AMD (Sequenom), Macular Degeneration Mutation Analysis (Quest Diagnostics)	N	Y	03/26/2014	09/21/2015	These codes may be used for other genetic testing services requiring prior authorization.
Genetic Testing for Behavioral Health Management	Molecular Pathology codes vary depending upon the laboratory	Testing of individual genetic markers in order to manage or direct care for a variety of behavioral health conditions including depression, bipolar disorder, schizophrenia, anxiety disorders, OCD and ADHD. In addition to genes associated with the Cytochrome P450 system, some test panels include genes for neurotransmitter proteins, MTHFR, and sodium and calcium channels. Proprietary products include HILomet PhyzioType™ System and PIMS PhyzioType™ System (Genomas, Inc.), Genecept™ (Genomind), and GeneSightRx® (AssureRx Health), AmpliChip™ Cytochrome P450 (Roche Molecular Systems and Affymetrix) .	N	Y	01/29/2013	09/21/2015	The proprietary vendors do not make coding guidance publically available. Most services will be billed with Molecular Pathology codes, 81161-81479, 81410-81599 or 84999. The vendors for these tests are non-par.  <a href="#">^Top</a>
Genetic Testing for Cardiac Ion Channelopathies	81413, 81414	Genomic sequence analysis panel for Brugada syndrome, long QT syndrome, short QT syndrome and catecholaminergic polymorphic ventricular tachycardia.	N	Y	12/09/2016	12/09/2016	This test would be excluded for Exchange/CBI products

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Genetic Testing for Fetal Chromosomal Microdeletion	81422	Genomic sequence analysis panel for DiGeorge syndrome and Cri-du-chat syndrome.	N	Y	12/09/2016	12/09/2016	This test would be excluded for Exchange/CBI products
Genetic Testing for Inherited Cardiomyopathy	81439	Genomic sequence analysis panel for hypertrophic cardiomyopathy, dilated cardiomyopathy and arrhythmogenic right ventricular cardiomyopathy.	N	Y	12/09/2016	12/09/2016	This test would be excluded for Exchange/CBI products
Genetic Testing for Initiation of Warfarin Therapy	81227, 81355	A genetic test for CYP2C9 and VKORC1. Both of these genetic markers are involved in the metabolism of warfarin. Proprietary products include Warfarin Sensitivity CYP2C9 & VKORC1 (ARUP Labs), Warfarin Metabolism Panel (Athena Diagnostics), Warfarin P450 2C9 and VKORC1 (Lab Corp), Cytochrome P450 2C9 and VKORC1 (Quest Diagnostics), eSensor <sup>®</sup> XT-8 2C9/VKOR (Osmetech).	N	Y	12/02/2008	09/21/2015	<a href="#">^Top</a>
Genetic Testing for Resistance to Thyroid Hormone (RTH)	81405	The direct sequence analysis of the Thyroid Hormone Resistance Beta (THRB) coding regions. RTH is most often caused by mutations in THRB.	N	Y	09/25/2013	02/15/2016	<a href="#">^Top</a>

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GERD Endoscopic Treatment Devices	43210, 43257, 43289, 43499, 43659	Various treatment devices to treat Gastroesophageal Reflux Disease. Proprietary products include Bard Endo Cinch Suturing System, Enteryx, Esophyx, StomaphyX, Angelchik, Plicator, Stretta Systems and LINX Reflux Mgmt System.	N	Y	09/24/2004	09/21/2015	Codes 43257, 43289, 43499, and 43659, may be used for other medically appropriate services. <a href="#">^Top</a>
Glucose Monitor, subcutaneous implantable	0446T, 0447T, 0448T	Implantable interstitial glucose sensor system inserted into a subcutaneous pocket which is used to continuously monitor the glucose levels in diabetic individuals.	Y	Y	12/09/2016	12/09/2016	
Glucose Monitor, Subcutaneous Real-Time Continuous	A9276, A9277, A9278	A device used to continuously monitor the glucose levels in diabetic individuals. The monitor can be set to alert the member when his/her glucose level is too high or too low.	Y	N	04/24/2008	02/15/2016	<a href="#">^Top</a>
Hexaminolevulinat HCl, Injection	C9275	A fluorescent chemical used to detect bladder cancer and other abnormal bladder cells.	N	Y	01/01/2011	02/15/2016	This code can be used only by outpatient facilities. <a href="#">^Top</a>
High Intensity Focused Ultrasound (HIFU) for Prostate Cancer	55899, 76999, C9734	This technique uses high frequency sound waves targeted at cancer cells the waves create heat that damage the cancer cells.	N	Y	12/09/2016	12/09/2016	Codes 55899 and 76999 may be used for other medically appropriate services.



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Hippotherapy/ Therapeutic Horseback Riding, Equine-Facilitated Therapy/Horse Therapy	S8940	The passive use of the physical movements of the horse in the treatment of patients with neurological or other disabilities.	N	NC for all plans except muni's then Y	03/29/2005	09/21/2015 <a href="#">^Top</a>	Benefit exclusion for fully insured. Refer to member agreement for all other requests, MUNIs. Fully insured contracts exclude the following: "Overnight or day camps focused on illness or disability."
Human Epididymis Protein 4 (HE4)	86305	A tumor marker used in the management of ovarian cancer.	N	Y	01/27/2010	09/21/2015 <a href="#">^Top</a>	
Hyperthermia, external (superficial)	77600	External heating used in conjunction with cancer therapy such as radiation and/or chemotherapy.	Y	Y <b>National Imaging Associates Radiation Oncology Program</b>	01/29/2013	09/21/2015 <a href="#">^Top</a>	
Hyperthermia, external (deep), interstitial, intracavitary	77605, 77610, 77615, 77620, 96446, 96549	External and internal heating used in conjunction with cancer therapy such as radiation and/or chemotherapy.	Y	Y <b>National Imaging Associates Radiation Oncology Program</b>	01/29/2013	07/20/2015 <a href="#">^Top</a>	
Hypoglossal Nerve Stimulation (HGNS) for obstructive sleep apnea	0466T, 0467T, 0468T	For patients with moderate and severe obstructive sleep apnea a HGNS is implanted. The system is a pacemaker-like device that monitors breathing patterns and is activated during sleep to stimulate the hypoglossal nerve, which controls muscles in the upper airway. Proprietary products include XeThru X2M200 respiration sensor.	N	NC	12/09/2016	12/09/2016	Hypoglossal Nerve Stimulation devices and similar devices are excluded for Exchange/CBI.

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Hypothermia, Neonate (body/head)	99184	Cooling the body and/or head of newborns that have had pre- or post-natal oxygen deprivation. Mild cooling may reduce the risk of permanent disability by minimizing or preventing CNS damage. Proprietary names include Olympic Cool-Cap <sup>®</sup> System and Olympic CFM 6000 (Natus Medical Inc.).	Y	N	01/01/2011	06/01/2016	<a href="#">^Top</a>
Hysteroscopic Tubal Sterilization/Essure Contraception System	58565, A4264	The insertion of stents into the fallopian tubes to produce local scarring resulting in tubal occlusion and infertility.	Y	N	09/24/2004	09/21/2015	Claims for HCPC code A4264 would be bundled into surgery CPT code 58565. <a href="#">^Top</a>
IgG Antibody Testing for Food Allergy	Multiple laboratory codes	Immunoassays used to test for the presence of IgG antibodies to food allergens.	N	Y	05/13/2009	02/15/2016	These codes may also be used for other medically appropriate lab tests. <a href="#">^Top</a>
IL28B Polymorphism Testing	81400	Pharmacogenomic testing for predicting treatment-response to interferons and ribavirin for hepatitis C	N	Y	01/29/2013	09/21/2015	This code may be used for other genetic testing services requiring prior authorization. <a href="#">^Top</a>
Implantable Miniature Telescope <sup>™</sup> (IMT)	0308T	A prosthetic device implanted behind the pupil; together with the cornea, it functions as a telephoto lens providing three times magnification on the retina. The device is used to treat macular degeneration.	N	Y	11/03/2010	09/21/2015	<a href="#">^Top</a>
InFUSE (Bone Morphogenic Protein, rhBMP-2)	20930, 20999	FDA approved for use only with the LT-CAGE Lumbar Tapered Fusion Device for lumbar spinal surgery.  <b>The efficacy of this material has been demonstrated to Lumbar fusion operations; there is limited evidence of efficacy for Cervical fusions.</b>	Depends on Clinical Situation	Y	11/03/2010	09/21/2015	These codes may be used for other medically appropriate services requiring prior authorization. Currently being managed by CCI; may be managed in future by NIA. Requests require a discussion between CCI and NIA. <a href="#">^Top</a>

