



SERVICES LISTED IN THIS CORPORATE MEDICAL POLICY ARE CONSIDERED NOT MEDICALLY NECESSARY

Medical Necessity: Based upon our findings, the Company has determined that the following services have not been accepted in the medical community as the standard or appropriate means of treatment for these conditions. The Company considers the following services as indicated by the Applicable Code(s) or other related code(s) not listed here **not medically necessary** and **not** eligible for reimbursement.

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
200229	Whole-body Computed Tomography for Screening	Whole-body computed tomography (whole-body computerized axial tomography, whole-body CT) involves x-ray beam radiographic imaging and data computer analysis to produce cross sectional images of the head, neck, thorax, abdomen and pelvis. Each image slice corresponds to a wafer-thin anatomic section, which reveals detailed body structures. Whole-body computed tomography has been proposed as a screening tool in the absence of symptoms to permit earlier detection of disease (e.g., lung cancer, colon cancer, heart disease).	CPT 76497 [†] HCPCS S8092 [†] When <i>unlisted computed tomography procedure (eg, diagnostic, interventional) (76497)</i> is determined to be whole-body computed tomography for screening.	04/14/2017
200522	Percutaneous or Endoscopic Epidural Adhesiolysis - Chronic Low Back Pain	Epidural adhesiolysis (epidural neuroplasty) is a minimally invasive surgical procedure performed percutaneously or by spinal endoscopy for treatment of chronic post-surgical back pain unresponsive to conventional medical therapy. Percutaneous epidural adhesiolysis (percutaneous adhesiolysis,	CPT 62263, 62264 and 64999 [†] [†] When <i>unlisted procedure, nervous system</i> – is determined to be a Percutaneous or Endoscopic Epidural Adhesiolysis	11/08/2017



Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
		<p>percutaneous lysis of epidural adhesions) involves inserting a needle into the epidural space at the spinal level where fibrosis, scar tissue or adhesions are suspected. Disruption of adhesions believed to be responsible for symptoms is attempted by introducing a catheter through the needle and injecting various solutions (e.g., hypertonic saline, enzyme, steroid, anesthetic) or by mechanical manipulation of the catheter.</p> <p>Endoscopic epidural adhesiolysis (epiduroscopy, spinal endoscopy with epidural adhesiolysis) is similar to the percutaneous technique with the added theoretical advantage of directly visualizing the epidural space while disrupting adhesions and delivering injected drugs to target areas. The procedure is performed following failure of percutaneous epidural adhesiolysis.</p>		
200801	Smooth Pursuit Neck Torsion Testing	The smooth pursuit neck torsion test [neck nystagmus testing (NNT)] is intended to test proprioceptive reflexes of the neck, the cervico-collic reflex and the cervico-ocular reflex. Eye movement is measured by electro-oculography (EOG) with the head in an upright, neutral, forward facing position and then again	CPT 92700	06/21/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
		<p>following trunk rotation to the right or left (left neck torsion, right neck torsion). A change in eye movement from a neutral to neck torsioned position suggests irregular postural proprioceptive activity in the neck. The test is reported to distinguish between dizziness and unsteadiness due to traumatic (e.g., whiplash) or non-traumatic neck disorders (e.g., peripheral vestibular, brain-stem or higher central nervous system disease).</p> <p>Neck nystagmus testing includes diagnostic procedures utilized to detect underlying vestibular disturbances of central or peripheral origin.</p>		
201016	Outpatient Intravenous Insulin Therapy	Outpatient intravenous insulin therapy (intermittent intravenous insulin therapy) is the continuous infusion of insulin via a specialized computer-controlled pump in a pulsatile manner over a predetermined time period. It is intended to be utilized as an adjunct to percutaneous intensive insulin therapy for treatment of refractory type 1 diabetes mellitus to improve glucose control.	HCPCS Code G9147	12/12/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/ REVISED DATE
201017	Autologous Platelet-rich Plasma	<p>Platelet-rich plasma (autologous platelet concentrate, autologous platelet gel) represents concentrated autologous human platelets suspended in a small volume of plasma. Platelets contain numerous growth factors including platelet-derived growth factors and transforming growth factors. These growth factors are thought to promote wound and soft tissue (i.e., ligament, tendon) repair and healing as well as to stimulate new bone formation. It has been suggested that wound, soft tissue, or bone healing can be accelerated by application of concentrated preparations of platelets containing high quantities of these growth factors.</p> <p>Platelet-rich plasma has been advocated for treatment of chronic nonhealing wounds (e.g., chronic venous and diabetic foot ulcers) and ligament and tendon injuries (e.g., epicondylitis, tendinopathies). Platelet-rich plasma has also been combined with bone grafts during orthopedic, oral, or maxillofacial surgeries to purportedly stimulate bone formation and healing.</p>	<p>CPT 36513[†], 85999[†], Category III 0232T, HCPCS G0460, S9055, ICD-10-CM 6A550Z2 and 6A551Z2</p> <p>[†]When <i>therapeutic apheresis; for platelets</i> (36513) or <i>unlisted hematology and coagulation procedure</i> (85999) is determined to be autologous platelet-rich plasma for treatment of (not an all-inclusive list) chronic nonhealing wounds, ligament and tendon injuries, ocular surface disorders, osteoarthritis, plantar fasciitis, or during orthopedic, oral or maxillofacial surgery.</p>	05/25/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
201022	Spinal Unloading Device - Low Back Pain - Scoliosis	A spinal unloading device is intended as a conservative treatment for subacute and chronic low-back pain or scoliosis and can be patient- or therapist-operated. Patient-operated devices provide a traction-effect by shifting weight from the lower back onto the hips, whereas therapist-operated devices apply distracting forces to the spine. Patient-operated devices include, but are not limited to, Orthotrac Pneumatic Vest (Orthofix Inc.) and LTX 3000 (Spinal Designs International Inc.)	HCPCS E1399 and L1499	05/17/2017
201105	Prolotherapy	Prolotherapy for musculoskeletal conditions involves the injection of sclerosing solutions into or around joints, muscles or ligaments. It has been utilized in an attempt to improve joint instability (thus reducing chronic musculoskeletal pain) and ligamentous laxity due to hereditary factors, disease and injury. Solutions, such as dextrose-glycerine-phenol, Sarapin® (High Chemical Company, Levittown, PA), sodium morrhuate, psyllium seed oil and zinc sulfate are thought to induce an inflammatory reaction leading to new fibrous tissue growth. This approach is postulated to stabilize injured joints and ligaments, thus reducing chronic musculoskeletal pain.	HCPCS M0076	06/07/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/ REVISED DATE
201203	Meniett Low-Pressure Pulse Generator - Ménière's Disease	The Meniett™ low-pressure pulse generator (Medtronic Xomed, Inc., Jacksonville, FL) consisting of a battery-operated, hand-held, low-pressure pulse generator with a close-fitting ear cuff, is proposed as a non-invasive treatment to reduce Ménière's disease symptoms. The pulse generator delivers low-frequency, low-amplitude pressure pulses to the middle ear using an ear cuff and tympanostomy tube. Transmission of the low-pressure pulses to the inner ear is thought to promote flow of endolymphatic fluid out of the cochlea, which may relieve symptoms (e.g., episodic fluctuating hearing loss, rotational vertigo, tinnitus, aural fullness).	HCPCS A4638 and E2120	10/10/2017
201324	Thermography	Thermography (temperature gradient studies) is a non-invasive imaging technique designed to measure and display infrared or heat energy emanating from the skin surface. This technique is reported to demonstrate temperature differences that may be due to altered blood flow across various organs and tissues and is intended to assist in the diagnosis of numerous diseases.	CPT Code 93740, ICD-10-PCS Procedure Code 4A0.ZXKZ	03/20/2018

