SURGERIES/PROCEDURES/SERVICES REQUIRING PREAUTH REVIEW

IMPORTANT: Please be advised that this list is <u>not</u> all-inclusive. Benefits are determined based on Plan Language including but not limited to medical necessity, experimental/investigational, and/or cosmetic services/procedures. If you have any questions, please contact Aurora Medical Management at 1-800-251-0838.

ABDOMINOPLASTY/PANNICULECTOMY (15830, 15847, 15877, 17999)

- What is it: Surgical procedure involving the removal of excess skin and fat from the middle and lower abdomen
- Rationale for MMT review: review for medical necessity vs. cosmetic

AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE (ACT) – CPT 27412, 28870

- What is it: procedure used to treat traumatic cartilage defects of the knee joint.
 Cells are biopsied/cultured during an arthroscopy procedure 14-21 days prior to ACT. Then during ACT those new cells are injected back into knee to create new cartilage.
- Rationale for MMT review: Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

BONE ANCHORED HEARING AID (BAHA) – CPT 69710-11, 69714-15, 69717-18, L8690-91 and L8699

- What is it: procedure The Baha is a surgically implantable system for treatment of hearing loss that works through direct bone conduction.
- Rationale for MMT review: Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

BLEPHAROPLASTY- CPT code 15820-15823

- What is it: Removal of excess evelid tissue
- Rationale for MMT review: Need to review for medical necessity vs. cosmetic

BREAST RECONSTRUCTION (multiple CPT codes)

- What is it: Any reconstructive procedure (including implants) to the breast
- Rationale: Review for medical necessity vs. cosmetic

CAPSULE OR WIRELESS ENDOSCOPY - 91110 and 91111

- What is it: This device is a tiny video camera that is swallowed by the patient, which takes images of digestive tract.
- Rationale for MMT review: New procedure, which is indicated in patients who are suspected of having disease of the small intestine that has not been diagnosed by routine testing. It is not a replacement for standard testing.

CERVICAL SPINAL SURGERY -CPT-multiple codes

- What is it: Decompression surgery involves removing a small portion of the bone over the nerve root and/or disc material from under the nerve root to relieve pinching of the nerve and provide more room for the nerve to heal.
- What is it: spinal fusion involves using a bone graft to stop the motion at a painful vertebral segment, which in turn should decrease pain generated from the joint.
- Rationale for MMT Review: Specific indicator(s) must be present in patient
 medical history in order to meet medical necessity criteria for the procedure itself
 as well as products used during the procedure.

CT COLONOGRAPHY (SEE VIRTUAL COLONOSCOPY)

DAT SCAN (LOFLUPANE I-123) HCPCS: A9584 NDC 17156-210-01

- What is it: A radiophic dye used in conjunction with a SPECT scan (brain imaging, tomography) to visualize brain transport of dopamine.
- Rationale for MMT review: Current literature finds limited use of this diagnostic tool.

IMPORTANT: SPECT SCANS (78607) MAY BE APPROVED WHEN BILLED INDEPENDENTLY OF A9584 (DAT SCAN INFUSION)

EEG -HOME VIDEO MONITORING -Review only if being done in the HOME. (CPT 95951, 95950 and 95953)

- What is it: Measure of electrical activity produced by the brain
- Rationale for MMT review: Specific indicator(s) must be present in medical history in order to meet medical necessity criteria for HOME video monitoring.

GASTRIC BYPASS (Bariatric Surgeries) CPT 43620-43634 &/or 43659, 43770-75,&/or 43842-43848, 43999

- What is it: Surgical procedure to change size of stomach, the length of small intestine or both to limit how much food is eaten.
- Rationale for MMT review: Review for medical necessity for morbidly obese pts in order to determine if they meet medical necessity criteria.

GENETIC TESTING – Unable to list CPT codes d/t extent of codes

- What is it: Diagnostic tests (lab) done to establish a molecular diagnosis of an inheritable disease
- Rational for MMT review: Review for medical necessity. Testing only considered medically necessary if the result of the test will directly impact the treatment being delivered to the member.
- Prenatal genetic testing OK to process w/o MMT review.

