

NHP/NHIC Commercial
Potentially Experimental Services
Codes Requiring Prior Authorization
Updated 2-4-2012

All CPT and HCPCS codes listed below require prior authorization and are reviewed under the experimental/investigational process. Codes may be used for more than one variation/method of a procedure. The experimental aspect may only apply to one application of the code, when the procedure is performed related to a specific diagnosis or in a certain age group. Review of operative note/medical records may be required to determine if a procedure billed is experimental or investigational. Unlisted codes may be potentially experimental/investigational services and are subject to review based upon the procedure description noted.

Procedure Code	Procedure Description	Additional Information	Effective Date of Authorization Requirement
0019T through 0290T - All Category III Codes	Multiple	Category CPT III codes are updated and published by the AMA quarterly and always require prior authorization	1/15/2009
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)		3/1/2012
20696	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer assisted adjustments (eg, Spatial frame), including imaging, initial and subsequent alignments, assessments and computations		1/15/2009
20697	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer assisted adjustments (eg, Spatial frame), including imaging; exchange (ie, Removal and replacment) of strut, each		1/15/2009
20974	Electrical stimulation to aid bone healing, non-invasive		1/15/2009
20975	Electrical stimulation to aid bone healing, invasive		1/15/2009
20985	Computer assisted surgical navigation for musculoskeletal procedures. Image-less		1/15/2009
22505	Manipulation of spine, requiring anesthesia, any region		1/15/2009
22520	percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection, thoracic		8/2/2010
22521	percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection, lumbar		8/2/2010
22522	each additional thoracic or lumbar vertebral body (list in addition to primary code)		8/2/2010
22523	percutaneous vertebral augmentation, including cavity creation, fracture reduction and bone biopsy, using mechanical device, one vertebral body, unilateral or bilateral, thoracic (ex: kyphoplasty)		8/2/2010
22524	percutaneous vertebral augmentation, including cavity creation, fracture reduction and bone biopsy, using mechanical device, one vertebral body, unilateral or bilateral, lumbar (ex: kyphoplasty)		8/2/2010
22525	each additional thoracic or lumbar vertebral body (list separately)		8/2/2010
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluroscopic guidance, single level (IDET)		1/15/2009
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluroscopic guidance, add on code for each additional level (IDET)		1/15/2009
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord		3/1/2012
26556	Transfer free toe joint, with microvascular anastomosis		1/15/2009
27280	Arthrodesis, sacroiliac joint (including obtaining graft)		3/1/2012
27412	Autologous chondrocyte implantation		1/15/2009
27702	Arthroplasty with implant, total ankle replacement		1/15/2009
27703	Arthroplasty, revision, total ankle		1/15/2009
27704	Removal of ankle implant		1/15/2009
29868	Meniscal allograft transplantation		1/15/2009
29914	Hip arthroscopy, surgical with femoroplasty (i.e. treatment of cam lesion)		3/18/2011
29915	Hip arthroscopy, surgical with acetabuloplasty (i.e. treatment of pincer lesion)		3/18/2011
29916	Hip arthroscopy, surgical with labral repair		3/18/2011

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32998	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleaua or chest wall when involving by tumor extension, percutaneous, radiofrequency, unilateral		1/15/2009
33548	Ventricular remodeling or restoration includes prosthetic patch (CorRestore Patch System, SAVER and DOR)		1/15/2009
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair; including radiological supervision, interpretation, calibration and collection of pressure data		1/15/2009
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion		1/15/2009
36522	Photopheresis, extracorporeal		1/15/2009
41120	Partial glossectomy (less than one half tongue)		1/15/2009
41512	Tongue base suspension, permanent suture technique		1/15/2009
43201	Esophagoscopy with direct submucosal injection, any substance, to treat reflux disease (Stretta procedure, Enteryx device, Gatekeeper device and EndoCinch device)		1/15/2009