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Insulin Potentiation Therapy	Multiple CPT codes	The combination of insulin and low-dose chemotherapy. In theory, the insulin enhances the activity of the chemotherapy drugs so that lower doses are effective.	N	Y	05/13/2009	02/15/2016	
Interferential Therapy (e.g., RS-2m Device from RS Medical)	E0745, E0762, E0764, E0769, E0770	The use of small electrical currents to relieve pain associated with musculoskeletal disorders or speed up healing of soft tissue injuries, surgical wounds, or bone fractures. Proprietary products include RS-2m, RS-4i, RSJ and RS JC devices (RS Medical), IF 3 Wave device (Empi), IF 8000 (Biomotion), INF Plus (Biomedical Life Systems) and Stimtech IF4 (Stitch).	N	Y	12/02/2008	02/15/2016	These codes may also be used for other devices requiring prior authorization (See <b>Functional Electrical Stimulation</b> on this document). Electrical Stimulation devices are excluded for Exchange/CBI.
Interspinous Spacer Devices	22853, 22854, 22859, 22867, 22868, 22869, 22870, C1821	A device placed between the interspinous processes in patients with lumbar spinal stenosis. Proprietary products include X-STOP® (Medtronic), ExtenSure Bone Allograft Interspinous Spacer (NuVasive), TOPS™ (Implant).	N	NC CPT 22853, 22854, 22859 all other codes Y <b>National Imaging Associates Musculo-skeletal Program</b>	05/13/2009	09/21/2015	C1821 can be used only by outpatient facilities.
Intracardiac Ischemia Monitoring System	0302T, 0303T, 0304T, 0305T, 0306T, 0307T	Pacemaker intracardiac leads implanted in the right ventricular apex that record cardiac data and detect ischemic events. The AngelMed Guardian device (Angel Medical Systems) is undergoing clinical trial and is not yet FDA approved.	N	Y	01/29/2013	09/21/2015	

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Intracranial Angioplasty for Atherosclerotic Disease	61630, 61635, 61640, 61641, 61642	An angioplasty technique (with or without stenting) used to treat atherosclerotic narrowing of arteries inside the brain. Proprietary products Neurolink® and Wingspan™.	N	Y	06/23/2010	02/15/2016 <a href="#">^Top</a>	These codes may also be used for other procedures that do not require Prior Authorization.
Intradiscal Electrothermal Therapy, IDET	22526, 22527	A minimally invasive treatment using controlled levels of thermal energy to a broad section of the affected disc wall.	N	Y <b>National Imaging Associates Musculo-skeletal Program</b>	01/14/2005	09/21/2015 <a href="#">^Top</a>	These codes may also be billed for Nucleoplasty either separately or together with 62287. The medical literature does not support the use of these techniques either separately or together.
Intralesional Anesthesia or Postoperative Disposable Ambulatory Regional Anesthesia	A4305, A4306, multiple unlisted CPT codes	A device used for postoperative pain management. The pump, containing either an anesthetic or narcotic medicine, is placed in the surgical site during the operation, delivers medication over several days and can then be removed by the patient him/herself. Proprietary products include On-Q, Pain Buster, C-Bloc, Homepump Eclipse, Stryker, Accufuser, I-Pump, ambIT, and AutoMed.	N	Y	02/21/2006	09/21/2015 <a href="#">^Top</a>	
Intramuscular Autologous Bone Marrow Cell Therapy	0263T, 0264T, 0265T	Treatment of peripheral arterial disease with injections of mononuclear bone marrow cells; used when conventional endovascular or surgical re-vascularization procedures have been unsuccessful.	N	Y	01/25/2012	09/21/2015 <a href="#">^Top</a>	

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Intraocular lenses, Multifocal, Accommodating or Toric	Q1004, Q1005	Lenses designed to provide distance and near vision simultaneously and offer multiple focal points. They are considered an optional lens for cataract patients in need of cataract surgery; the evidence has failed to demonstrate superiority of multifocal lenses compared to monofocal lenses and conventional eyewear. Proprietary products include Array® Model SA40, ReZoom™, AcrySof® ReStor®, Tecnis ZM900, Crystalens™ Model AT-45, Crystalens HD™, Crystalens Aspheric Optic™, ARTISAN®, STAR Visian ICL™	N	Y	09/25/2013	02/15/2016	<a href="#">^Top</a>
Intraocular Pressure Monitoring, Prolonged	0329T	A contact lens that continuously monitors fluctuations in intraocular pressure to aid in the management of glaucoma. Proprietary products include Triggerfish® (Sensimed AG).	N	Y	09/25/2013	02/15/2016	<a href="#">^Top</a>
Intrapulmonary Percussive Ventilation (IPV)	E0481	A technique utilizing high frequency oscillatory ventilation to produce endotracheal percussion via a device called the Percussionator (Percussionaire®).	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
Intrastromal Corneal Ring Segments (Intacs™)	0099T, 66999, L8699	Flexible rings inserted beneath the surface of the cornea in order to flatten the front of the eye. Intacs can be used in the treatment of either myopia or keratoconus.	Y	N	02/23/2006	09/21/2015	<a href="#">^Top</a>

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Iontophoresis	89230, 97033	A technique that introduces drugs through intact skin by the administration of continuous, direct electrical current. The technique has been used for the treatment of musculoskeletal conditions and cardiovascular disease.	Y	N	05/13/2009	05/09/2016	
Irreversible Electroporation (IRE) for Tumors	No specific code	A minimally invasive option for tumors that are inoperable or difficult-to-reach, including tumors located near critical structures and major blood vessels in the body. Instead of using extreme heat or cold, which could damage normal adjacent tissues, this technique uses electrical currents to destroy cancerous tumors. Proprietary products include NanoKnife® System.	N	Y	12/09/2016	12/09/2016	
Kinetic Balance Sensor for Knee Replacement	0396T	An electronic wireless sensor used in knee replacement surgery to align and balance the knee.	N	Y	07/20/2016	07/20/2016	

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KneeHab XP Controller	E0731, E0745	A neuromuscular electrical stimulation device used to improve lower extremity strength and/or function in individuals with arthritis or following knee surgery.	N	Y	03/26/2014	09/21/2015	These codes may also be used for other medically appropriate services requiring prior authorization. KneeHab XP Controller devices and similar devices are excluded for Exchange/CBI.
Know Error <sup>®</sup> System-Prostate Cancer	84999	A proprietary laboratory analysis from Strand Diagnostics, LLC that consists of a DNA and specimen collection kit that is designed to reduce the incidence of specimen provenance errors (caused by misidentification or mishandling of tissue specimens). The kit includes a DNA swab to collect a constitutional DNA specimen, and bar-coded specimen collection containers, as well as "chain of custody" tools to insure proper patient identification.	N	Y	01/25/2012	09/21/2015	This code may be used for other medical services that require prior authorization. <a href="#">^Top</a>
Kyphoplasty	22523, 22524, 22525	A modification of percutaneous vertebroplasty using an inflatable bone tamp to reduce fracture prior to injecting bone cement.	Y	N	09/24/2004	09/21/2015	<a href="#">^Top</a>
LacriCATH <sup>®</sup> Balloon Catheter	68816	A balloon catheter used during the dilation of an obstructed nasolacrimal duct.	Y	N	06/25/2008	09/21/2015	<a href="#">^Top</a>
Laparoscopic CO2 Laser Ablation for Endometriosis	58578	A procedure designed to precisely destroy abnormal tissues, including endometriotic lesions, with minimal damage to surrounding normal tissue. Treatment is usually related to the restoration of fertility and/or relieving pelvic pain.	Y	N	09/25/2013	02/15/2016	This code may be used for other medically appropriate services requiring prior authorization. <a href="#">^Top</a>
Left Atrial Closure Devices	93318, 0201T, C1760, C1817, C2628	A percutaneous transcatheter device/system used to seal the left atrial appendage and decrease the chance of blood clots. Proprietary devices include Watchman <sup>®</sup> , the PLAATO system, the Amplatzer septal occluder.	N	Y	06/23/2010	02/15/2016	93318 may be used for other medically appropriate services requiring prior authorization. The C codes can be used only by outpatient facilities. <a href="#">^Top</a>

