



# MEDICAL MUTUAL®

## Prior Approval and Investigational Services

### Services Requiring Prior Approval (revised January 15, 2019)

Please note: The terms prior authorization, prior approval, predetermination, advance notice, precertification, preauthorization and prior notification all refer to the same process.

CATEGORY	DETAILS	SUBMIT TO
<b>Ambulance Services</b>	Non-emergency air ambulance transportation	Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a>
<b>Cosmetic/Reconstructive Procedures*</b>	Abdominoplasty/Panniculectomy Blepharoplasty, Brow Lift and Blepharoptosis Repair Breast Reconstruction and Related Procedures Laser Therapy for Treatment of Rosacea Mastectomy (Bilateral Prophylactic) Mastopexy Otoplasty Reduction Mammoplasty Rhinoplasty Septoplasty Surgical Repair of Pectus Deformities Surgical Treatment of Gynecomastia	Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: (877) 321-6664 <a href="#">Prior Approval Form</a>
<b>Durable Medical Equipment (DME)/Prosthetics/Orthotics*</b>	Bone Growth Stimulation: Electrical and Ultrasonic Conductive Garment for Delivery of TENS and NMES Continuous Glucose Monitoring Systems Cranial Orthosis for Plagiocephaly DME Misc. Items >\$1,000 Functional Electrical Stimulation High Frequency Chest Wall Oscillation System INR Monitoring System Knee Braces (Custom Fabricated) Mechanical Insufflation-Exsufflation Therapy Motorized Wheelchairs, Power Accessories and Power Operated Vehicles Pneumatic Compression Device Pressure Reducing Support Surfaces Prosthetics (microprocessor systems) Pulse Oximeter (home use) Speech-Generating Devices Tumor Treating (Treatment) Fields for Glioblastoma Multiforme Wearable Cardioverter Defibrillator (WED)	Care Management Web: <a href="http://navinet.force.com">http://navinet.force.com</a> Or Fax: (877) 321-6664 <a href="#">Prior Approval Form</a>