43257	Upper Gastrointestinal Endoscopy with delivery of thermal energy to the muscle of the lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease (Stretta procedure)		1/15/2009
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e. sleeve gastrectomy)	Procedures for the treatment of obesity and morbid obesity are directly excluded from coverage.	4/21/2010
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open		3/18/2011
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open		3/18/2011
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa {SIS})		4/21/2010
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound if performed		1/15/2009
50542	Laparoscopic ablation of renal tumor		1/15/2009
50592	Ablation, one or more renal tumor(s), percutaneous, radiofrequency		1/15/2009
50593	Cryoablation renal tumors, unilateral, percutaneous		1/15/2009
52327	Endoscopic subureteral injection for the treatment of vesicoureteral reflux (VUR) - Cystourethroscopy with subureteric injection of implant material		1/15/2009
53860	Transurethral radiofrequency micro modeling of the female bladder neck and proximal urethra for stress urinary incontinence		3/18/2011
55706	Biopsy, prostate, needle, saturation sampling for prostate mapping		1/15/2009
59897	unlisted fetal invasive procedure, including ultrasound guidance		1/15/2009
61630	Intracranial balloon angioplasty with stenting (ex: Wingspan Stent System; NeuroLink System)		1/15/2009
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical		4/21/2010
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical		4/21/2010
61863	Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site, without use of intraoperative microelectrode recording, first array		4/21/2010
61864	add on code, each additional array		4/21/2010
61867	Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site, with use of intraoperative microelectrode recording, first array		4/21/2010
61868	add on code, each additional array		4/21/2010
61870	craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical		4/21/2010
61875	craniectomy for implantation of neurostimulator electrodes, cerebellar, subcortical		4/21/2010
61880	Revision or removal of intracranial neurostimulator electrodes		4/21/2010
61885	Insertion or replacment of cranial neurostimulator, pulse generator or receiver		1/15/2009
61886	Insertion or replacment of cranial neurostimulator, pulse generator or receiver with connection to two or more electode arrays		1/15/2009
61888	Revision or removal of cranial neurostimulator pulse generator or receiver		1/15/2009
62263	Percutaneous lysis of epidural adhesions, 2 or more sessions		1/15/2009
62264	Percutaneous lysis of epidural adhesions, 1 session		1/15/2009
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnositic purposes		1/15/2009

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62287	Disc Nucleoplasty, manual or automated percutaneous discectomy, lumbar; (aspiration or decompression procedure percutaneous of nucleus pulposus of intervertebral disc)		1/15/2009
62292	Disc Nucleoplasty cervical, thoracic or lumbar; Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels		1/15/2009
63620	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator; 1 spinal lesion)		1/15/2009
63621	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator; each additional spinal lesion (list separately in addition to code for primary procedure)		1/15/2009
64553	Percutaneous implantation of neurostimulator electrodes, cranial nerve		1/15/2009
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)		4/21/2010
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve		4/21/2010
64561	Percutaneous implantation of neurostimulator electrodes, sacral nerve (transforaminal placement)		4/21/2010
64565	Percutaneous implantation of neurostimulator electrodes, neuromuscular		4/21/2010
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming		3/18/2011
64568	Incision for implantation of cranial nerve (eg. Vagus nerve) neurostimulator electrode array and pulse generator		3/18/2011
64569	Revision or replacement of cranial nerve (eg. Vagus nerve)neurostimulator electrode array, including connection to existing pulse generator		3/18/2011
64570	Removal of cranial nerve (eg. Vagus nerve) neurostimulator electrode array and pulse generator		3/18/2011
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve (excludes sacral nerve)		4/21/2010
