



Experimental & Investigational Services Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Experimental & Investigational Services		
MNG #: 010	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Original Approval Date: 1/28/2019	Effective Date: 4/01/2019; 10/12/2023; 11/9/2023; 1/1/2024; 5/9/2024; 1/1/2025
Last Revised Date: 1/29/2019; 08/05/2020; 10/16/2020; 11/05/2020; 04/01/2021; 05/13/2021; 05/18/2021; 08/04/2021; 08/19/2021; 9/2/2021; 6/2/2022; 1/11/2023; 4/13/2023; 7/13/2023; 10/12/2023; 11/9/2023; 5/9/2024; 7/13/2024; 9/12/2024; 1/9/2025	Next Annual Review Date: 08/05/2021; 11/05/2021; 04/01/2022; 05/13/2022; 05/18/2022; 08/04/2022; 08/19/2022; 9/2/2022; 6/2/2023; 1/11/2024; 4/13/2024; 7/13/2024; 10/12/2024; 11/9/2024; 9/12/2025	Retire Date:

OVERVIEW:

Experimental, investigational, or unproven service (EIS) may refer to a service (e.g., treatment), procedure (e.g., test or intervention), or supply (e.g., drug, device, or equipment) that is not accepted by the professional medical community as the standard practice or therapy. Commonly, there is insufficient authoritative or reliable evidence for the EIS and its absolute risk (in terms of safety and effectiveness) to permit conclusions to be drawn for the effect of the treatment on health outcomes. As such, the EIS is part of ongoing studies to determine its safety, effectiveness, toxicity, maximum tolerated dose, and efficacy compared to a generally accepted means of diagnosis or treatment.

To make coverage determinations on EIS, Commonwealth Care Alliance (CCA) will utilize pertinent medical necessity guidelines; and review related information from government regulatory bodies, accrediting organizations, and scientific evidence. This may include guidance from the Center for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), MassHealth, InterQual, National Committee for Quality Assurance (NCQA), authoritative or reliable evidence, and actively practicing specialty physicians. This will ensure that the coverage of EIS is consistent and clinically appropriate (in terms of type, frequency, extent, site, and duration) for the prevention, diagnosis, and treatment of the condition (which includes disease, illness, or disability).

DEFINITIONS:

Authoritative or Reliable Evidence: Authoritative or reliable evidence refer to:

- Reports and articles that are derived from well-designed, well-conducted and scientifically valid studies that are published in credible, medical, and scientific research journals,
- Peer-reviewed publications that have been assessed by medical or scientific experts prior to publication,
- Evaluations of evidence that have considered the consistency of results and quality of published studies,
- Guidelines and recommendations made by national medical associations, reputable technology assessment bodies, and healthcare professionals with recognized clinical expertise in treating the medical condition and/or providing the treatment.

Experimental & Investigational Services Medical Necessity Guideline

- Examples of acceptable sources of peer-reviewed medical literature include (this is not an exhaustive list):
 - American Journal of Medicine
 - Annals of Internal Medicine
 - Annals of Oncology
 - Annals of Surgical Oncology
 - Blood
 - British Medical Journal
 - The Journal of the American Medical Association
 - Journal of Clinical Oncology
 - Journal of the National Cancer Institute
 - Journal of Urology
 - Lancet
 - The New England Journal of Medicine
 - Annals of General Surgery

Experimental, Investigational or Unproven Services (EIS): Experimental, investigational, or unproven services may refer to but not limited to a drug, test, procedure, treatment, device, or equipment that remains under study as its absolute risk is unestablished. Further study is required to determine the safety, effectiveness, toxicity, maximum tolerated dose, and efficacy of the EIS. It is generally not the standard therapy, therefore, not accepted by the professional medical community.

Generally Accepted Standards of Medical Practice: Standards that are based on credible scientific data, are published in peer-reviewed medical/scientific literature, are recognized by the relevant medical community, and align with physician specialty society recommendations and views of physicians practicing in the relevant clinical areas.

Medically Necessary: A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) There is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly. Services that are less costly or more conservative include, but are not limited to, health care reasonably known by the provider, or identified by CCA pursuant to a prior authorization request, to be available to the member through the requesting provider or from another provider who is available to treat the member.

Not Medically Necessary: A healthcare service or product is considered not medically necessary when it is provided primarily for the convenience of the patient, physician, or other healthcare provider, and is more costly than an alternative service or sequence of services that may produce equivalent therapeutic or diagnostic effect in the diagnosis or treatment of the member's specific illness or disease. These healthcare service or products may be in accordance with generally accepted standards of medical practice and/or be clinically appropriate.