CATEGORY	DETAILS	SUBMIT TO
<p><b>Genetic Testing/Gene Expression/Microarray Analysis*</b></p>	<p>* All Genetic Testing, Gene Expression Testing and Microarray Analysis testing requires prior authorization (unless specified as not required). Prior to testing for hereditary conditions Genetic Counseling is required.</p> <p>Breast Cancer Susceptibility 1 (BRCA1)  Breast Cancer Susceptibility 2 (BRCA2)  Breast Cancer Susceptibility 1 and 2 Large Rearrangement Testing</p> <p>Chromosomal Microarray Analysis  Gene Expression Assays for the Management of Breast Cancer  Genetic Testing for Colorectal Cancer Susceptibility  Genetic Testing for Inherited Disorders  Surrogate Markers for Detection of Heart Transplant Rejection – Gene Expression Profiling (e.g., AlloMap)</p>	<p>Care Management  Web: <a href="http://navinet.force.com">http://navinet.force.com</a>  Or  Fax: (877) 321-6664  <a href="#">Prior Approval Form</a></p>
<p><b>Injectables*</b></p>	<p>Abatacept (Orencia IV and SC)  Adalimumab (Humira)  Ado-trastuzumab emtansine (Kadcyla®)  Aflibercept (Eylea®)  Agalsidase beta (Fabrazyme®)  Alemtuzumab (Lemtrada®) (when utilized for treatment of multiple sclerosis)  Alglucosidase alfa (Lumizyme®, Myozyme®)  Alirocumab (Praluent®)  Alpha1-proteinase inhibitors (Aralast NP™, Glassia™, Prolastin®, Prolastin®-C, Zemaira™)  Anakinra (Kineret®)  Arsenic Trioxide (Trisenox) <b>New requirement! Prior approval required effective 05/17/2018</b>  Asparaginase Erwinia chrysanthemi (Erwinaze)  Atezolizumab (Tecentriq®)  Avelumab (Bavencio®)  Axicabtagene ciloleucel (Yescarta®)  Azacitidine (Vidaza®)  Belimumab (Benlysta)  Bendamustine (Treanda, Bendeka™)  Benralizumab (Fasenra) <b>New requirement! Prior approval required effective 01/21/2018</b>  Berinert (C1 Esterase Inhibitor)  Belatacept (Nulojix®)  Bevacizumab (Avastin) (prior approval is required for all conditions except diabetic macular edema, macular edema following retinal vein occlusion, or neovascular (wet) age-related macular degeneration)  Bivigam  Blinatumomab (Blincyto®)  Bortezomib (Velcade)  Botulinum Toxin Type A and B  Brentuximab vedotin (Adcetris®)</p>	<p>Medical Drug Management  Web: <a href="http://www.express-path.com">www.express-path.com</a>  Fax: 1-866-620-4028  Phone: 1-866-620-4027  <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
Injectables*	<p>Brodalumab (Siliq™)</p> <p>Burosumab (Crysvita) <b>New requirement! Prior approval required effective 06/01/2018</b></p> <p>Cabazitaxel (Jevtana)</p> <p>Calaspargase Pegol-mknl (Asparlas) <b>New requirement! Prior approval required effective 02/01/2019</b></p> <p>Calcitonin Gene-Related Peptide (CGRP) Antagonists (Erenumab, Fremanezumab, Galcanezumab) <b>New requirement! Prior approval required effective 06/01/2018</b></p> <p>Canakinumab (Ilaris®)</p> <p>Carfilzomib (Kyprolis®)</p> <p>Cemiplimab-rwlc (Libtayo) <b>New requirement! Prior approval required effective 10/21/2018</b></p> <p>Cerliponase alfa (Brineura®)</p> <p>Certolizumab pegol (Cimzia)</p> <p>Cetuximab (Erbix®)</p> <p>C1 esterase inhibitor (Cinryze)</p> <p>C1 esterase inhibitor (Haegarda)</p> <p>Collagenase clostridium histolyticum (Xiaflex®)</p> <p>Copanlisib (Aliqopa®)</p> <p>Cuvitru (immune globulin subcutaneous 20% solution)</p> <p>Cyclophosphamide (when utilized for oncology conditions)</p> <p>Daclizumab (Zinbryta™)</p> <p>Daclizumab (Zinbryta™)</p> <p>Daratumumab (Darzalex™)</p> <p>Darbepoetin alfa (Aranesp®)</p> <p>Daunorubicin/cytarabine (Vyxeos®)</p> <p>Decitabine (Dacogen®)</p> <p>Denosumab (Xgeva®)</p> <p>Docetaxel (Docefrez™, Taxotere®)</p> <p>Doxorubicin hydrochloride (Doxil®, Adriamycin, Lipodox)</p> <p>Dupilumab (Dupixent®)</p> <p>Durvalumab (Imfinzi®)</p> <p>Ecallantide (Kalbitor)</p> <p>Eculizumab (Soliris®)</p> <p>Edaravone(Radicava®)</p> <p>Elapegedemase-lvlr (Revcovi™) <b>New requirement! Prior approval required effective 10/18/2018</b></p> <p>Elosulfase alfa (Vimizim)</p> <p>Elotuzumab (Empliciti™)</p> <p>Emapalumab-lzsg (Gamifant) <b>New requirement! Prior approval required effective 11/18/2018</b></p> <p>Emicizumab-kxwh (Hemlibra)</p> <p>Enzyme Replacement Therapy for Gaucher Disease</p> <p>Epoprostenol (Flolan, Veletri)</p> <p>Erenumab-aoe (Aimovig™)</p> <p>Eribulin mesylate (Halaven®)</p> <p>Erythropoietin alfa (Epogen®, Procrit®, Retacrit)</p> <p>Etanercept (Enbrel)</p> <p>Etelcalcetide (Parsabiv®)</p> <p>Eteplirsen (Exondys51)</p> <p>Evolocumab (Repatha®)</p> <p>Filgrastim (Neupogen®)</p> <p>Filgrastim-aafi (Nivestym™)</p>	<p>Medical Drug Management  Web: <a href="http://www.express-path.com">www.express-path.com</a>  Fax: 1-866-620-4028  Phone: 1-866-620-4027  <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
Injectables*	<p>Fligra<sup>st</sup>im-sndz (Zarxio™)  Flebogamma DIF  Fremanezumab-vfrm (Ajovy™)  Fulvestrant (Faslodex®)  Galcanezumab-gnlm (Emgality™ )  Galsulfase (Naglazyme®)  Gammagard (all forms)  Gammaked  Gammplex  Gamunex (all forms)  Gemcitabine HCL (Gemcitabine HCL, Gemzar®)  Gemtuzumab Ozogamicin (Mylotarg®)  Glatiramer acetate (Copaxone, Glatopa)  New Drug Prior Approval Policy (Global Prior Approval)  Golimumab (Simponi)  Growth Stimulating Drugs  Guselkumab (Tremfya)  Histrelin (Vantas) <b>New requirement! Prior approval required effective 10/21/2018</b>  Hizentra  Icatibant (Firazyr®)  Iloprost (Ventavis)  Immune globulins (administered intravenous and subcutaneous)  Infliximab (Remicade)  Infliximab-dyyb (Inflectra®)  Infliximab-abda (Renflexis®)  Idursulfase (Elaprase®)  Inotersen (Tegsedi) <b>New requirement! Prior approval required effective 10/21/2018</b>  Inotuzumab Ozogamicin (Besponsa®)  Interferon beta-1a (Avonex®, Plegridy™, Rebif®)  Interferon beta-1b (Betaseron®, Extavia®)  Ipilimumab (Yervoy®)  Iobenguane I 131 (Azedra®) <b>New requirement! Prior approval required effective 09/21/2018</b>  Irinotecan liposomal (Onivyde®)  Ixabepilone (Ixempra®)  Ixekizumab (Taltz®)  Lanadelumab (Takhzyro®) <b>New requirement! Prior approval required effective 09/21/2018</b>  Laronidase (Aldurazyme®)  Leuprolide acetate (Eligard®, Lupron Depot, Lupron Depot-Ped®, Lupaneta Pack®)  Lutetium Lu 177 dotatate (Lutathera®) <b>New requirement! Prior approval required effective 03/01/2018</b>  Mepolizumab (Nucala®)  Methoxy polyethylene glycol-epoetin beta (Mircera®)  Mitoxantrone (Novatrone)  Mogamulizumab-kpkc (Poteligeo®) <b>New requirement! Prior approval required effective 09/21/2018</b>  Moxetumomab pasudotox-tdfk (Lumoxiti) <b>New requirement! Prior approval required effective 10/21/2018</b>  Natalizumab (Tysabri)</p>	<p>Medical Drug Management  Web: <a href="http://www.express-path.com">www.express-path.com</a>  Fax: 1-866-620-4028  Phone: 1-866-620-4027  <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
	<p>Necitumumab (Portrazza™)  Nelarabine (Arranon)  Nivolumab (Opdivo®)  Nusinersen (Spinraza®)  Obinutuzumab (Gazyva®)  Ocrelizumab (Ocrevus®)  Octagam  Octreotide acetate (Sandostatin®)  Omacetaxine mepesuccinate (Synribo®) <b>New requirement! Prior approval required effective 09/21/2018</b>  Omalizumab (Xolair®)  Ofatumumab (Arzerra)  Olaratumab (Lartruvo®)  Oxaliplatin (Eloxatin)  Paclitaxel albumin-bound (Abraxane®)  Panzyga (IVIG) <b>New requirement! Prior approval required effective 12/01/2018</b>  Pain Management Medications  Panitumumab (Vectibix®)  Patisirin (Onpatro®) <b>New requirement! Prior approval required effective 09/21/2018</b>  Pegaptanib sodium (Macugen®)  Pegvaliase-ppz (Palynziq) <b>New requirement! Prior approval required effective 07/21/2018</b>  Pegfilgrastim (Neulasta®)  Pegfilgrastim-jmdb (Fulphila™)  Pegfilgrastim-cbqv (Udenyca)  Peginterferon alfa-2b (Sylatron™)  Pegloticase (KRYSTEXXA)  Pembrolizumab (Keytruda®)  Pemetrexed (Alimta®)  Pertuzumab (Perjeta®)  Plasminogen (Rylpazim) <b>New requirement! Prior approval required effective 06/01/2018</b>  Privigen  Ranibizumab (Lucentis®)  Ramucirumab (Cyramza®)  Ravulizumab-cwvz (Ultomiris) <b>New requirement! Prior approval required effective 02/01/2019</b>  Recombinant C1 esterase inhibitor (Ruconest®)  Repository Corticotropin Injection (H.P. Acthar Gel)  Reslizumab (Cinqair®)  Rituximab (Rituxan)  Rituximab and Hyaluronidase (Rituxan Hycela)  Romidepsin (Istodax®)  Romiplostim (Nplate®)  Sebelipase alfa (Kanuma)  Secukinumab (Cosentyx™)  Sargramostim (Leukine®)  Sarilumab (Kevzara®)  Siltuximab (Sylvant®) <b>New requirement! Prior approval required effective 09/21/2018</b>  Sipuleucel-T (Provenge)  Synagis (Palivizumab) and RSV IVIG Respirgam</p>	<p>Medical Drug Management  Web: <a href="http://www.express-path.com">www.express-path.com</a>  Fax: 1-866-620-4028  Phone: 1-866-620-4027  <a href="#">Prior Approval Form</a></p>