64577	Incision for implantation of neurostimulator electrodes, autonomic nerve		4/21/2010
64580	Incision for implantation of neurostimulator electrodes, neuromuscular		4/21/2010
64581	Incision for implantation of stimulator sacral nerve (pelvic floor stimulation) (transforaminal placement)		1/15/2009
64585	Revision or removal of neurostimulator electrodes		1/15/2009
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling		4/21/2010
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver		4/21/2010
64630	Destruction by neurolytic agent; prudendal nerve		
64632	Destruction by neurolytic agent; plantar common digital nerve		1/15/2009
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		3/1/2012
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet (list separately)		3/1/2012
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint		3/1/2012
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet (list separately)		3/1/2012
64640	Destruction by neurolytic agent; other peripheral nerve or branch		1/15/2009
65770	Artificial cornea implant - Keratoprosthesis		1/15/2009
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent		3/18/2011
66175	Tranluminal dilation of aqueous outflow canal; with retentin of device or stent		3/18/2011
67220	Destruction of localized lesion, photocoagulation		1/15/2009
67221	photodynamic therapy includes intravenous infusion		1/15/2009
67225	Photodynamic therapy, second eye (add on code)		1/15/2009
72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation or sacral augmentation (sacroplasty); including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance		3/18/2011
72292	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation or sacral augmentation (sacroplasty); including cavity creation, per vertebral body or sacrum; under CT guidance		3/18/2011
76120	Dynamic spinal visualization - Cineradiography/video radiography		1/15/2009

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76125	Dynamic spinal visualization - Cineradiography/videoradiography to compliment routine exam (add on code used in addition to primary procedure)		1/15/2009
76800	Spinal ultrasound, diagnostic		1/15/2009
77520	Proton treatment delivery, simple without compensation		1/15/2009
77522	Proton treatment delivery, simple with compensation		1/15/2009
77523	Proton treatment, intermediate		1/15/2009
77525	Proton Treatment, complex		1/15/2009
77600	Hyperthermia, whole body, externally generated, superficial, heating to a depth of 4 cm or less		1/15/2009
77605	Hyperthermia, whole body, externally generated, deep, heating to a depth greater than 4 cm		1/15/2009
78607	Brain imaging, tomographic (Single photon emission computed tomography)		1/15/2009
82523	Collagen cross links		1/15/2009
83698	Lipoprotein Associated Phospholipase A2 (PLAC test)		1/15/2009
83876	Myeloperoxidase (MPO)		1/15/2009
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)		1/15/2009
84112	Placental alpha microglobulin-1 (PAMG-1) cervicovaginal secretion, qualitative (Brand name Amnisure)		3/18/2011
86001	Allergen specific IgG, quantitative or semi-quantitative		1/15/2009
86141	High sensitivity C-reactive protein (hs-CRP)		1/15/2009
86343	Leukocyte Histamine Release (LHRT) - allergy testing		1/15/2009
86386	Nuclear Matrix Protein 22 (NMP22), qualitative		3/1/2012
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning		3/18/2011
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; per session		3/18/2011
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality 20-30 minutes		1/15/2009
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality 15-50 minutes		1/15/2009
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management		3/1/2012
90901	Biofeedback training by any modality		1/15/2009
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and manometry		1/15/2009
91110	Capsule endoscopy - esophogus through ileum * (not considered experimental in adults in some cases)		4/21/2010
91111	Capsule endoscopy - esophogus * (not considered experimental in adults in some cases)		4/21/2010
91132	Electrogastrography, diagnostic, transcutaneous		1/15/2009
91133	Electrogastrography, diagnostic, transcutaneous with provocative testing		1/15/2009
92512	nasal function studies (rhinomanometry) (also called accoustic rhinometry)		1/15/2009
93228	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent, computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote center for up to 30 days		1/15/2009
