



February 23, 2009

Dear Provider:

Annually, Virginia Premier Health Plan, Inc. (VPH) reviews our policy regarding the “**BILL ABOVE LISTING**” (BAL). Please see changes noted below effective with dates of service **April 1, 2009**. An updated BAL will be posted on our website at the end of March at: www.virginiapremier.com.

I. The following procedures **will require** you to obtain an authorization. These procedures have been **removed** from the BAL.

Procedures	CPT Description	HMO Requirement
88000	AUTOPSY (NECROPSY), GROSS	AUTHORIZATION REQUIRED
88005	AUTOPSY (NECROPSY), GROSS.	AUTHORIZATION REQUIRED
88007	AUTOPSY (NECROPSY), GROSS..	AUTHORIZATION REQUIRED
88012	AUTOPSY (NECROPSY), GROSS...	AUTHORIZATION REQUIRED
88014	AUTOPSY (NECROPSY), GROSS....	AUTHORIZATION REQUIRED
88016	AUTOPSY (NECROPSY), GROSS.....	AUTHORIZATION REQUIRED
88020	AUTOPSY (NECROPSY), COMPLETE	AUTHORIZATION REQUIRED
88025	AUTOPSY (NECROPSY), COMPLETE.	AUTHORIZATION REQUIRED
88027	AUTOPSY (NECROPSY), COMPLETE..	AUTHORIZATION REQUIRED
88028	AUTOPSY (NECROPSY), COMPLETE...	AUTHORIZATION REQUIRED
88029	AUTOPSY (NECROPSY), COMPLETE....	AUTHORIZATION REQUIRED
88036	LIMITED AUTOPSY	AUTHORIZATION REQUIRED
88037	LIMITED AUTOPSY.	AUTHORIZATION REQUIRED
88040	FORENSIC AUTOPSY (NECROPSY)	AUTHORIZATION REQUIRED
88045	CORONER'S AUTOPSY (NECROPSY)	AUTHORIZATION REQUIRED
88099	NECROPSY (AUTOPSY) PROCEDURE	AUTHORIZATION REQUIRED
78811-78813	PET MYOCARD IMAG FLW PREV PET; 1	AUTHORIZATION REQUIRED
78811-78813	PET MYOCARD IMAG FLW REST SPECT; 1	AUTHORIZATION REQUIRED
78811-78813	PET IMAGE BRST DECTION RECUR	AUTHORIZATION REQUIRED
78811-78813	PET IMAGE BRST EVAL TO TX	AUTHORIZATION REQUIRED
G0296	PET IMAG RESTAG PRV TX THYROID CA	AUTHORIZATION REQUIRED
G8401	CLN DOC PT NOT ELIG SCRN OP WMN	AUTHORIZATION REQUIRED
G8409	CLIN DOC PT NOT ELIG ABI MEASURE	AUTHORIZATION REQUIRED
G8415	FOOTWEAR EVAL WAS NOT PERFORMED	AUTHORIZATION REQUIRED
G8422	PT NOT ELIGIBLE BMI CALCULATION	AUTHORIZATION REQUIRED
G8439	DOC PT NOT ELIG CO-DLVP TX PLN/	AUTHORIZATION REQUIRED
76010	X-RAY, NOSE TO RECTUM	AUTHORIZATION REQUIRED
77078	CT SCAN, BONE DENSITY STUDY	AUTHORIZATION REQUIRED
77032	X-RAY EXAM, BREAST NODULE	AUTHORIZATION REQUIRED
76098	X-RAY EXAM, BREAST SPECIMEN	AUTHORIZATION REQUIRED
76100	X-RAY EXAM OF BODY SECTION	AUTHORIZATION REQUIRED
76101	COMPLEX BODY SECTION X-RAY	AUTHORIZATION REQUIRED
76102	COMPLEX BODY SECTION X-RAYS	AUTHORIZATION REQUIRED



Procedures	CPT Description	HMO Requirement
76948	ECHO GUIDE OVA ASPIRATION	AUTHORIZATION REQUIRED
G0235	PET IMAGING ANY SITE NOS	AUTHORIZATION REQUIRED
G0252	PET IMAGING INITIAL DX	AUTHORIZATION REQUIRED
7010F	PT INFO INTO RECALL SYSTEM	AUTHORIZATION REQUIRED
4042F	DOC ANTIBIO NOT GIVEN	AUTHORIZATION REQUIRED
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED	AUTHORIZATION REQUIRED
4186F	NO CONT.PPI OR H2RA RCVD	AUTHORIZATION REQUIRED

II. The following procedures listed below include codes for 2009 and existing codes **no longer** requiring an authorization. **If these codes are billed in conjunction with other codes that REQUIRE authorizations, you must contact Virginia Premier for an authorization.** These procedures have been **added** to the BAL.