CATEGORY	DETAILS	SUBMIT TO
	<p>Tagraxofusp-erzs (Elzonris) <b>New requirement! Prior approval required effective 02/01/2019</b></p> <p>Talimogene laherparepvc (Imlygic®)</p> <p>TBO-Filgrastim (Granix™)</p> <p>Testosterone cypionate (Depo®-Testosterone)</p> <p>Testosterone enanthate (Delatestryl®, Xyosted®)</p> <p>Testosterone pellet (Testopel®)</p> <p>Testosterone undecanoate (Aveed®)</p> <p>Tildrakizumab-asmn (Ilumya™) <b>New requirement! Prior approval required effective 04/01/2018</b></p> <p>Tisagenlecleucel (Kymriah®)</p> <p>Tocilizumab (Actemra IV and SC)</p> <p>Trabectedin (Yondelis®)</p> <p>Trastuzumab (Herceptin®)</p> <p>Trastuzumab-dkst (Ogivri™)</p> <p>Treprostinil (Remodulin, Tyvaso)</p> <p>Triamcinolone acetonide extended-release injectable (Zilretta™)</p> <p>Triptorelin (Triptodur)</p> <p>Ustekinumab (Stelara)</p> <p>Vedolizumab (Entyvio®)</p> <p>Vestronidase alfa-vjbc (Mepsevii)</p> <p>Vincristine liposomal (Marqibo®)</p> <p>Viscosupplementation Injections (e.g., Durolane®, Euflexxa™, Gel-One®, Gelsyn-3™, GenVisc®, Hyalgan®, Hymovis®, Monovisc™, Orthovisc, Supartz™/Supartz FX, Synvisc®, Synvisc-One™, TriVIsco)</p> <p>Voretigene Neparvovec-rzyl (Luxturna)</p> <p>Ziv-aflibercept (Zaltrap)</p> <p>Zoledronic acid (Zometa®)</p>	