93229	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent, computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote surveillance center for up to 30 days; technical support; surveillance analysis and physician report		1/15/2009
93278	Signal Averaged ECG (SAECG)		1/15/2009
93701	Electrical Bioimpedance Cardiography (EB), thoracic		1/15/2009
93740	Temperature gradient studies; thermography		1/15/2009
93982	Non-invasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording analysis of pressure and wavelength tracings, interpretation and report		1/15/2009
94014	Patient initiated spirometric recording per 30-day period of time, includes education, transmission of tracing, data capture, analysis, periodic recalibration and physician review.		1/15/2009

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94015	Patient initiated spirometric recording per 30-day period of time, includes education, transmission of tracing, data capture, analysis, periodic recalibration		1/15/2009
94016	Patient initiated spirometric recording physician review and interpretation only		1/15/2009
95012	Nitric oxide expired gas determination (exhaled nitric oxide measure)		1/15/2009
95060	Conjunctival Challenge Test (ophthalmic mucous membrane test - allergy testing)		1/15/2009
95065	Direct Nasal mucous membrane testing - allergy testing		1/15/2009
95803	Actigraphy testing, recording, analysis, interpretation (minimum of three day recording)		1/15/2009
95812	Electroencephalogram (EEG), extended monitoring, (and Digital analysis of EEG, see code 95957); (can be used for QEEG or brain mapping or neurofeedback)		4/21/2010
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs		3/1/2012
95965	Magnetoencephalography (MEG)/Magnetic Source Imaging (MSI); recording and analysis		1/15/2009
95966	Magnetoencephalography (MEG)/Magnetic Source Imaging (MSI) for evoked magnetic fields, single modality		1/15/2009
95967	Magnetoencephalography (MEG)/Magnetic Source Imaging (MSI); for evoked magnetic fields, each additional modality		1/15/2009
95978	Electronic analysis of implanted neurostimulator pulse generator system, complex deep brain neurostimulator pulse, programming first hour		1/15/2009
95979	Electronic analysis of implanted neurostimulator pulse generator system, complex deep brain neurostimulator pulse, programming each additional 30 minutes (add on)		1/15/2009
95980	Electronic analysis of implanted neurostimulator pulse generator system; gastric neurostimulator pulse generator/transmitter; intraoperative with programming		1/15/2009
95981	Electronic analysis of implanted neurostimulator pulse generator system; gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming		1/15/2009
95982	Electronic analysis of implanted neurostimulator pulse generator system; gastric neurostimulator pulse generator/transmitter; subsequent, with programming		1/15/2009
96000	Comprehensive computer based motion analysis by video taping and 3-D kinematics		1/15/2009
96001	Comprehensive computer based motion analysis by video taping and 3-D kinematics - with dynamic plantar pressure measurements during walking		1/15/2009
96002	Dynamic surface electromyography during walking or other functional activities, 1-12 muscles		1/15/2009
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle		1/15/2009
96004	Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities and dynamic fine wire electromyography, with written report		1/15/2009
96567	Photodynamic therapy of the skin		1/15/2009
96920	Laser treatment for inflammatory skin disease (psoriasis) area less than 250 square cm (VTRAC)		1/15/2009
96921	Laser treatment for inflammatory skin disease (psoriasis) area 250 square cm to 500 sq cm		1/15/2009
96922	Laser treatment for inflammatory skin disease (psoriasis) over 500 sq cm		1/15/2009
97533	Cognitive Rehabilitation - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands	Sensory Integration and Developmental Delay are directly excluded from coverage.	1/15/2009
99174	Ocular photoscreening		1/15/2009
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session		1/15/2009
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring		1/15/2009
99512	Home visit for hemodialysis		1/15/2009
A4575	Topical hyperbaric oxygen chamber, disposable		1/15/2009

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A4639	Replacement pad for home infrared heating system		1/15/2009
A6000	Non-contact wound warming wound cover for use with non-contact wound warming device and warming card		1/15/2009