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Left Atrial Hemodynamic Monitor	0293T, 0294T	An implantable, computerized electrical device that measures and records hemodynamic pressures and associated clinical data.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
Low Dose Breast-Specific Gamma Imaging (BSGI)/Molecular Breast Imaging (MBI)	S8080	BSGI/MBI utilizes a radiopharmaceutical to visualize metabolic activity, revealing highly active areas that may be indicative of disease.	N	Y	01/25/2012	09/21/2015	This HCPCS code would require special contractual language. <a href="#">^Top</a>
Low Frequency Ultrasound for Wound Management	97610	A low frequency ultrasound system used for the simultaneous wound cleansing and debridement. Proprietary names include the Mist Therapy™ System.	N	Y	04/24/2008	09/21/2015	<a href="#">^Top</a>
Lumbar Fusion Techniques	Multiple CPT codes including 22586, 0195T, 0196T, 0309T	Minimally invasive procedures for the treatment of chronic back pain. The procedures include anterior lumbar fusion techniques (ALIF), axial lumbar interbody fusion (AxialLIF), extreme lateral interbody fusion (XLIF), lateral transpoas interbody fusion (LTIF), direct lateral interbody fusion (DLIF), posterior lumbar interbody fusion (PLIF), transforaminal lumbar interbody fusion (TLIF).	N	Y <b>National Imaging Associates Musculo-skeletal Program</b>	09/25/2013	02/15/2016	<a href="#">^Top</a>
Magnetic Resonance Image Guided High Intensity Focused Ultrasound for Movement Disorders	0398T	A technique that uses ultrasound energy to treat movement disorders like Essential Tremor that have not responded to medical therapy. The technique is performed over several hours using mild sedation.	N	Y	07/20/2016	07/20/2016	



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Magnetoencephalography (MEG)/Magnetic Source Imaging (MSI)	95965, 95966, 95967, S8035	Techniques used to evaluate brain structure and function in individuals with chronic epilepsy, especially in advance of epilepsy surgery. Structural brain MRI information is combined with measurements of the brain's neuromagnetic field (Magnetoencephalography) and a map of brain function onto brain structure is generated (Magnetic Source Imaging).	N	Y	08/29/2006	09/21/2015	This HCPCS code would require special contractual language.  <a href="#">^Top</a>
MammaPrint <sup>®</sup>	81479	DNA testing used to predict cancer recurrence in women with breast cancer.	Y	Y	08/09/2007	05/09/2016	The vendor for this test is non-par.  <a href="#">^Top</a>
3D Mammography (Tomosynthesis)	77061, 77062, 77063	A 3-dimensional digital mammography system that involves acquiring images of a stationary compressed breast at multiple angles during a short scan. The technology may be able to detect breast cancer earlier than other imaging modalities. Proprietary products include Senenia <sup>®</sup> Diimensions Digital Tomosynthesis System.	N	Y	01/25/2012	05/09/2016	Screening 3D Mammography will be covered as per CT State Mandate effective 1/1/17 for <b><u>new and renewing members</u></b>  <a href="#">^Top</a>

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Maternal Serum Cell-Free Fetal DNA Testing	81420, 81507	A prenatal test that analyzes fetal DNA found in maternal serum in order to determine the presence or absence of a fetal chromosomal abnormality. Proprietary products include MaterniT21 (Sequenom), Verifi (Verinata), and Harmony (Ariosa Diagnostics).  <b>Refer to ConnectiCare Prior Authorization criteria: Genetic Testing, Noninvasive Prenatal Testing for Fetal Aneuploidy</b>	Depends on Clinical Situation	Y	07/25/2012	09/21/2015  <a href="#">^Top</a>	
Meibomian Gland Treatment with Heat and Pressure	0207T	An automated evacuation device that uses heat and pressure to treat meibomian gland dysfunction.	N	Y	01/27/2010	09/21/2015  <a href="#">^Top</a>	
Menaflex	G0428	A collagen implant used for meniscus surgery. In 2010, the FDA began a rescission process to remove the approval for this material.	N	Y	07/27/2011	02/15/2016  <a href="#">^Top</a>	
Methylated Septin 9	81327	A non-invasive serum-based test for colorectal cancer. Methylated SEPT9 molecules may be found in cell-free DNA extracted from patient blood samples, which allows for a relatively noninvasive CRC screening test. Proprietary products include ColoVantage® (Quest Diagnostics).	N	Y	01/29/2013	09/21/2015  <a href="#">^Top</a>	This test would be excluded for Exchange/CBI products
MicroVas System	Multiple CPT codes	A radiofrequency stimulation device proposed as a means to facilitate wound healing. The device is also marketed for multiple other uses including pain management, muscle disuse atrophy, and diabetic neuropathy. The manufacturer is neruoVasix.	N	Y	05/16/2007	02/15/2016  <a href="#">^Top</a>	Electrical Stimulation devices are excluded for Exchange/CBI.

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Microwave Thermotherapy for Breast Tumors	0301T	Microwave therapy used to damage or destroy cancer cells or to make cancer cells more sensitive to radiation therapy or certain chemotherapeutic agents.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
MI Profile and MI Profile X	Multiple Molecular Pathology CPT codes	Proprietary laboratory analyses from Caris Life Sciences that use either formalin-fixed paraffin-embedded (FFPE) or frozen tumor specimens to establish a molecular profile of the tumor. The results are used to guide therapy or a clinical trial. This product was formerly known as the Target Now™ Molecular Profiling test.	N	Y	11/03/2012	05/09/2016	<a href="#">^Top</a>
Multi-Spectral Analysis of Skin Lesions	0400T, 0401T	A technique used to examine pigmented skin lesion using different wavelengths of light. It is used to detect melanoma. Proprietary products include MelaFind® (MELA Sciences)	N	Y	07/20/2016	07/20/2016	
Myocardial Contrast Perfusion Echocardiography	0439T	A tool to allow detection of small vessel cardiac damage and unknown coronary artery disease.	N	Y	07/20/2016	07/20/2016	
Myocardial Strain Imaging	0399T	A non-invasive method of assessing myocardial function.	N	Y	07/20/2016	07/20/2016	
Myocardial Sympathetic Imaging, with or without SPECT	0331T, 0332T	A measurement of the concentration of the radioactive tracer 123Iodine meta-iodobenzylguanidine (MIBG) in myocardial sympathetic nerve endings. In patients with heart failure, MIBG measurement may correlate with the severity of heart failure, serve as a prognostic marker, guide or monitor treatment decisions.	N	Y	09/25/2013	02/15/2016	<a href="#">^Top</a>

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Near-Infrared Guidance for Vascular Access	No specific code	A device used to locate subcutaneous veins and project real-time images of their location onto the surface of the skin using real time digital visualization. Proprietary names include AccuVein AV300 and VeinViewer.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
Near-Infrared Imaging	0205T	A catheter technique that uses near-infrared light to evaluate coronary artery plaques. Proprietary products include LipiScan™ Coronary Imaging System (InfraReDx, Inc.).	N	Y	01/27/2010	02/15/2016	<a href="#">^Top</a>
Near-Infrared Spectroscopy	76499	A device to assess lower extremity wounds by measuring the oxygen content of hemoglobin.	N	Y	01/25/2012	02/15/2016	This unlisted code may be used for other medically appropriate services. <a href="#">^Top</a>
Neulasta Onpro Kit	96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection of pegfilgrastim.	N	NC	12/09/2016	12/09/2016	
NeuroEndocrine Laboratory Testing (NeuroScience or Pharmasan Labs)	Multiple laboratory codes	Evaluation of urine and saliva for neurotransmitters and hormones.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
Neurofibroma Removal, Multiple Lesions	0419T, 0420T	The removal of multiple neurofibromata at one time.	N	Y	07/20/2016	07/20/2016	The removal of numerous lesions in excess of 50-100 lesions may cosmetic in nature.
Neuropsychiatric EEG-based Assessment Aid (NEBA)	95957	A technique for use in children and adolescents to confirm the diagnosis of attention-deficit/hyperactivity disorder (ADHD) or to guide management.	N	Y	03/26/2014	09/21/2015	This code may be used for other medically appropriate services.