<b>Inpatient Services</b>	<p><b>Medical/Surgical Admissions</b></p> <p>Acute Care Medical/Surgical</p> <p>Prior approval of normal deliveries is not required unless the length of stay for the mother or child exceeds 48 hours from the date of a vaginal delivery or 96 hours from the date of a C-section.</p> <p>Acute Physical Rehabilitation</p> <p>Long Term Acute Care (LTAC)</p> <p>Skilled Nursing Facility (SNF)</p>	<p>Submit through:</p> <p><a href="https://Reviewlink.mmoh.com">https://Reviewlink.mmoh.com</a></p> <p>Or</p> <p>call 1-800-338-4114</p>
	<p><b>Behavioral Health Admissions</b></p> <p>Acute Care Psychiatric/Substance Abuse</p> <p>Residential Inpatient</p>	<p>Fax: 1-800-524-9817</p> <p>Or</p> <p>Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p>
<b>Outpatient Services:</b>	<p><b>Imaging</b></p> <p>Computed Tomography (CT)</p> <p>Magnetic Resonance Imaging/Angiography (MRI/MRA)</p> <p>Myocardial perfusion (SPECT/PET) and cardiac blood pool imaging</p> <p>Other Nuclear Medicine</p> <p>Position Emission Tomography (PET)</p>	<p>Submit through eviCore Healthcare</p> <p>Web:</p> <p><a href="https://www.evicore.com/pages/providerlogin.aspx">https://www.evicore.com/pages/providerlogin.aspx</a></p> <p>Or</p> <p>Phones: 1-888-693-3211</p> <p>Fax: 1-888-693-3210</p>