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
201504	Vectra® DA Blood Test	Vectra® DA (Crescendo Bioscience, South San Francisco, CA) is a blood (serum) test that quantitatively measures 12 individual biomarkers and is reported as a single composite score (0-100). This resulting value is reported to closely correlate with the level of disease activity in rheumatoid arthritis (RA).	CPT Code 81490	11/01/2017
201525	Thermal Intradiscal Procedures for Chronic Low Back Pain	Minimally invasive techniques utilized in the management of chronic discogenic low back pain refractory to conventional medical therapy. These procedures include: Intradiscal electrothermal therapy (IDET™), Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), and Disc biacuplasty.	CPT 22526, 22527, 22899 [†] and 64999 [†] [†] When <i>unlisted procedure, spine</i> (22899) or <i>unlisted procedure, nervous system</i> (64999) is determined to be percutaneous intradiscal radiofrequency thermocoagulation and disc biacuplasty.	05/24/2017
201526	Low Level Laser (Light) Therapy	Low-level laser therapy (LLLT, cold laser therapy) involves the noninvasive application of red or infrared light generated from a low-intensity laser to an affected area or wound to relieve symptoms and hasten healing without causing detectable tissue warming. The therapy may be delivered via an infrared heating pad system (e.g., Anodyne® Infrared Therapy Systems, Anodyne® Therapy, LLC, Tampa, FL) or via various laser devices, purported to relieve pain and promote healing by penetrating deeply into tissues, causing a	CPT 97026, HCPCS A4639, E0221 and S8948	06/01/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
		biostimulatory effect.		
201527	Electrothermal Therapy	Electrothermal therapy (electrothermal coagulation, thermal capsulorrhaphy, electrothermal capsulorrhaphy) has been proposed as a technique to stabilize collagen, a major structural protein of tendons, ligaments and intervertebral discs. Using an arthroscopic approach or open approach, a radiofrequency or laser probe is utilized to apply heat to collagen fibers in the affected region until desired changes in texture and color appear. Heating periarticular collagen is thought to improve joint stability by “shrinking” or contracting lax tissue, thereby leading to decreased intra-articular volume and tightening of fibrous structures. Electrothermal therapy has been evaluated for treatment of shoulder instability as well as injuries of the elbow, wrist, hand, ankle and anterior cruciate ligament of the knee.	CPT 23929 [†] , 24999 [†] , 25999 [†] , 26989 [†] , 27599 [†] , 27899 [†] , 29999 [†] and HCPCS S2300 [†] When <i>unlisted procedure – shoulder (23929)</i> , <i>unlisted procedure – humerus or elbow (24999)</i> , <i>unlisted procedure – forearm or wrist (25999)</i> , <i>unlisted procedure – hands or fingers (26989)</i> , <i>unlisted procedure – femur or knee (27599)</i> , <i>unlisted procedure – leg or ankle (27899)</i> or <i>unlisted procedure – arthroscopy (29999)</i> is determined to be electrothermal therapy.	05/16/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
201531	Hormone Testing for Menopause (Salivary, Serum & Urinary)	Salivary, serum (blood spot) and urinary hormone tests measure bioavailable levels of hormones including estradiol, estriol, progesterone, testosterone, cortisone and dehydroepiandrosterone (DHEA). Individualized (salivary, serum [blood spot] and urinary) hormone levels have not been demonstrated to be biologically meaningful for the diagnosis and management of menopause-related and other health issues.	CPT 84999 HCPCS S3650 †When <i>unlisted chemistry procedure</i> (84999) is determined to be salivary, serum (blood spot) or urinary hormone testing for menopause.	07/06/2017
201532	Gait Analysis	Gait analysis is intended to provide measurable, reproducible assessments of ambulatory motion based on kinetic and kinematic measurements, dynamic electromyographic studies and visual recordings of motion. These data may provide useful information regarding: surgical outcomes for treatment of cerebral palsy, spina bifida and other gait disorders; treatment planning for podiatry, rehabilitative medicine and prosthetic/orthotic device design, selection and alteration.	CPT 96000, 96001, 96002, 96003 and 96004	06/01/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/ REVISED DATE
201535	AmniSure® ROM (Rupture of Membranes) Test	AmniSure® (Qiagen NV, the Netherlands) ROM (rupture of membranes) test is utilized to detect fetal membrane rupture in pregnant women based on the presence of a specific placental protein in vaginal fluid. The test is intended to aid in the detection of ROM in pregnant women with signs, symptoms or complaints suggestive of premature rupture.	CPT 84112 and 0066U	10/22/2018
201536	Quantitative Sensory Testing	Quantitative sensory testing (QST) (current perception threshold testing, sensory nerve conduction threshold testing) has been proposed as a noninvasive approach to assess large and small nerve fiber function. Quantitative sensory testing systems reportedly measure the intensity of a stimulus required to elicit perception of the stimuli. The individual must be alert, cooperative and motivated to provide a subjective response to the physical stimulus. Sensory stimuli may include touch, pressure, pain, thermal, vibration or electrical current. Quantitative sensory testing has been proposed as an adjunct or substitute for conventional sensory nerve conduction studies (e.g., electromyography and nerve conduction studies), in addition to clinical examination.	CPT Category III 0106T, 0107T, 0108T, 0109T and 0110T HCPCS G0255	07/27/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
		<p>Examples of devices available to perform quantitative sensory testing include The Neurometer® NS3000® Current Perception Threshold (Neurotron, Inc., Denver, CO), Medi-Dx 7000™ (Neuro Diagnostic Associates, Inc., Laguna Beach, CA) and NK Pressure-Specified Sensory Device™ (Sensory Management Services LLC, Baltimore, MD). Quantitative sensory testing is intended to be used in the diagnosis and management of neuropathies, carpal tunnel syndrome, tarsal tunnel syndrome and other nerve entrapment/compression disorders.</p>		
201537	<p>Radiofrequency Treatment for Pain</p> <ul style="list-style-type: none"> - Radiofrequency ablation for sacroiliac joint and genicular nerve in knee - Radiofrequency ablation for complex regional pain syndrome (CRPS) - Pulsed Radiofrequency for Chronic Pain 	<p>Radiofrequency treatment involves the use of an electrical current produced by a radio wave to heat a small area of nerve tissue. The heat from the radio wave is then thought to decrease pain signals from the specific area of treatment.</p> <p>Although this procedure is effective in treating some forms of chronic spinal pain, other applications have not been shown to be as effective. These less effective applications include the sacroiliac joint and genicular nerve in the knee for joint pain and the sympathetic nerve to treat complex regional pain syndrome.</p>	<p>CPT 20999[†], 64640[†] and 64999[†]</p> <p>[†]When <i>unlisted procedure, musculoskeletal system</i> (20999), <i>destruction by neurolytic agent, other peripheral nerve or branch</i> (64640), or <i>unlisted procedure, nervous system</i> (64999) is determined to be radiofrequency treatment for pain as described in this policy.</p>	01/22/2019