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Neutralizing Antibodies to Interferon Beta (BAb™ Screen/ NAbFeron® Antibody Test)	86382	A cytopathic effect assay used to detect the presence of neutralizing antibodies to interferon beta. These antibodies are often found in multiple sclerosis patients being treated with interferon beta.	N	Y	05/16/2007	02/15/2016 <a href="#">^Top</a>	This code may be used for other medically appropriate services.  Vendors are Quest and, Athena Diagnostics (non-par).
Nitric Oxide Expired Gas Determination	95012	Measurement of expired nitric oxide to guide treatment of asthma and other pulmonary diseases.	N	Y	05/02/2007	09/21/2016 <a href="#">^Top</a>	
NMR LipoProfile® Test	Multiple laboratory codes	Nuclear magnetic resonance technology used to measure the size and number of lipoproteins.	N	Y	05/13/2009	02/15/2016 <a href="#">^Top</a>	
Nocturnal Penile Tumescence Testing	54250	A device used at home to evaluate erectile dysfunction by measuring penile tumescence and rigidity. Proprietary products include RigiScan® Plus	Y	N	01/29/2013	09/21/2016 <a href="#">^Top</a>	
Nuchal Translucency Scans	76813, 76814	Pre-natal ultrasound performed during the late first trimester in order to assess the skin fold behind the neck of the fetus. This imaging technique is usually used in conjunction with other lab tests to screen for chromosomal abnormalities (including Down Syndrome).	Y	N	04/06/2005	02/15/2016 <a href="#">^Top</a>	Provider concerns regarding reimbursement should be referred to Network Operations.
Nucleoplasty	62287	A percutaneous technique that uses laser, radiofrequency, or thermal energy to decompress herniated disc material. The technique is also known as percutaneous radiofrequency thermomodulation, percutaneous plasma discectomy or percutaneous laser disc decompression. Proprietary names include Coblation®, Spine Wand™.	N	Y <b>National Imaging Associates Musculo-skeletal Program</b>	12/02/2008	09/21/2015 <a href="#">^Top</a>	CPT 62287 may also be billed for IDET either separately or together with 22526 and 22527. The medical literature does not support the use of these techniques either separately or together.

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Occipital nerve stimulation (ONS)	64555, 64575, 64999	Treatment of chronic cluster headache or migraine using an implanted pulse generator placed across one or both occipital nerves at the base of the skull. Electrical stimulation of the nerve and its branches reduces the severity and frequency of the headaches. Proprietary devices include ONSTIM® (Medtronic Neuro) and PRISM® (Boston Scientific Corporation).	N	Y	09/25/2013	02/15/2016	These codes may be used for other medically appropriate services requiring prior authorization. Occipital Nerve Stimulation devices are excluded for Exchange/CBI.  <a href="#">^Top</a>
Ocular Blood Flow Measurement	0198T	A technique used to screen, diagnose and monitor glaucoma.	N	Y	05/13/2009	02/15/2016	<a href="#">^Top</a>
Oncoprotein; Des-Gamma-Carboxy-Prothrombin (DCP)	83951	A laboratory test used to detect and evaluate liver cancer.	N	Y	05/13/2009	02/15/2016	<a href="#">^Top</a>
Oncotype Dx™ Breast Cancer	81519	A 21-gene assay that may help determine the risk of breast cancer recurrence and the need for chemotherapy.  <b>Refer to Oncotype Dx™ pre-authorization criteria.</b>	Depends on Clinical Situation	Y	08/09/2007	05/09/2016	These codes may be used for other genetic testing services requiring prior authorization.  <a href="#">^Top</a>  ConnectiCare has a contract with the vendor, Genomic Health, for Oncotype Dx Breast <b>only</b> .
Oncotype Dx™ Colon Cancer	81525	A 12-gene assay that may help determine the risk of colon cancer recurrence and the need for chemotherapy.	N	Y	01/27/2010	05/09/2016	This code may be used for other genetic testing services requiring prior authorization.  The vendor for this test, Genomic Health, is not contracted for this service.  <a href="#">^Top</a>

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Optical Coherence Tomography (OCT), Anterior Segment	92132	Low coherence near-infrared light used to evaluate the anterior segment of the eye (e.g., the cornea, iris, anterior chamber and the central portion of the lens).	N	Y	01/27/2010	02/15/2016	<u>Posterior</u> Optical Coherence Tomography has been used for some time to screen, diagnose, and manage retinal and optic nerve conditions. The literature supports the use of <u>Posterior</u> (but <u>not Anterior</u> ) OCT. Clinical review is not necessary for Posterior OCT. <a href="#">^Top</a>
Optical Coherence Tomography (OCT), Breast or Lymph Node	0351T, 0352T, 0353T, 0354T	The use of high-resolution, near-infrared light imaging to determine if breast or lymph node tissue is benign or malignant. Proprietary products include MarginProbe System (Dune Medical Devices).	N	Y	02/10/2015	07/20/2016	
Optical Coherence Tomography (OCT), Coronary Interventions	92978, 92979	A technique for providing cross-sectional images of tissue, rendering detailed structural information. The technique replaces current intravascular ultrasound imaging.	N	Y	01/25/2012	09/21/2015	These codes may be used for other medically appropriate services. <a href="#">^Top</a>
Optical Endomicroscopy	43206, 43252, 88375	A device that includes a laser light, a long optical fiber that the light passes through, and a computer that analyzes the light given off by suspicious lesions. It is used as an adjunct to upper or lower gastrointestinal endoscopy for the evaluation of lesions less than 1 cm in diameter.	N	Y	01/29/2013	02/15/2016	<a href="#">^Top</a>
OptoJump Next	96000, 96001, 96002, 96003, 96004	An optimal measurement system for gait and jump analysis. It is designed and marketed as a tool to assess and optimize performance for competitive athletes. This is a proprietary product from Microgate.	N	Y	01/29/2013	09/21/2015	These codes may be used for other medically appropriate services. <a href="#">^Top</a>

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Oral Brush Biopsy	88104, 88160, 40808, 41108, 42800, 42802, 42804, 42806	An oral brush biopsy coupled with a computer-assisted analysis to determine whether oral lesions are cancerous or pre-cancerous. Proprietary products include OralCDx (OralScan Laboratories, Inc.).	N	Y	06/23/2010	02/15/2016	<p>These codes may be used for other medically appropriate services requiring prior authorization.</p> <p><a href="#">^Top</a> Preauthorization would only be required for an <b>“Oral Brush”</b> biopsy. Most biopsies are not done using this technique. Do not instruct provider to submit a request for review unless you are certain they are doing an <b>“Oral Brush”</b> biopsy.</p>
OraQuick Rapid HCV Antibody Test	86703	An office-based test that can be used to detect/screen for Hepatitis C virus.	Y	N	01/25/2012	09/21/2015	<a href="#">^Top</a>
OVA 1	81503, 84999	A diagnostic proprietary algorithm that uses the results of five immunoassays to produce a single score indicating a women's likelihood of ovarian malignancy. The analysis is only for women over the age of 18 with planned abdominal/ovarian surgery for suspected cancer. The product is a joint venture between Quest and Vermillion, Inc.	N	Y	01/27/2010	09/21/2015	<p>These codes may be used for other genetic testing services requiring prior authorization.</p> <p><a href="#">^Top</a></p>
OvaSure™	Multiple laboratory codes	The OvaSure™ assay measures the levels of six biomarkers (including CA-125, leptin, prolactin, osteopontin, insulin-like growth factor II, and macrophage inhibitory factor) and provides a calculated risk index for ovarian cancer. OvaSure™ is a proprietary product of Laboratory Corporation of America.	N	Y	12/02/2008	09/21/2015	<p>These codes may be used for other medically appropriate services.</p> <p><a href="#">^Top</a></p>



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Ozurdex	J7312	A biodegradable, ophthalmologic dexamethasone-containing implant used for the treatment of macular edema following branch retinal vein occlusion or central retinal vein occlusion (CRVO) and for the treatment of non-infectious uveitis affecting the posterior segment of the eye	Y	Y <b>Pharmacy Auth Necessary</b>	09/25/2013	02/15/2016 <a href="#">^Top</a>	
Panexia® for Pancreatic Cancer	81216, 81217, 81406, 81479	A genetic test from Myriad Genetics that detects sequence variants in the PALB2 and BRCA2 genes and deletions and duplications in the PALB2 gene. BRCA2 and PALB2 genes are associated with some forms of familial pancreatic cancer	N	Y	09/25/2013	02/15/2016 <a href="#">^Top</a>	These codes may be used for other genetic testing services requiring prior authorization.  Myriad Genetics is contracted for other genetic tests but is not contracted for Panexia
PancaGen	81599, 84999	A molecular/nucleic acid-based diagnostic test used to determine whether pancreatic cysts are malignant or benign. The vendor is Interpace Diagnostics. PancaGen was previously known as PathFinder TG®, Topographic Genotyping.	N	Y	06/25/2008	05/09/2016	These codes may be used for other services requiring prior authorization.  The vendor for this test is non-participating.
Percutaneous Image-Guided Lumbar Decompression (PILD)	G0276	A minimally invasive surgical technique that removes hypertrophic ligamentum flavum, helping to restore space in the spinal canal. Proprietary products include mild® (Vertos Medical).	N	Y	09/20/2016	09/20/2016	
Percutaneous Laminectomy/ Laminotomy	0274T, 0275T	A minimally invasive technique for spinal stenosis or spondylolisthesis used to relieve pressure on the spinal cord or nerve roots. Proprietary products include the mild® Procedure (Vertos Medical, Inc).	N	Y <b>National Imaging Associates Musculo-skeletal Program</b>	01/25/2012	09/21/2015 <a href="#">^Top</a>	