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval		1/15/2009
C1749	Endoscope, retrograde imagining/illumination colonoscope device (implantable) Ex: Third Eye Retroscope		10/19/2010
C1818	Integrated keratoprosthesis		1/15/2009
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix) per 0.5 square cm		4/21/2010
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip) per 0.5 cc		4/21/2010
C9363	Skin substitute, Intra Meshed bilayer Wound Matrix, per square cm		4/21/2010
C9367	Skin substitute, Endoform Dermal Template, per sq cm		10/12/2010
C9800	Dermal injection procedure for facial liposystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies		10/12/2010
C9366	EpiFix, per sq cm		3/1/2012
E0221	Infrared heating pad system		1/15/2009
E0231	Noncontact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover		1/15/2009
E0232	Warming care for use with noncontact wound warming device and noncontact wound warming cover		1/15/2009
E0446	Topical oxygen delivery system, NOC, includes supplies and accessories		3/18/2011
E0481	Intrapulmonary percussive ventilation system and related accessories		1/15/2009
E0500	IPPB machine, all types, with built in nebulization, manual or automatic, internal or external powered sources		1/15/2009
E0617	Automatic external defibrillators (wearable LifeVest)		1/15/2009
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor, and/or trainer		1/15/2009
E0744	Neuromuscular stimulator for scoliosis, home use		1/15/2009
E0745	Neuromuscular stimulator, electronic shock unit. (May also be called galvanic stimulation unit)		1/15/2009
E0746	Electromyography (EMG) Biofeedback device		1/15/2009
E0761	Electrical stimulator for wound healing - nonthermal pulsed high frequency radiowaves, high peak power electromagnetic treatment device		1/15/2009
E0762	Transcutaneous electrical joint stimulation device system		1/15/2009
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles used for walking with computer control		1/15/2009
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting		6/1/2012
E0769	Electrical stimulation or electromagnetic wound treatment device, not elsewhere classified		1/15/2009
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise classified		4/21/2010
E0830	ambulatory traction device (Orthotrac pneumatic compression spinal traction device)		1/15/2009
E0935	Continuous passive motion exercise device for use on knee only		1/15/2009
E0936	Continuous passive motion exercise device for use other than knee		1/15/2009
E1801	Static progressive stretch elbow device		8/2/2010
E1806	Static progressive stretch wrist device		8/2/2010
E1811	Static progressive stretch knee device		8/2/2010
E1815	Dynamic adjustable ankle extension/flexion device		8/2/2010
E1816	Static progressive stretch ankle device		8/2/2010
E1818	Static progressive stretch forearm device		8/2/2010
E1821	replacement soft interface material for static progressive stretch device		8/2/2010
E1830	Dynamic adjustable toe device		8/2/2010
E1831	Static progressive toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		3/18/2011
E1840	Dynamic adjustable shoulder device		8/2/2010
E1841	Static progressive stretch shoulder device		8/2/2010
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid		1/15/2009
G0166	External Counterpulsation (ECCP)		1/15/2009
G0255	Current Perception Threshold Testing/Sensory Nerve Conduction Threshold (SCNT), per limb, any nerve		1/15/2009

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G0295	Electromagnetic therapy, to one or more areas for wound care		1/15/2009
G0428	Collagen meniscus implant procedure for filling meniscal defects, e.g. CMI, collagen scaffold, Menaflex		10/12/2010
G0429	Dermal filler injection for treatment of facial lipodystrophy syndrome; e.g. as a result of highly active antiretroviral therapy		10/12/2010
G9147	Outpatient intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for : respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration		6/22/2010
J7330	autologous cultured chondrocytes, implant (use this code for Carticel)		8/2/2010
L0112	Cranial cervical orthosis (Cranial Banding, Soft Shell Helmet)		1/15/2009
L0113	Cranial cervical orthosis (Cranial Banding, Soft Shell Helmet); prefabricated, includes adjustment and fitting		4/21/2010
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies		1/15/2009
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies		4/21/2010