	<p>Please find full listing by procedure at:  <a href="https://www.evicore.com/healthplan/MedMutualOH">https://www.evicore.com/healthplan/MedMutualOH</a></p> <p><b>Therapy</b>  Not all plans require prior approval for therapy services (i.e., Mutual Health Services). Please contact the For Providers number on the back of the Covered Person's ID card.</p> <p>Chiropractic/Osteopathic Manipulative Therapy  Occupational Therapy  Physical Therapy  Speech Therapy</p> <hr/> <p><b>Behavioral Therapy</b>  Applied Behavioral Analysis (ABA) Therapy</p>	<p>Landmark DBA eviCore  Web:  <a href="https://uni.lmhealthcare.com/LHApps/">https://uni.lmhealthcare.com/LHApps/</a></p> <p>Therapy Authorization Forms:  <a href="#">Physical</a>, <a href="#">Occupational</a> or <a href="#">Speech Therapy</a>  Fax: 1-888-565-4225</p> <p>Chiropractic Services and  Osteopathic Manipulation  Fax: 1-800-599-8350</p> <hr/> <p>Care Management  Web: <a href="http://navinet.force.com">http://navinet.force.com</a>  Or  Fax: -1-877-321-6664  <a href="#">Prior Approval Form</a></p>
	<p>Private Duty Nursing</p>	<p>1-800-258-3175</p>
<p><b>Nursing</b></p>	<p>Artificial Anal Sphincter for Treatment of Fecal Incontinence  Artificial Intervertebral Disc Replacement  Auditory Brainstem Implant  Autologous Chondrocyte Implantation  Bariatric surgery for obesity  Bone Anchored Hearing Device (BAHA)  Capsule (Wireless) Endoscopy – Esophagus through Ileum  Carotid Artery Stenting  Cochlear Implant  Electrical Stimulation and Electromagnetic Therapy for the Treatment of Chronic Dermal Ulcers  Electromagnetic Navigational Bronchoscopy  Endoscopic Thoracic Sympathectomy for Treatment of Hyperhidrosis  Gastric Electrical Stimulation for Treatment of Gastroparesis  Gender Dysphoria Treatment  Implantable Miniature Telescope – End Stage Age-Related Macular Degeneration Treatment  Intensity Modulated Radiation Therapy  Interspinous Process Decompression System (X-STOP)  Intrastromal Corneal Ring Segments (Intacs)  In Utero Fetal Surgery  Kyphoplasty – Thoracic and Lumbar  Laser Therapy – Vitiligo  Longitudinal Gastrectomy (i.e., sleeve gastrectomy)  Lumbar Spinal Fusion  Lung Volume Reduction Surgery (LVRS) for Severe Emphysema  Neutron Beam Therapy  Osteochondral Allografts and Autografts (OATS Mosaicplasty) for the Treatment of Focal Articular Cartilage Defects of the Knee  Outpatient Telemetry Systems</p>	<p>Care Management  Web: <a href="http://navinet.force.com">http://navinet.force.com</a>  Or  Fax: 1-877-321-6664  <a href="#">Prior Approval Form</a></p>