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Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary Voiding Dysfunction	64566	Treatment of urinary urgency, urinary frequency, and urge incontinence with minimal stimulation of the tibial nerve followed by retrograde stimulation of the sacral nerve. Proprietary products include Urgent PC® Neuromodulation System (Uroplasty, Inc.).	Y	N	01/27/2010	02/15/2016 <a href="#">^Top</a>	Percutaneous Tibial Nerve Stimulation devices are excluded for Exchange/CBI
Percutaneous Transcatheter Closure of the Left Atrial Appendage	33340	An endovascular device designed to seal the left atrial appendage and avoid risk of clot migration in the blood stream.	N	NC	01/25/2012	09/21/2015 <a href="#">^Top</a>	
Percutaneous Transcatheter Closure of Paravalvular Leak	93590, 93591, 93592	Percutaneous occlusion device to repair either aortic or mitral valve.	N	NC	12/09/2016	12/09/2016	
Pervenio™ Lung NGS Test	88381, 81210, 81235, 81275, 81321, 81400, 81401, 81403, 81404, 81405, 81479	A multigene molecular diagnostic assay for early-stage lung cancer.	N	Y	03/26/2014	09/21/2015	These code(s) may be used for other genetic testing services requiring prior authorization.
Phrenic Nerve Stimulation for Central Sleep Apnea	0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T	Electrical stimulation of the phrenic nerve to treat central sleep apnea.	N	Y	07/20/2016	07/20/2016	Phrenic Nerve Stimulation devices and similar devices are excluded for Exchange/CBI.
Placental Alpha Microglobulin-1	84112	A laboratory test used to detect premature rupture of the membranes during pregnancy. Proprietary tests include AmniSure™ ROM.	N	Y	05/13/2009	02/15/2016 <a href="#">^Top</a>	

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Platelet Rich Plasma	0232T, P9020, G0460, Multiple laboratory codes	Isolation and injection of a patient's own platelet-rich blood plasma to facilitate the healing of ligament and tendon injuries, soft tissue injuries, and wounds.	N	Y	05/13/2009	02/15/2016 <a href="#">^Top</a>	
Porcine Small Intestine Submucosa Plug	46707	A porcine-derived product used to treat chronic wounds (anal fistula, skin ulcers) and surgical wounds. Proprietary products include Oasis™ and Surgisis® (including Surgisis AFP™ Anal Fistula Plug).	N	Y	01/27/2010	09/21/2015 <a href="#">^Top</a>	
Positional MRI	Multiple CPT codes	MRI that is repeated with the patient in different positions (e.g., flexion, extension, rotation, and lateral bending).	N	Y <b>National Imaging Associates Advanced Radiology Program</b>	01/15/2008	02/15/2016 <a href="#">^Top</a>	
Post-Op Px™	Multiple laboratory codes including 88313, 88347, 88323, 88399	A proprietary histologic and molecular analysis of prostate tissue obtained during biopsy or surgery. The proprietary vendor, Aureon Biosciences, suggests that the analysis provides improved information regarding disease management and progression. This test was formerly known as Prostate Px+	N	Y	05/13/2009	05/09/2016 <a href="#">^Top</a>	These codes may also be used for other medically appropriate lab tests.
PredictMDx™	81287	A test to measure MGMT (O6-methylguanine-DNA methyl transferase) in Glioblastoma Multiforme to identify patients most likely to respond to targeted therapy.	Y	Y	03/26/2014	09/21/2015	Genetic testing/Prior Auth required
PreDx® Diabetes Risk Score	81506, 84999	The measurement of seven biomarkers and a proprietary algorithm to quantify the risk of developing diabetes within five years.	N	Y	03/26/2014	09/21/2015	These codes may be used for other genetic testing services requiring prior authorization.

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Previstage™ GCC Colorectal Cancer Staging Test	No specific code	Genetic testing to determine the presence of guanylyl cyclase C (GCC) in the lymph nodes of colorectal cancer patients. GCC has been associated with metastatic disease and its detection in lymph nodes may affect staging and treatment. This is a proprietary product from DiagnoCure Oncology Laboratory.	N	Y	01/27/2010	02/15/2016	These code(s) may be used for other medically appropriate services requiring prior authorization.  DiagnoCure Oncology Laboratory is a non-participating provider.  <a href="#">^Top</a>
Procalcitonin	84145	A thyroid protein found in the serum of patients with serious bacterial infections. It is proposed as a biomarker to differentiate bacterial from viral infections.	N	Y	05/13/2009	02/15/2016	<a href="#">^Top</a>
Prolaris®	81479	A 46-gene (31 prognostic genes and 15 reference genes) expression profile designed to predict the likelihood of disease progression within 10 years in prostate cancer patients. A proprietary product of Myriad Genetics.	N	Y	09/25/2013	02/15/2016	This code may be used for other genetic testing requiring prior authorization.  <a href="#">^Top</a>
Prolotherapy	Multiple injection codes, M0076	The injection of sclerosing solutions into the joints, muscles or ligaments in an attempt to increase joint stability and decrease pain.	N	Y	12/02/2008	09/21/2015	<a href="#">^Top</a>
Prostate Biopsies, Stereotactic Template Guided Saturation Sampling, including imaging	55706	A technique using transrectal ultrasound to image the prostate while guiding a multiple-needle biopsy gun.	N	Y	05/13/2009	02/15/2016	<a href="#">^Top</a>
Prostate Cancer Antigen 3 (PCA3/DD3) Testing	81479	The PCA3 gene has been suggested as a potential diagnostic marker for prostate cancer.	N	Y	12/02/2008	09/21/2015	This code may be used for other genetic testing requiring prior authorization.  <a href="#">^Top</a>

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Prosthetic Replacement of Ocular Surface Ecosystem (PROSE)/Boston Ocular Surface Prosthesis (BOSP)	92499, S0515	A custom designed and fabricated prosthetic device to replace or support impaired ocular surface functions that protect and enable vision. For patients with keratoconus or ectasia, PROSE may be an alternative to corneal transplant.	Y	N	01/25/2012	09/21/2015 <a href="#">^Top</a>	CPT code 92499 may be used for other ophthalmologic procedures.
ProstRcision®	Multiple Radiology and Imaging Codes	High-dose brachytherapy followed by external beam radiation therapy while the brachytherapy seeds are still active. This treatment is provided exclusively by the Radiotherapy Clinics of Georgia.	N	Y <b>National Imaging Associates Radiation Oncology Program</b>	01/29/2013	09/21/2015 <a href="#">^Top</a>	Because of the unusual nature of such a request there may need to be discussion between Clinical Review and NIA regarding decision making.
Pulmonic Heart Valve, Catheter Delivered, Endovascular	33477	Replacement of the pulmonic heart valve using an endovascular catheter. This is a minimally invasive procedure used as an alternative to conventional valve replacement surgery.	Y	N	01/25/2012	02/15/2016 <a href="#">^Top</a>	
Quantitative Pupillometry	0341T	A hand-held infrared device that measures the pupillary light reflex and pupil size. The measurements are proposed a way of assessing a variety of medical conditions. Proprietary products include the NeurOptics NPiT™-100 Pupillometer	N	Y	03/26/2014	09/21/2015	
Radioactive Seed Localization, Breast	19499, A4641	An alternative to standard wire localization to assist in the identification of nonpalpable breast lesions in women undergoing excision or biopsy. The procedure involves the image-guided insertion of titanium seeds containing radioactive iodine-125 into the breast lesion prior to surgery; insertion may occur as early as 5 days prior to surgery.	Y	N	09/25/2013	02/15/2016 <a href="#">^Top</a>	