Procedures	CPT Description	HMO Requirement
0194T	PROCALCITONIN (PCT)	AUTHORIZATION NOT REQUIRED
46930	DESTRUCTION INTERNAL HEMORRHOIDS	AUTHORIZATION NOT REQUIRED
64455	N BLOCK INJ, PLANTAR DIGIT	AUTHORIZATION NOT REQUIRED
64632	N BLOCK INJ, COMMON DIGIT	AUTHORIZATION NOT REQUIRED
83876	ASSAY, MYELOPEROXIDASE	AUTHORIZATION NOT REQUIRED
85397	CLOTTING FUNCT ACTIVITY	AUTHORIZATION NOT REQUIRED
87905	SIALIDASE ENZYME ASSAY	AUTHORIZATION NOT REQUIRED
88720	BILIRUBIN TOTAL TRANSCUT	AUTHORIZATION NOT REQUIRED
88740	TRANSCUTANEOUS CARBOXYHB	AUTHORIZATION NOT REQUIRED
88741	TRANSCUTANEOUS METHB	AUTHORIZATION NOT REQUIRED
90951	ESRD SERV, 4 VISITS P MO, -2	AUTHORIZATION NOT REQUIRED
90952	ESRD SERV, 2-3 VSTS P MO,-2	AUTHORIZATION NOT REQUIRED
90953	ESRD SERV, 1 VISIT P MO, -2	AUTHORIZATION NOT REQUIRED
90954	ESRD SERV, 4 VSTS P MO, 2-11	AUTHORIZATION NOT REQUIRED
90955	ESRD SRV 2-3 VSTS P MO, 2-11	AUTHORIZATION NOT REQUIRED
90956	ESRD SRV, 1 VISIT P MO, 2-11	AUTHORIZATION NOT REQUIRED
90957	ESRD SRV, 4 VSTS P MO, 12-19	AUTHORIZATION NOT REQUIRED
90958	ESRD SRV 2-3 VSTS P MO 12-19	AUTHORIZATION NOT REQUIRED
90959	ESRD SERV, 1 VST P MO, 12-19	AUTHORIZATION NOT REQUIRED
90960	ESRD SRV, 4 VISITS P MO, 20+	AUTHORIZATION NOT REQUIRED
90961	ESRD SRV, 2-3 VSTS P MO, 20+	AUTHORIZATION NOT REQUIRED
90962	ESRD SERV, 1 VISIT P MO, 20+	AUTHORIZATION NOT REQUIRED
93279	PM DEVICE PROGR EVAL, SNGL	AUTHORIZATION NOT REQUIRED
93280	PM DEVICE PROGR EVAL, DUAL	AUTHORIZATION NOT REQUIRED
93281	PM DEVICE PROGR EVAL, MULTI	AUTHORIZATION NOT REQUIRED
93282	ICD DEVICE PROG EVAL, 1 SNGL	AUTHORIZATION NOT REQUIRED
93283	ICD DEVICE PROGR EVAL, DUAL	AUTHORIZATION NOT REQUIRED
93284	ICD DEVICE PROGR EVAL, MULT	AUTHORIZATION NOT REQUIRED
93285	ILR DEVICE EVAL PROGR	AUTHORIZATION NOT REQUIRED
93286	PRE-OP PM DEVICE EVAL	AUTHORIZATION NOT REQUIRED
93287	PRE-OP ICD DEVICE EVAL	AUTHORIZATION NOT REQUIRED
93288	PM DEVICE EVAL IN PERSON	AUTHORIZATION NOT REQUIRED
93289	ICD DEVICE INTERROGATE	AUTHORIZATION NOT REQUIRED
93290	ICM DEVICE EVAL	AUTHORIZATION NOT REQUIRED
93291	ILR DEVICE INTERROGATE	AUTHORIZATION NOT REQUIRED
93292	WCD DEVICE INTERROGATE	AUTHORIZATION NOT REQUIRED
93293	PM PHONE R-STRIP DEVICE EVAL	AUTHORIZATION NOT REQUIRED