L8606	Injectable bulking agent, collagen implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies		1/15/2009
M0076	Prolotherapy		1/15/2009
no code or unlisted code recommended	Laparoscopic approach for ANY spinal fusion (arthrodesis), all levels, anterior or posterior.		3/18/2011
no code or unlisted code recommended	Prometheus IBD Serology		4/22/2011
no code or unlisted code recommended	rhBMP-2 Recombinant Human Bone Morphogenetic protein		3/18/2011
no code or unlisted code recommended	Cryopreservation; reproductive tissue; ovarian or oocytes	Infertility services may be directly excluded from coverage.	1/15/2009
no code or unlisted code recommended	Lipoprotein, direct measure, intermediate density lipoproteins (IDL) (remanant proteins)		1/15/2009
no code or unlisted code recommended	Endoscopic lysis of epidural adhesions with direct visualization using mechanical means (spinal endoscopic catheter system) or solution injection (normal saline) including radiologic localization and epidurography		1/15/2009
no code or unlisted code recommended	Dual energy x-ray absorptiometry (DEXA) body composition study, one or more sites		1/15/2009
no code or unlisted code recommended	Treatment(s) for incontinence, pulsed magnetic neuromodulation, per day		1/15/2009
no code or unlisted code recommended	Speculoscopy		1/15/2009
no code or unlisted code recommended	Speculoscopy with directed sampling		1/15/2009
no code or unlisted code recommended	Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds		1/15/2009
no code or unlisted code recommended	Carbon monoxide, expired gas analysis (eg. ETCO ₂ /hemolysis breath test)		1/15/2009
no code or unlisted code recommended	Catheter lavage of a mammary duct(s) for collection of cytology specimen(s), in high risk individuals (GAIL risk scoring or prior personal history of breast cancer) each breast, single duct		1/15/2009

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no code or unlisted code recommended	Catheter lavage of a mammary duct(s) for collection of cytology specimen(s), in high risk individuals (GAIL risk scoring or prior personal history of breast cancer) each breast, each additional duct		1/15/2009
no code or unlisted code recommended	Prolonged extracorporeal percutaneous transseptal ventricular assist device, greater than 24 hour period		1/15/2009
no code or unlisted code recommended	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)		1/15/2009
no code or unlisted code recommended	Destruction/reduction of malignant breast tumor including breast carcinoma cells in the margins, microwave phased array thermotherapy, externally applied microwave energy, interstitial placement of sensor		1/15/2009
no code or unlisted code recommended	Percutaneous Tibial Nerve Stimulation (PTNS)		8/2/2010
no code or unlisted code recommended	Vestibular Evoked Myogenic Potentials (VEMP)		4/21/2010
no code or unlisted code recommended	Vertical Expandable Prosthetic Titanium Rib		1/15/2009
no code or unlisted code recommended	Cytoreduction, hyperthermic intraperitoneal chemotherapy for peritoneal carcinomatosis		1/15/2009
no code or unlisted code recommended	Percutaneous intradiscal annuoplasty, any method except electrothermal, unilateral or bilateral, including fluoroscopic guidance, single level		4/21/2010
no code or unlisted code recommended	Percutaneous intradiscal annuoplasty, any method except electrothermal, unilateral or bilateral, including fluoroscopic guidance, one or more additional levels		4/21/2010
no code or unlisted code recommended	Transpupillary thermotherapy; Destruction of localized lesion of choroid (eg. Choroidal neurovascularization)		3/18/2011
no code or unlisted code recommended	Destruction of macular drusen, photocoagulation		3/18/2011
no code or unlisted code recommended	Inert gas rebreathing for cardiac output measurement during rest		3/18/2011
no code or unlisted code recommended	Inert gas rebreathing for cardiac output measurement during exercise		3/18/2009
no code assigned unlisted code recommended	OVA1 (multiplex blood test used women with an ovarian adnexal mass)		1/1/2012
no code or unlisted code recommended	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein		3/1/2012
no code or unlisted code recommended	Pancreatic islet cell transplantation through portal vein, open		3/1/2012
no code or unlisted code recommended	Pancreatic islet cell transplantation through portal vein, percutaneous		3/1/2012