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
		Pulsed radiofrequency (cold radiofrequency, pulsed radiofrequency ablation) is a type of radiofrequency treatment during which a generator delivers bursts of radiofrequency current to specific nerves. Targeted nerves are not destroyed and the mechanism of action is not well understood.		
201540	Disc Decompression Procedures - Automated Percutaneous Lumbar Discectomy - Endoscopic Disc Decompression - Laser Disc Decompression - Minimally Invasive Lumbar Disc Decompression - Nucleoplasty Disc Decompression	Disc decompression procedures involve minimally invasive techniques intended to treat symptomatic disc herniation and intervertebral disc disease unresponsive to conventional medical therapy. These procedures are designed to remove or ablate disc material, thereby decompressing the intervertebral disc and reducing pressure on corresponding nerve roots. Disc decompression procedures include: Automated percutaneous lumbar discectomy, Endoscopic disc decompression, Laser disc decompression, Minimally invasive lumbar disc decompression (MILD), Nucleoplasty disc decompression.	CPT 62287, 62380 63020, 63030, 63035 and 64999 Category III 0274T HCPCS S2348	05/02/2017
201617	Non-wearable automatic external defibrillator (AED)	A non-wearable automatic external defibrillator (AED) is a portable device that monitors cardiac rhythm, detects dysrhythmias and delivers a cardiac defibrillation shock in the presence of certain	HCPCS E0617	07/06/2017

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
		<p>ventricular tachyarrhythmias or ventricular fibrillation. An automatic external defibrillator can be used in an outpatient setting (e.g., home) by non-medical personnel for treatment of ventricular tachyarrhythmias during cardiac arrest.</p> <p>There is a lack of prospective clinical trials in the published medical literature to determine the safety, efficacy and/or improved outcomes of the use of AEDs in the home setting by laypersons. An AED kept in the home is primarily considered a safety device or a precautionary measure utilized to address a possible acute event, rather than a device utilized for active treatment.</p>		
201621	<p>Pneumatic Compression Device</p> <p>- Pneumatic Compression of Trunk and Chest</p>	A pneumatic compression device consists of an air inflatable garment and an electrical pump that intermittently compresses the affected area. The device is intended to reduce abnormal fluid accumulation associated with lymphedema, chronic venous insufficiency with venous stasis ulcer(s) and arterial insufficiency.	HCPCS E0656, E0657	01/22/2019

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



policy

Medical Policy

NUMBER	TITLE	DESCRIPTION	APPLICABLE CODES	EFFECTIVE/REVISED DATE
201709	Transanal Radiofrequency Therapy for Fecal Incontinence	Transanal radiofrequency therapy (Secca®, Mederi Therapeutics, Inc., Greenwich, CT) has been reported as a minimally invasive treatment for fecal incontinence when conventional treatment has failed. Radiofrequency energy is delivered to the anal canal sphincter muscle complex, producing thermal-induced local injury. As tissue healing occurs over several months, anal canal tone is reported to increase with resultant decreased fecal incontinence.	CPT 46999 [†] , HCPCS C9716 [†] When <i>unlisted procedure, anus</i> (46999) is determined to be transanal radiofrequency therapy for fecal incontinence.	03/20/2018

Documentation Requirements

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

This document is subject to the disclaimer found at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. If printed, this document is subject to change. Always verify with the most current version of the official document at <http://www.medmutual.com/provider/MedPolicies/Disclaimer.aspx>. © 2005 Medical Mutual of Ohio

CPT © 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.