Intensity Modulated Radiation Therapy (IMRT) CPT 0073T, 77301, 77338, 77418 IMRT

- What is it: an advanced form of three- dimensional radiation therapy that utilizes computer-generated images that show the size and shape of the tumor.
- Rationale for MMT Review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria.

 Note: IMRT is a specific type of radiation therapy. Not all radiation therapy is IMRT.

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (IOM) –CPT 95920, 99360

- What is it: Intra-operative neurological monitoring is the recording of nerve signals and brainwaves during surgery to monitor and thereby reduce the risk of significant nerve damage.
- Rationale for MMT Review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria.

LAPAROSCOPY - CPT 49320 - 49329

- What is it: Surgical procedure to examine and treat abdominal and pelvic organs through a small surgical viewing instrument (laparoscope) inserted into the abdomen at the navel.
- Rational for MMT review: Although procedures rarely fail medical necessity criteria, MMT continues to review for possible infertility treatment.

LUMBAR SPINAL SURGERY CPT-multiple codes

- What is it: Decompression surgery involves removing a small portion of the bone over the nerve root and/or disc material from under the nerve root to relieve pinching of the nerve and provide more room for the nerve to heal.
- What is it: Spinal fusion involves using a bone graft to stop the motion at a painful vertebral segment, which in turn should decrease pain generated from the joint.
- Rationale for MMT Review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria for the procedure itself as well as products used during the procedure.

MAGNETIC RESONANCE SPECTROSCOPY (MRS) ALSO KNOWN AS NMR SPECTROSCOPY (CPT 76390

- What is it: A non-invasive imaging technique that can be used to measure concentrations of different chemicals in body tissues, aiding in the detection and discrimination of various cystic and tumor masses.
- Rationale for MMT Review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria

MANDIBULAR ADVANCEMENT DEVICE/ORAL APPLIANCE-(CPT CODES: E0485, E0486, D9941, L8043, L8048 or 21085, 21088)

- What is it: Custom-fitted and prefabricated oral appliances to reduce upper airway collapsibility that may be associated with obstructive sleep apnea.
- Rationale for MMT review: Custom fitted device (usually by DDS). Cost range \$1500-\$2000. Specific indicator(s) must be present in order to meet medical necessity criteria vs. use for snoring.

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OSTEOCHONDRAL AUTOGRAFT TRANSPLANT (OAT (CPT codes: 27412, 27415, 27416, 28446, 29866, and 29867, 29870)

- What is it: involves the transplantation of small plugs of healthy bone and hyaline cartilage from joint areas with less weight bearing. Any joint can be involved; however, the knees and elbows are the most common areas affected.
- Rationale for review: Extremely costly biological products that have specific indications for use

ORTHOGNATHIC SURGERY

(CPT CODES: 21120-21127, 21141 –21147 &, 21150-21160, 21188, 21193-21199, 21206, 21244-49)

- What is it: surgery to correct skeletal malposition or misalignment of the maxilla (upper jaw) and mandible (lower jaw)
- Rational for MMT review: review for medical necessity vs. cosmetic

PAIN MANAGEMENT – MULTIDISCIPLINARY PROGRAMS ONLY (Not one CPT code.)

(Epidural injections do NOT require preauthorization/medical necessity reviews)
Customer service can direct calls to MMT for questions.