no code or unlisted code recommended	Laparoscopy, surgical; implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)		3/1/2012
no code or unlisted code recommended	Laparoscopy, surgical; revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)		3/1/2012
no code or unlisted code recommended	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)		3/1/2012
no code or unlisted code recommended	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (ie, morbid obesity)		3/1/2012
no code or unlisted code recommended	Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral		3/1/2012

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no code or unlisted code recommended	Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass		3/1/2012
no code or unlisted code recommended	Balloon Sinuplasty - Nasal Sinus Endoscopy, surgical with dilation of ethmoid sinus		6/1/2012
no code or unlisted code recommended	Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass		3/1/2012
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion		9/1/2011
Q4100	Skin substitute, not otherwise specified		1/15/2009
Q4102	Skin substitute, Oasis Wound Matrix, per sq cm		1/15/2009
Q4103	Skin substitute, Oasis Burn Matrix, per sq cm		1/15/2009
Q4104	Skin substitute, Integra Bilayer Matrix Wound Dressing (BMWDO per sq cm		1/15/2009
Q4105	Skin substitute, Integra Dermal Regeneration template (DRT) per sq cm		1/15/2009
Q4107	Skin substitute, Graft jacket, per sq cm		1/15/2009
Q4108	Skin substitute, Integra Matrix, per sq cm		1/15/2009
Q4109	Skin substitute, Tissuemend, per sq cm		1/15/2009
Q4110	Skin substitute, Primatrix, per sq cm		1/15/2009
Q4111	Skin substitute, Gammagraft, per sq cm		1/15/2009
Q4112	Allograft, Cymetra, injectible, 1cc		1/15/2009
Q4113	Allograft, Graftjacket Express, injectible, 1cc		1/15/2009
Q4114	Integra flowable wound matrix, injectible, 1cc		1/15/2009
Q4115	Skin substitute, alloskin, per square inch		4/21/2010
Q4116	Skin substitute, alloderm, per square cm		4/21/2010
Q4117	Hyalomatrix per square inch		3/18/2011
Q4119	MatriStem wound matrix, per sq cm		3/18/2011
Q4120	MatriStem burn matrix, per sq cm		3/18/2011
Q4122	DermACELL, per sq cm		3/1/2012
Q4123	AlloSkin RT, per sq cm		3/1/2012
Q4124	OASIS ultra tri-layer wound matrix, per sq cm		3/1/2012
Q4125	Arthroflex, per sq cm		3/1/2012
Q4126	MemoDerm, per sq cm		3/1/2012
Q4127	Talymed, per sq cm		3/1/2012
Q4128	FlexHD or AllopatchHD, per sq cm		3/1/2012
Q4129	Unite biomatrix, per sq cm		3/1/2012
Q4130	Strattice TM, per sq cm		3/1/2012
S1040	Cranial remolding orthotic, pediatric, rigid with soft interface, custom fabricated; includes fitting and adjustments		3/18/2011
S2107	Adoptive immunotherapy - tumor infiltration lymphocytes (TIL), lymphokine- activated killer therapy 9LAK), autolymphocyte therapy (ALT)		1/15/2009
S2112	Arthroscopy, knee, for surgical harvesting of cartilage (chondrocyte cells)		1/15/2009
S2117	Arthroereisis, subtalar		1/15/2009
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar		1/15/2009
S2360	percutaneous vertebroplasty, one vertebral body, unilateral or bilateral, cervical		8/2/2010
S2361	each additional cervical vertebral body		8/2/2010
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero		1/15/2009
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero		1/15/2009
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero		1/15/2009
S2409	Repair, congenital malformation of the fetus, procedure performed in utero, not otherwise classified		1/15/2009
S3650	Saliva test, hormone level, during menopause		1/15/2009
S3652	Saliva test, hormone level, to assess preterm labor		1/15/2009
S3711	Circulating tumor cell test		1/15/2009
S3900	surface electromyography (EMG)		1/15/2009
S8035	Magnetic Source Imaging (MSI) somatosensory testing		1/15/2009
S8080	Scintimamography (radioimmunosintigraphy of the breast) unilateral, including radiopharmaceutical		1/15/2009
S8130	Interferential current stimulator, 2 channel		3/1/2012
S8131	Interferential current stimulator, 4 channel		3/1/2012
S8940	Equestrian/Hippotherapy		1/15/2009

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S8948	Application of modality requiring constant provider attendance, to one or more areas; low level laser; each 15 minutes		1/15/2009
S9001	Home uterine monitor with or without associated nursing services		1/15/2009
S9024	Paranasal sinus ultrasound		1/15/2009
S9055	Autologous Blood derived or Platelet derived Growth Factors (gel) for wound healing		1/15/2009
S9056	Coma Stimulation Program		1/15/2009