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Radiofrequency Ablation of Barrett's Esophagus	43229, 43270	A device that uses radiofrequency generated heat to destroy esophageal tissue in patients with Barrett's esophagus. Proprietary products include HALO <sup>360</sup> System, HALO <sup>90</sup> System, HALO <sup>360+</sup> Ablation Catheter, HALO <sup>90</sup> Ablation Catheter (BARRX Medical Inc.).	Depends on Clinical Situation	Y	06/23/2010	02/15/2016 <a href="#">^Top</a>	These code(s) may be used for other medically appropriate services.
Radiofrequency Ablation for Atrial Fibrillation	33256, 33259	Radiofrequency catheter treatment of atrial fibrillation. Proprietary products include Cardioblate <sup>®</sup> Ablation System.	Y	N	11/03/2010	02/15/2016 <a href="#">^Top</a>	
Radiofrequency Ablation for Plantar Fasciitis	28890, 28899	Radiofrequency used to treat chronic pain secondary to plantar fasciitis.	N	Y	01/25/2012	09/21/2015 <a href="#">^Top</a>	CPT code 28899 may be used for other procedures on the toes and feet.
Radiofrequency Ablation of Pulmonary Tumors	32998	Delivery of radiofrequency energy to pulmonary tumors through a needle electrode.	N	Y	05/02/2007	09/21/2015 <a href="#">^Top</a>	
Radiofrequency Ablation of the Sacroiliac Joint	22899, 27299, 64640, 64999	Delivery of radiofrequency energy to the sacroiliac joint using a specially designed electrode. Proprietary products include the Simplicity III RF electrode.	N	Y	01/25/2012	09/21/2015 <a href="#">^Top</a>	Provider coding may vary. All of these codes may be used for other medically appropriate services.
Radiofrequency Remodeling of the Bladder	53860	A treatment for female stress incontinence that exposes the bladder and urethra to radiofrequency energy. Proprietary products include transurethral Lyrette <sup>™</sup> Transurethral SUI System (formerly known as Renessa) and paraurethral/transvaginal (SURx) systems.  <b>The Lyrette<sup>™</sup> Transurethral SUI System has support in the medical literature.</b>	Depends on Clinical Situation	Y	05/13/2009	02/15/2016 <a href="#">^Top</a>	
Radiostereometric Analysis	0347T, 0348T, 0349T, 0350T	The implantation of radio-opaque markers into bone or soft tissue to measure the movement and effectiveness of surgical implants after surgery.	N	Y	02/10/2015	07/20/2016	

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Reflectance Confocal Microscopy	96931, 96932, 96933, 96934, 96935, 96936	The use of near-infrared light to assess skin lesions.	N	Y	07/20/2016	07/20/2016	
Relizorb	B9998	A cartridge containing digestive enzyme that mimics the function of pancreatic lipase. The device connects with enteral pump feeding sets and pump extension sets.	N	Benefit Exclusion	07/20/2016	07/20/2016	The contents of this product are considered to be a nutritional supplement. As such it is not covered for fully insured products. The specific SPD should be reviewed for ASO members. The code B9998 may be used for other nutritional supplies and/or formulas that may not require PA.
Retinal Image Analysis, Computer Aided	0380T	A computer-assisted analysis of retinal images used to manage patients with glaucoma or other retinal diseases. Proprietary products include MatchedFlicker (EyeIC, Wayne, PA).	N	Y	02/10/2015	07/20/2016	
Retrograde Imaging/Illumination Colonoscope	45399, 45999, C1749	A colonoscope that permits a retrograde view of the colon during colonoscopy.	N	Y	07/27/2011	02/15/2016	45399 and 45999 may be used for other procedures on the colon and rectum. C1749 can only be billed by outpatient facilities.
Robotically Assisted Surgical Procedures (da Vinci <sup>®</sup> Surgical System, ZEUS Robotic Surgical System)	Multiple codes	A minimally invasive laparoscopic surgical system employing miniature robotic arms and 3D imaging. Used for the treatment of a variety of medical conditions including gastrointestinal, gynecologic, neurosurgical, ophthalmologic, orthopedic, urologic and some cardiac.  <b>Medical literature supports the use of this technology except for the repair or replacement of heart valves. Robotically Assisted Surgery for the repair or replacement of heart valves will require pre-authorization.</b>	N for the repair or replacement of heart valves	Y Only for the repair or replacement of heart valves	06/08/2005	02/15/2016	ConnectiCare does not reimburse providers or facilities for the use of HCPCS code S2900. Requests for ConnectiCare to reimburse this code should be referred to Network Operations.

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Sacroiliac Joint Stabilization for Arthrodesis	27279, 27280	A minimally invasive procedure used in sacroiliac joint fusion. Proprietary products include iFuse Implant System® and the SImmetry® Sacroiliac Joint Fusion System	N	Y  <b>National Imaging Associates Musculo-skeletal Program</b>	09/25/2013	09/21/2015  <a href="#">^Top</a>	
Sacroplasty	0200T, 0201T	Injection of polymethylmethacrylate cement to stabilize sacral insufficiency fractures.	N	Y	01/27/2010	09/21/2015 <a href="#">^Top</a>	Currently being managed by CCI; may be managed in future by NIA.
Salivary Hormone Testing	Multiple laboratory codes	Laboratory testing for hormone levels in saliva. The results may be used to evaluate and treat conditions such as menopause, aging, or other conditions.  <b>With the exception of salivary cortisol levels to evaluate Cushing syndrome, the efficacy of this technology has not been demonstrated. This service will require pre-authorization.</b>	Depends on Clinical Situation	Y	05/13/2009	09/21/2015  <a href="#">^Top</a>	
Scoliscore™ AIS	81479, 81599, 84999	Genetic markers and a proprietary algorithm used to predict the severity of adolescent scoliosis.	N	Y	06/23/2010	09/21/2015  <a href="#">^Top</a>	These codes may be used for other genetic testing services requiring prior authorization.
Scrambler Therapy (Calmare Pain Therapy)	0278T	Also known as Transcutaneous Electrical Modulation Pain Reprocessing Therapy. A Transcutaneous Electrical Nerve Stimulation (TENS) device that is designed to interrupt transmission of pain signals by delivering electrical stimulation that is interpreted by the nervous system as "no pain."	N	Y	01/25/2012	09/21/2015  <a href="#">^Top</a>	Scrambler Therapy (Calmare Pain Therapy) is excluded for Exchange/CBI.



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Secretory type II phospholipase A2 (sPLA2-IIA)	0423T	A protein that is proposed as a marker in several disease states including coronary artery disease and inflammatory disease processes.	N	Y	07/20/2016	07/20/2016	
Selective Internal Radiation Therapy (SIRT)	36245, 36246, 36247, 36248, 36260, 37241, 37242, 37243, 75894, 75896, 77750, 79445, 77778, 96446, C2616, S2095	Treatment of hepatic carcinoma and liver metastases using yttrium-90 containing micropolymer beads or microspheres that are delivered to the tumor bed via the hepatic artery. Proprietary products include SIR-Spheres® and TheraSpheres®.	Y	N	06/25/2008	09/21/2015	These codes may be used for other medically appropriate services requiring prior authorization. C2616 can only be billed by outpatient facilities. S2095 will only be reimbursed if specifically included in provider contracts. <a href="#">^Top</a>
Skin Advanced Glycation Endproducts (AGE) Measurement by Multi-Wavelength Fluorescent Spectroscopy	88749	A non-invasive measurement of the tissue accumulation of advanced glycation end products (AGEs). It is suggested that this test may predict the risk of developing diabetes.	N	Y	01/01/2011	02/15/2016	This code may be used for other medically appropriate laboratory services. <a href="#">^Top</a>

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Skin, Bone, Tendon and Collagen Substitutes or Implants	C9352, C9353, C9354, C9355, C9356, C9358, C9359, C9360, C9361, C9362, C9364, Q4100, Q4103, Q4107, Q4108, Q4109, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4117, Q4118, Q4119, Q4120, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4129, Q4130, Q4131, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4172, Q4173, Q4174, Q4175, Q4176	Artificial skin, bone, tendon and collagen substitute materials used in the treatment of injuries or wounds.	N	NC	05/13/2009	02/15/2016	

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Skin, Bone, Tendon and Collagen Substitutes or Implants	C9363, Q4101, Q4102, Q4104, Q4105, Q4106, Q4116  These products will be reimbursed without pre-authorization.	Artificial skin, bone, tendon and collagen substitute materials used in the treatment of injuries or wounds.	Y	N	05/13/2009	02/15/2016	<a href="#">^Top</a>
Solesta <sup>®</sup>	L8605	A biocompatible tissue bulking agent, consisting of a viscous combination of stabilized hyaluronic acid and dextranomer-linked beads. Solesta has been developed as an injectable treatment for fecal incontinence.	N	Y	01/25/2012	09/21/2015	<a href="#">^Top</a>
SoundBite™ Hearing System	Coding guidance is pending	A prosthetic nonsurgical removable external device for single-sided deafness and conductive hearing loss. It consists of two main components; a behind the ear microphone unit and in the mouth hearing device.	N	Y	03/26/2014	09/21/2015	
Speculoscopy	58999	An exam performed in conjunction with a Pap smear; the cervix is swabbed with an acetic acid solution and examined with a chemiluminescent light to detect abnormal tissue changes. Proprietary products include PapSure.	N	Y	01/14/2005	09/21/2015	This code may be used for other medically appropriate services requiring prior authorization.  <a href="#">^Top</a>
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	Durable medical equipment designed to facilitate or enhance spoken communication.	Not Covered, Benefit Exclusion	NC	01/29/2013	09/21/2015	<a href="#">^Top</a>