	<p>Phototherapy – Home Treatment of Dermatological Conditions (Other Than Vitiligo)</p> <p>Proton Beam Radiotherapy</p> <p>Psoriasis Laser Treatment</p> <p>Radiofrequency Ablation (RFA) for Treatment of Tumors</p> <p>Radiofrequency Volumetric Tissue Reduction</p> <p>Recombinant Human Bone Morphogenetic Protein-2 and Protein-7</p> <p>Sclerotherapy</p> <p>Spinal Cord Stimulation for Treatment of Chronic Pain</p> <p>Stereotactic Body Radiotherapy and Radiosurgery</p> <p>Strabismus Surgery if &gt;11 Years of Age</p> <p>Surrogate Markers for Detection of Heart Transplant Rejection – Gene Expression Profiling (e.g., AlloMap)</p> <p>Total Ankle Replacement</p> <p>Transcatheter Valve Replacement/Implantation</p> <p>Transcranial Magnetic Stimulation (TMS) for Treatment of Depression</p> <p>Transurethral Radiofrequency Micro-Remodeling</p> <p>Uterine Artery Embolization for Treatment of Fibroids</p> <p>Uvectomy</p> <p>Uvulopalatopharyngoplasty</p> <p>Vertebroplasty – Thoracic and Lumbar</p> <p>Virtual Colonoscopy (Computed Tomographic Colonography) – Diagnostic</p>	<p>Care Management</p> <p>Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p> <p>Or</p> <p>Fax: 1-877-321-6664</p> <p><a href="#">Prior Approval Form</a></p>
<p><b>Other Medical/Surgical/Diagnostic Services</b></p> <p><b>(furnished in a physician office, certified ambulatory surgery center, inpatient or outpatient hospital, or any other location)</b></p>	<p>Transplantation –</p> <ul style="list-style-type: none"> <li>• Blood component (e.g., Stem Cell, Bone Marrow)</li> <li>• Solid Organ (Except Corneal)</li> <li>• Pancreatic Islet Cell - Autologous</li> </ul> <p>Total Artificial Heart Systems</p> <p>Ventricular Assist Devices</p>	<p>Care Management</p> <p>Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p> <p>Or</p> <p>Fax: 1-877-321-6664</p> <p><a href="#">Prior Approval Form</a></p>



<b>Transplants Total Artificial Heart Systems Ventricular Assist Devices</b>		
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**Investigational Services\* (revised November 1, 2016)**

The health plan defines investigational procedures, therapies, devices and supplies as services that are not approved by governing bodies OR do not demonstrate comparable or superior outcomes to current practice standards as evidenced by peer-reviewed published literature and/or clinical trials.

Although not all-inclusive, the health plan considers the following services as investigational and not eligible for reimbursement. Additionally, any charge clearly related to an investigational service such as a hospitalization, outpatient service, office visit, diagnostic test, supply or medication will also be denied as investigational and not eligible for reimbursement.