Procedures	CPT Description	HMO Requirement
93294	PM DEVICE INTERROGATE REMOTE	AUTHORIZATION NOT REQUIRED
93295	ICD DEVICE INTERROGAT REMOTE	AUTHORIZATION NOT REQUIRED
93296	PM/ICD REMOTE TECH SERV	AUTHORIZATION NOT REQUIRED
93297	ICM DEVICE INTERROGAT REMOTE	AUTHORIZATION NOT REQUIRED
93298	ILR DEVICE INTERROGAT REMOTE	AUTHORIZATION NOT REQUIRED
93299	ICM/ILR REMOTE TECH SERV	AUTHORIZATION NOT REQUIRED
93306	TTE W/DOPPLER, COMPLETE	AUTHORIZATION NOT REQUIRED
93351	STRESS TTE COMPLETE	AUTHORIZATION NOT REQUIRED
93352	ADMIN ECG CONTRAST AGENT	AUTHORIZATION NOT REQUIRED
95803	ACTIGRAPHY TESTING	AUTHORIZATION NOT REQUIRED
95992	CANALITH REPOSITIONING PROC	AUTHORIZATION NOT REQUIRED
96360	HYDRATION IV INFUSION, INIT	AUTHORIZATION NOT REQUIRED
96361	HYDRATE IV INFUSION, ADD-ON	AUTHORIZATION NOT REQUIRED
96365	THER/PROPH/DIAG IV INF, INIT	AUTHORIZATION NOT REQUIRED
96366	THER/PROPH/DIAG IV INF ADDON	AUTHORIZATION NOT REQUIRED
96367	TX/PROPH/DG ADDL SEQ IV INF	AUTHORIZATION NOT REQUIRED
96368	THER/DIAG CONCURRENT INF	AUTHORIZATION NOT REQUIRED
96369	SC THER INFUSION, UP TO 1 HR	AUTHORIZATION NOT REQUIRED
96370	SC THER INFUSION, ADDL HR	AUTHORIZATION NOT REQUIRED
96371	SC THER INFUSION, RESET PUMP	AUTHORIZATION NOT REQUIRED
96372	THER/PROPH/DIAG INJ, SC/IM	AUTHORIZATION NOT REQUIRED
96373	THER/PROPH/DIAG INJ, IA	AUTHORIZATION NOT REQUIRED
96374	THER/PROPH/DIAG INJ, IV PUSH	AUTHORIZATION NOT REQUIRED
96375	TX/PRO/DX INJ NEW DRUG ADDON	AUTHORIZATION NOT REQUIRED
96376	TX/PRO/DX INJ NEW DRUG ADDON	AUTHORIZATION NOT REQUIRED
96379	THER/PROP/DIAG INJ/INF PROC	AUTHORIZATION NOT REQUIRED
99465	NB RESUSCITATION	AUTHORIZATION NOT REQUIRED
V5266	BATTERIES (Hearing Aids) < 21 years of age	AUTHORIZATION NOT REQUIRED
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	AUTHORIZATION NOT REQUIRED
92582	CONDITIONING PLAY AUDIOMETRY	AUTHORIZATION NOT REQUIRED
92585	AUDITORY BRAIN STEM EVOKED POTENTIALS	AUTHORIZATION NOT REQUIRED
92587	EVOKED OTOACOUSTIC EMISSIONS SCREEN	AUTHORIZATION NOT REQUIRED
92588	EVOKED OTOACOUSTIC EMISSIONS DIAGNOSTIC	AUTHORIZATION NOT REQUIRED
92572	STAGGERED SPONDIAC WORD TEST	AUTHORIZATION NOT REQUIRED
87905	DIAGNOSTIC TEST FOR BACTERIAL VAGINOSIS	AUTHORIZATION NOT REQUIRED

We appreciate your cooperation. All questions regarding these changes should be directed to your Provider Services Representative at (800) 727-7536.

Sincerely,

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