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Spinal Distraction Systems	64722, 97012, 97799, E0830, E0941, S9090	Any one of a number of devices or computer-driven tables used to treat or manage chronic back pain. Proprietary products include VAX-D, DRX, DRX2000, DRX3000, DRX5000, DRX9000, DRS System, Accu-SPINA™ System, IDD Therapy®, Tru Tac 401, Lordex Power Traction device, and SpineRx LDM.	N	Y	04/06/2005	09/21/2015 <a href="#">^Top</a>	64722, 97012, and 97799 may be used for other medically appropriate services.
Spinal Stabilization Systems	No Specific Code	Medical devices indicated to provide stabilization of spinal segments as an adjunct to fusion in the treatment of instabilities or deformities of the thoracic, lumbar and sacral spine. Proprietary products include Dynesys® Spinal System (Zimmer Spine, Inc.) and Stabilimax® NZ Spinal Stabilization System (Applied Spine Technologies). Stabilimax® NZ is <b>not FDA approved</b> and is available only as part of a clinical trial.	N	Y	09/25/2013	02/15/2016 <a href="#">^Top</a>	
SPOT-Light® HER2 CISH™ Kit	88368	A test used to determine whether breast tumor is producing Human Epidermal Growth Factor Receptor 2 (HER2).	Y	N	12/02/2008	09/21/2015 <a href="#">^Top</a>	
Stereotactic Placement of Infusion Catheter(s) in the Brain for Delivery of Therapeutic Agent(s)	64999	The delivery of medication directly to the brain through a stereotactically-guided catheter.	N	Y	05/02/2007	07/08/2016 <a href="#">^Top</a>	This unlisted code may be used for other medically appropriate services.
Subcutaneous Implantable Defibrillator System	33271, 33272, 33273, 93260, 93261, 93644	An implantable device that uses a subcutaneous pulse generator attached to a single subcutaneous electrode to treat ventricular tachyarrhythmias.	N	Y	01/29/2013	02/15/2016 <a href="#">^Top</a>	

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Sublingual Immunotherapy (SLIT)	No specific code	Environmental allergies (ragweed, grass, pollen) treated by placing an allergy medication under the tongue. This therapy is provided in lieu of allergen extract injections. Proprietary products include Ragwitek™, Grastek®, Oralair®	Y	Y <b>Pharmacy Approval Required</b>	06/23/2010	09/21/2015 <a href="#">^Top</a>	Only Ragwitek™, Grastek®, Oralair® are FDA approved for use as oral immunotherapy medications. Any other non-FDA approved oral agent or solution would require prior authorization on the medical side.
Suprachoroidal Drug Injections	0465T	A microcannula that allows injection of drugs directly into the suprachoroidal space of the eye. Proprietary products include iScience Surgical Ophthalmic Microcannula, or iTrack™.	N	NC	04/24/2008	12/09/2016 <a href="#">^Top</a>	
Surgisis AFP Anal Fistula Plug	C1763	A cone-shaped plug made from porcine small intestinal submucosa. The graft is inserted into the fistula and sutured into place, providing a framework for cellular and vascular infiltration and healing.	N	Y	01/25/2012	09/21/2015 <a href="#">^Top</a>	
Tactile Breast Imaging	0422T	A surface map of the breast that aids in the identification of breast lesions. The device captures shape, location, size and hardness of breast lesions. Proprietary products include SureTouch System (Medical Tactile, Inc.).	N	Y	07/20/2016	07/20/2016	
Tear Film Imaging	0330T	A computerized imaging device that measures tear film integrity and evaluates the surface of the eye. The device is used to evaluate and manage individuals with dry eyes.	N	Y	09/25/2013	09/21/2015 <a href="#">^Top</a>	
TearLab Osmolarity System	83861	A device to measure the osmolarity of human tears and diagnose dry eye disease.	Y	N	01/29/2013	09/21/2015 <a href="#">^Top</a>	

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TheraGuide 5-FU <sup>TM</sup>	81401, 84999, S3722	A comprehensive genetic analysis of DPYD and TYMS genes to determine the risk for toxicity from 5-FU and capecitabine (Xeloda) chemotherapy. This is a proprietary product from Myriad Genetics.	N	Y	10/23/2007	09/21/2015	The unlisted code 84999 could be used for other genetic testing and/or laboratory services requiring prior authorization.  <a href="#">^Top</a>
Therapeutic Apheresis with Selective HDL Delipidation and Plasma Reinfusion	0342T	Autologous apheresis following the selective removal of cholesterol from HDL. This technique is proposed as a means to reduce atherosclerosis and better manage individuals at high-risk for cardiovascular disease.	N	Y	03/26/2014	09/21/2015	
TOP2A Fluorescent in Situ Hybridization (FISH) pharmDX <sup>TM</sup>	88365	A test used to detect the TOP2A gene in breast cancer tumor specimens. The TOP2A gene is thought to be a prognostic marker in high risk breast cancer patients. This test is a proprietary product of Dako.	N	Y	12/02/2008	09/21/2015	This code may be used for other medically appropriate services requiring prior authorization.  <a href="#">^Top</a>
Transanal Radiofrequency Therapy for the Treatment of Fecal Incontinence	46999	A device that delivers temperature controlled radiofrequency (RF) energy to the sphincteric complex of the anal canal. Products include the SECCA System (Curon Medical Inc.).	N	Y	01/25/2012	09/21/2015	This unlisted code may be used for other medically appropriate services.  <a href="#">^Top</a>
Transcatheter Mitral Valve Repair	33418, 33419	The percutaneous implantation of a device used to correct mitral valve dysfunction. It is proposed for individuals that cannot tolerate conventional mitral valve surgery. Proprietary products include MitraClip Mitral Valve Repair System and Carillon <sup>TM</sup> Mitral Contour System	Y	N	03/26/2014	09/21/2015	
Transcatheter Mitral Valve Repair, Via Coronary Sinus	0345T	The percutaneous implantation of a device used to correct mitral valve dysfunction. It is proposed for individuals that cannot tolerate conventional mitral valve surgery.	N	Y	03/26/2014	09/21/2015	

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Transcatheter Renal Sympathetic Denervation	0338T, 0339T	A percutaneous technique that delivers radiofrequency energy to the renal artery wall where the renal sympathetic nerves are located. This is proposed as method to treat resistant hypertension.	N	Y	03/26/2014	09/21/2015	
Transcranial Magnetic Stimulation	90867, 90868, 90869	Pulses of magnetic energy applied to the scalp that generates a low electrical current targeting the areas of the brain involved in mood regulation. The technology is suggested for the treatment of depression and other behavioral health or psychiatric conditions.	Y	Y <b>Optum Behavioral Health</b>	08/23/2010	07/06/2016	<a href="#">^Top</a>
Transcranial Magnetic Stimulation, Non-Invasive Navigated (nTMS)	0310T	A method of mapping cortical motor areas and applicable to the functional assessment of motor tracts in patients with stroke, MS, ALS, movement disorders, and motor neuron.	N	Y	01/29/2013	09/21/2015	<a href="#">^Top</a>
Transcutaneous Hemoglobin Measurement	88738	Measurement of hemoglobin using an external monitor.	N	Y	01/27/2010	09/21/2015	<a href="#">^Top</a>
Transhemorrhoidal dearterialization (THD) and Ultrasound-guided Ligation of Hemorrhoids	0249T	The physician identifies the rectal arteries supplying blood to the hemorrhoids then places a ligature to tie off one or more vascular bundles in order to block the blood flow. The hemorrhoidal tissues subsequently shrink and eventually fall off.	Depends on Clinical Situation	Y	07/08/2016	07/08/2016	
Transluminal Peripheral Atherectomy	0234T, 0235T, 0236T, 0237T, 0238T	A catheter with a rotating cutting blade designed to remove plaque from the arterial wall.	N	Y	01/01/2011	02/15/2016	<a href="#">^Top</a>