DETAILS	SUBMIT TO
<p>Actiography  Allergen Specific IgE Quantitative or Semiquantitative, Multiallergen Screen (Dipstick, Disk or Paddle)  Allergy – Sublingual Immunotherapy  Anal Fistula Plug  Axial Lumbar Interbody Fusion (AxiaLIF)  Biodegradable Capsule with a Radiofrequency Identification Tag to Determine Patency of the Gastrointestinal Tract (e.g., AGILETM Patency System)  Bioidentical Hormone Therapy  Bioimpedance Spectroscopy  BioniCare BIO-1000 System for Treatment of Osteoarthritis of the Knee  Breast Cancer Analysis Rearrangement Test (BART)  Breast Ductal Lavage  Capsule (wireless) Endoscopy – Esophagus  Chelation Therapy for Chemical Endarterectomy  Coblation Radiofrequency Microtenotomy (TOPAZ) for Treatment of Tendinosis  Compounded Drugs  Computed Tomographic Colonography-Screening  Computer-Aided Detection Software Systems – Magnetic Resonance Imaging of the Breast  Disc Biacuplasty  Doppler Velocimetry (Uterine Artery)  Electrical Stimulation for Treatment of Dysphagia)  Electron Beam Computed Tomography  Endobronchial Valve for Lung Volume Reduction Surgery and for Treatment of a Bronchopleural Fistula  Endometrial Photodynamic Ablation  Endoscopic Disc Decompression  Endoscopic Therapy for Gastroesophageal Reflux Disease  Endovascular Repair of Aortic Aneurysm Involving Visceral Branches/Vessels  Evaluation of Vestibular Disorders  Extracorporeal Magnetic Stimulation – Urinary Incontinence  Extracorporeal Shock Wave Therapy (ESWT) for Muskuloskeletal Conditions  Fiberoptic Ductoscopy  Fluid-Ventilated Gas-Permeable Contact Lenses Gait Analysis  Gastric Bubble (Balloon)  Gastric Electrical Stimulation for Treatment of Obesity  Hyperbaric Oxygen Therapy (Topical)  Infrared Energy Therapy  Interferential Stimulation  Intra-Aneurysm Sac Pressure Monitoring Device  Intrapulmonary Percussive Ventilation System</p>	<p>Care Management  Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p>

DETAILS	SUBMIT TO
<p>Intravascular Stent without Distal Embolic Protection            In Utero Repair of Myelomeningocele            In Utero Tracheal Occlusion for Treatment of Congenital Diaphragmatic Hernia            Kyphoplasty – Cervical            Laser-assisted Uvulopalatoplasty            Laser Discectomy – Nucleoplasty            Magnetic Resonance Imaging-Guided High-Intensity Focused Ultrasound Ablation of Uterine Fibroids            Manipulation Under Anesthesia of the Ankle, Elbow, Finger, Hip, Pelvis, Sacroiliac Joint, Spine, Temporomandibular Joint, Thumb and Wrist            Microcurrent Electrical Therapy            Non-Surgical Treatment of Obstructive Sleep Apnea: Oral Pressure Therapy            Nucleoplasty – Laser Discectomy            Osteochondral Autograft Transplantation of the Ankle            Ovarian Adnexal Mass Assessment Score Test Systems (e.g., OVA1)            Pancreatic Islet Cell Transplant – Allogeneic            Percutaneous Disc Decompression            Percutaneous Intradiscal Radiofrequency Thermocoagulation            Percutaneous Neuromodulation Therapy            Percutaneous Tibial Nerve Stimulation            Phototherapy – Home Treatment of Vitiligo            Pulsed Electrical Stimulation            Radiofrequency Microtenotomy Tendinosis            Radiofrequency Therapy for Treatment of Urinary Incontinence            Robotic Surgical Systems Utilized for any Procedure other than Laparoscopic Prostatectomy            Salivary Hormone Testing for Menopause            Skin Substitutes for Wound Healing (Acticoat and E-Z Derm)            Smooth Pursuit Neck Torsion Testing            Suction-assisted Lipectomy            Suit Therapy            Surface Electrodiagnostic Studies – Lumbar Matrix Scan            Surgical Treatment of Migraine Headaches            Surrogate Markers for Detection of Heart Transplant Rejection – Breath Testing (e.g., Heartsbreath)            Sympathetic Peripheral Autonomic Skin Potentialism (PAP's)            Thermography            Total Body Photography Transanal Radiofrequency Therapy for Fecal Incontinence            Tumor Chemosensitivity and Chemoresistance Assays (e.g., ChemoFx®)            Unicondylar Interpositional Spacer            Vagal Nerve Stimulation for Treatment of Depression            Vertebral Axial Decompression            Vertebroplasty of the Cervical Spine            Vestibular Autorotation            Whole-Body Computed Tomography            Wireless Gastrointestinal Motility Monitoring System</p>	<p>Care Management            Web: <a href="http://navinet.force.com">http://navinet.force.com</a></p>