- What is it: Treatment program for patient w/chronic pain syndrome. Involves multi-specialty groups/teams usually consisting of: physiatrist, &/or other physician, therapist(s), and psychologist,
- Rationale for MMT review: Program involves numerous providers/care givers over a period of months. Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

PET SCANS - CPT: 78811-78816 as well as 78608-78609, 78459, 78491 and 78492

- What is it: Positron Emission Tomography. Non-invasive test to r/o suspected disease processes
- Rationale for MMT review: Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

PLASMAPHERESIS - CPT CODE 36514

- What is it: Procedure to remove harmful elements from the bloodstream. A small tube is placed into a vein and the tube is connected to a machine.
- Rationale for MMT review: Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

REDUCTION MAMMOPLASTY -CPT 19318 and /or 19499

- What is it: Surgery removing breast tissue
- Rationale for MMT review: Need to review for medial necessity vs. cosmetic

SACRAL NERVE STIMULATOR (ELECTRICAL STIMULATION DEVICE

- What is it: device implanted for treatment of neurogenic bladder –surgically implanted
- Rationale for MMT review: specific indications and criteria

SCLEROTHERAPY -CPT 36470 and 36471. NOTE CPT 36468 is sclerotherapy for telangectasia (spider veins) and ALWAYS DENIED AS COSMETIC.

- What is it: Treatments to remove varicose veins.
- Rationale for MMT review: Need to review for medial necessity vs. cosmetic

SEPTOPLASTY - CPT 30520

- What is it: Surgery to correct nasal deformity.
- Rationale for MMT review: Need to review for medical necessity vs. cosmetic.

SPINAL CORD STIM/DORSAL COLUMN STIM PLACEMENT CPT -E0747

- What is it: Device implanted to enhance healing process by promoting bone growth.
- Rationale for MMT review: Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

THERAPY: IN-NETWORK

- Outpatient Cardiac Rehab (CPT 93797-93798)[Add 93799 "Unlisted cardiovascular service or procedure"?]. Apollo pgs 111 - 118 and Medicare
- Outpatient Pulmonary Rehab (CPT G0239 or 94799) Medicare
- <u>ALL</u> children 16 and under eval only PT/OT/ST until authorized for additional therapy services (CPT 97001 97546, and 92506 92508).
- <u>ALL</u> speech therapy eval only until authorized for treatment. (CPT 92506-92508).
- Adult patients needing PT or OT, the therapist is allowed up to 18 visits if
 medically necessary including initial evaluation. Preauthorization is required for
 beyond 18 visits.

THERAPY: OUT-OF-NETWORK

• <u>ALL</u> THERAPIES for <u>both adult and pediatric</u> population- REQUIRE PRECERTIFICATION. Site can proceed with <u>evaluation only.</u> Site to contact Aurora Medical Management and send the initial evaluation to initiate medical necessity review.

TOCOLYTIC DRUG THERAPY/TERBUTINE- (Codes: S9001, or S9208, or S9349 and J3105 but only when billed w/any of the above S codes.)

- What is it: drug agent used to reduce contractions during preterm labor and potentially delay the onset of active labor and delivery.
- Rationale for MMT review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria.

TRANSINCISIONLESS FUNDOPLICATION (TIF) (CPT 43499)

- What is it: Incisionless procedure to treat GERD
- Rationale for MMT Review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria.

UVULECTOMY (42140), UVULOPALATOPHARYNGOPLASTY (UPPP) (or PALATOPHARYNGOPLASTY, OR UVULOPHARYNGOPLASTY) CPT 42145; or LASER ASSISTED UVULOPALATOPHARNYGOPLASTY (LAUP) (S2080)

- What is it: UPPP &/or LAUP are surgical procedures used to treat obstructive sleep apnea by enlarging the oropharynx.
- Rationale for MMT review: Specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

VIRTUAL COLONOSCOPY -CPT 74261 to 74263

- What is it: Computed tomographic (CT) colonography, also known as virtual colonoscopy, is a diagnostic test that is intended to detect colorectal polyps and colorectal cancer
- Rationale for MMT review: Specific indicator(s) must be present in patient medical history in order to meet medical necessity criteria.

VISION/ORTHOPTIC THERAPY – CPT 92065

- What is it: Vision training by eye exercises
- Rationale for MMT review: specific indicator(s) must be present in pt past medical history in order to meet medical necessity criteria.

**ANY POTENTIALLY COSMETIC PROCEDURE

**ANY PROCEDURE/SURGERY PLANNED INPATIENT