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Transperineal Placement of Biodegradable Material,	0438T	The peri-prostatic placement of material via needle(s) includes image guidance.	N	Y	07/20/2016	07/20/2016	
Transplantation Immune Cell Function Assay	86352	A lab test proposed for the management of rejection in immunosuppressed patients post solid organ transplant or the identification of rejection risk prior to solid organ transplant (including kidney) or allogeneic hematopoietic stem cell transplant.	N	Y	01/27/2010	09/21/2015	<a href="#">^Top</a>
Transpupillary Thermotherapy	67299	A method used to deliver heat (usually infrared radiation) through the dilated pupil into the posterior segment of the eye. The technique can be used to treat tumors such as retinoblastoma and choroidal melanoma.  <b>The medical literature supports transpupillary thermotherapy only for the treatment of eye tumors. The use of this technique for other eye conditions has not been determined to be effective.</b>	Depends on Clinical Situation	Y	06/23/2010	02/15/2016	This code may be used for other medically appropriate services requiring prior authorization.  <a href="#">^Top</a>
Transurethral Water Jet Ablation of the Prostate	0421T	The use of a high pressure water jet to ablate prostate tissue.	N	Y	07/20/2016	07/20/2016	



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UroVysion™ Testing for Bladder Cancer Screening and Detection	88120, 88121	A fluorescent in situ hybridization technique used for the detection of bladder cancer. oncoFISH® bladder is a separate proprietary product from Ikonisys Clinical Laboratories that analyzes UroVysion™ with the Ikoniscope Digital Microscopy System.	N	Y	01/27/2010	09/21/2015	These codes may be used for other medically appropriate services requiring prior authorization.  <a href="#">^Top</a>
Uterine Fibroid Ablation, Laparoscopic Radiofrequency	58674	Laparoscopic treatment of uterine fibroids using ultrasound guided radiofrequency ablation.	N	NC	03/26/2014	09/21/2015	
Uterine Fibroid Ablation, Transcervical Radiofrequency	0404T	Treatment of uterine fibroids using a transcervical radiofrequency device.	N	Y	07/20/2016	07/20/2016	
Vacuum Assisted Wound Therapy, Non-Electrically Powered		A device that utilizes specialized springs to create the vacuum needed for negative pressure wound therapy. Proprietary products include the SNaP Wound Care System (Spiracur).	N	Y	01/29/2013	09/21/2015	No coding guidance is available at this time  <a href="#">^Top</a>
Vagus Nerve Blocking Therapy for the Treatment of Obesity	0312T, 0313T, 0314T, 0315T, 0316T, 0317T	A laparoscopically implanted device that uses high-frequency electrical algorithms to create intermittent vagal blocking and weight loss. Proprietary products include VBLOC® (EnteroMedics).	N	Y	01/29/2013	09/21/2015	
Vagus Nerve Stimulator (VNS) for Depression	61885, 61888, 64553, 64568, 64569, 64570, 64585, 95970, 95974, 95975	A pulse generator that is implanted under the skin near the clavicle. A wire connecting the generator to the Vagus Nerve produces a signal used to treat chronic or recurrent depression.	N	Y <b>Optum Behavioral Health</b>	01/11/2006	09/21/2015	Some of these codes may be used for other medical services.  <a href="#">^Top</a>

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Vagus Nerve Stimulator (VNS) for Seizures	61885, 61888, 64553, 64568, 64569, 64570, 64585, 95970, 95974, 95975	A pulse generator that is implanted under the skin near the clavicle. A wire connecting the generator to the Vagus Nerve produces a signal used to treat specific types of epilepsy.	Y	N	01/11/2006	09/21/2015 <a href="#">^Top</a>	Some of these codes may be used for other medical services.
Vectra® DA	81490	A multi-biomarker blood test used to measure disease activity in adult rheumatoid arthritis. The test is intended to aid in the assessment of disease activity and help inform management decisions, in conjunction with standard clinical assessments. A proprietary product of Crescendo Bioscience, Inc.	N	Y	09/25/2013	02/15/2016 <a href="#">^Top</a>	
VenaFlow Elite Calf Cuff	Numerous E codes including E0650, E0669, E0675, E0676	Pneumatic compression therapy used following surgery to prevent blood clots by repeatedly applying waves of pressure to the feet or legs.	N	Y	01/29/2013	09/21/2015 <a href="#">^Top</a>	These codes may be used for other medically appropriate services requiring prior authorization.
Venous Angioplasty for Relapsing Remitting Multiple Sclerosis	35460, 35476	Venous angioplasty (with or without stent placement) is proposed as a method to treat multiple sclerosis by improving blood flow in an abnormal venous circulation, known as chronic cerebrospinal venous insufficiency (CCSVI).	N	Y	01/25/2012	09/21/2015 <a href="#">^Top</a>	These codes may be used for other medically appropriate services requiring prior authorization.
Ventricular Assist Device (VAD)	0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T	Endovascular permanently implanted extra-aortic counterpulsation ventricular device (EACD).	N	NC	12/09/2016	12/09/2016	
Veristrat®	81538	A proteomic analysis used to guide treatment decisions and determine prognosis of advanced non-small cell lung cancer.	N	Y	01/25/2012	02/15/2016 <a href="#">^Top</a>	

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Vertebral Stapling for Idiopathic Scoliosis	22899	A surgical procedure which promotes correction of the scoliotic curve by inhibiting growth on the convex side of the curve and facilitating more growth on the concave side of the curve. This procedure is an alternative to bracing in children and adolescents	N	Y	09/25/2013	07/06/2016 <a href="#">^Top</a>	This code may be used for other medically appropriate services requiring prior authorization. 22899 is on the NIA Musculoskeletal Program grid, but for a different service. Vertebral Stapling performed in children or adolescents will need to be discussed between Clinical Review and NIA.
Vertical Expandable Prosthetic Titanium Rib	21899	An implantable device used to treat thoracic insufficiency syndrome (TIS) in children.	N	Y	06/23/2010	02/15/2016 <a href="#">^Top</a>	This unlisted code may be used for other medically appropriate services.
Virtual Colonoscopy, Computed Tomographic Colonography	<b>Diagnostic:</b> 74261, 74262 <b>Screening:</b> 74263	A helical CT scan coupled with computer software that produces images of the whole colon. The efficacy of diagnostic CT colonography has been demonstrated for patients in whom a standard colonoscopy is clinically inappropriate or for patients having an incomplete colonoscopy because of stenosis or colonic obstruction.	Depends on Clinical Situation	Y <b>National Imaging Associates Advanced Radiology Program</b>	09/24/2004	02/15/2016 <a href="#">^Top</a>	
Viscocanalostomy	66174, 66175	Using a flexible micro-catheter and viscoelastic gel for scleral cut down, the circular canal in the eye is dilated so the eye drains aqueous humor from the anterior chamber into the anterior ciliary veins (Schlemm's canal) for the treatment of glaucoma.	N	NC	05/13/2016	05/13/2016	
Visual Fields, Remote Data Collection and Analysis	0378T, 0379T	Monitoring visual fields with concurrent real time data collection and analysis by a remote surveillance center.	N	Y	02/10/2015	07/20/2016	

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Visual Evoked Potential, Automated	0333T	Screening for visual acuity. Visual evoked potentials are useful for testing vision in young children or other persons who are not able to communicate.	N	Y	09/25/2013	07/08/2016	
Visual Evoked Potential for Glaucoma	0464T	A measurement of the conduction velocities of visual sensory pathways using computerized averaging techniques for the treatment of glaucoma.	N	NC	12/09/2016	12/09/2016	<a href="#">^Top</a>
Wheeze Rate Measurement	94799	A device used for diagnosing asthma and evaluating the severity of the condition. Proprietary products include the Personal WheezoMeter® and the PulmoTrack® (KarmelSonix).	N	Y	01/01/2011	02/15/2016	This code may be used for other medical services.  <a href="#">^Top</a>
Whole Exome Sequencing	81415, 81416	A laboratory process that selectively sequences the coding regions of the genome.	N	Y	01/29/2013	02/15/2016	These codes may be excluded from coverage in some products.  <a href="#">^Top</a>
Whole Genome Sequencing	81425, 81426	A laboratory process that determines the complete DNA sequence of an individual.	N	Y	01/29/2013	02/15/2016	These codes may be excluded from coverage in some products.
Wireless Gastrointestinal Motility Monitoring	91112	An ingestible pill containing sensors used to measure pH and pressure in the stomach and intestines. The device is used to evaluate motility disorders. Proprietary products include the SmartPill® GI Monitoring System (SmartPill Corp).	N	Y	06/23/2010	09/21/2015	<a href="#">^Top</a>

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Wireless Pressure Sensor for Aneurysm Repair	34806, 93982	A device inserted during the repair of large vascular lesions (e.g., aortic aneurysm). The device is used to detect any vascular leaks.	N	Y	04/24/2008	02/15/2016	<a href="#">^Top</a>

Contact = [OPPRAH Administrator](#)