DECISION GUIDELINES:

Commonwealth Care Alliance will not cover services, procedures, and/or supplies that are considered experimental, investigational, or unproven AND not medically necessary according to the following criteria:

- The service, procedure, or supply does not have final and/or unrestricted market approval from the FDA or from any other governmental regulatory body,

Experimental & Investigational Services Medical Necessity Guideline

- Further study is required to determine the safety, efficacy, toxicity, or maximum tolerated dose for the service, procedure, or supply,
- There is insufficient authoritative evidence to allow for the evaluation of the therapeutic value of the service, procedure, or supply,
- There is insufficient authoritative evidence to permit the evaluation of net health outcomes,
- There is insufficient authoritative evidence that the service, procedure, or supply has a beneficial effect on health outcomes or is as beneficial as other alternative interventions or therapies, when used in a non-investigational setting,
- The service, procedure, or supply is not as beneficial as established alternative interventions or therapies, AND
- The service, procedure, or supply is not in accordance with generally accepted standards of medical practice or not generally accepted by in the professional medical community as safe and effective in the setting and condition for which it is used.

Commonwealth Care Alliance may cover services, procedures, and/or supplies that are considered experimental, investigational, or unproven when they meet the following criteria:

- The service, procedure, or supply request is evaluated by a CCA medical director,
- The service, procedure, or supply is determined to be medically necessary in accordance with the definition, regulatory and professional standards, and authoritative evidence,
- The medical necessity for the service, procedure, or supply is substantiated by:
 - Documentation to support that the service, procedure, or supply is medically necessary, AND
 - Complete copies (in full-text) of supporting peer-reviewed literature to indicate that the service, procedure, or supply is,
 - Safe and efficacious,
 - Generally accepted by the professional medical community,
 - Regarded or accepted as a comparable treatment for the member's underlying disease, AND
 - The most conservative or least costly alternative

OR

- Documentation that indicates that the service, procedure, or supply is:
 - The best treatment choice for the member due to their specific unique clinical circumstances,
 - Standard therapies have been tried and not been effective OR have been determined to not be medically appropriate,
 - There is reason to believe that the intervention requested will be successful when other treatments have failed.
- Complete copies (in full-text) of supporting peer-reviewed literature to indicate that the service, procedure, or supply is safe and efficacious.

The hierarchy of authoritative evidence that will be used to determine whether the service, procedure, or supply is safe and efficacious, generally accepted by the professional medical community, and regarded or accepted as a comparable treatment for the member's underlying disease, is:

- Published formal technology assessments and/or high-quality meta-analyses,
- Well-designed randomized studies published in credible, peer-reviewed literature,
- High quality case-control or cohort studies,
- Historical control studies, case reports, and/or case series,
- Reports of expert opinion from national professional medical societies or national medical policy organizations

Experimental & Investigational Services Medical Necessity Guideline

LIMITATIONS/EXCLUSIONS:

Commonwealth Care Alliance limits coverage to EIS services, procedures, or supplies wherein medical necessity has been determined, safety and efficacy has been established, and therapeutic benefit is comparable with standard treatment, evidenced by authoritative evidence. Reports, articles or statements from providers that contain only abstracts, anecdotal evidence, or personal professional opinions is not considered authoritative evidence.

Commonwealth Care Alliance will not cover the following EIS services, procedures, or supplies in the following list of procedure and/or diagnosis codes below. Information related to the list include:

- The following CPT/HCPCS procedure codes are considered as EIS and are generally not covered,
- The list is intended to be used as a reference and for informational purposes,
- When it states, there is “no specific code available” this indicates that it is an “unlisted code” or “miscellaneous code,”
- When it states, “EIU (experimental, investigational, or unproven)” in the third column of the list, non-coverage is implied, AND
 - Note: Codes of related therapy for similar conditions may be non-covered as an EIU
- The list is not all inclusive and may change as emerging evidence becomes available.

AUTHORIZATION:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the appropriate field, review of FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions. If at any time a CMS Local or National Coverage Determination (LCD or NCD) is published that conflicts with the criteria set forth herein, the NCD or LCD criteria shall supersede these criteria.

Code	Description	Details	Last Review Date
22505	Manipulation of spine requiring anesthesia, any region	EIU	9/12/2024
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level (IDET)	EIU	9/12/2024
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (IDET)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	EIU	9/12/2024
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	EIU	9/12/2024
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	EIU	9/12/2024
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	EIU	9/12/2024
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	EIU	9/12/2024
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	EIU	9/12/2024
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	EIU	9/12/2024
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	EIU	9/12/2024
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	EIU	9/12/2024
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	EIU	9/12/2024
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	EIU	9/12/2024
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	EIU	9/12/2024
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	EIU	9/12/2024
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	EIU	9/12/2024
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	EIU	9/12/2024
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	EIU	9/12/2024
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	EIU	9/12/2024
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	EIU	9/12/2024
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	EIU	9/12/2024
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	EIU except in clinical trial/CED	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	EIU	9/12/2024
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, SAVER, Dor procedures)	EIU	9/12/2024
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	EIU when billed with ICD 10 diagnosis codes I86.2 (Pelvic varices), N94.89 (Unspecified condition associated with female genital organs and menstrual cycle), and R10.2 (Pelvic and perineal pain).	9/12/2024
37790	Penile venous occlusive procedure	EIU	9/12/2024
41512	Tongue base suspension, permanent suture technique	EIU	9/12/2024
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	EIU	9/12/2024
43206	Esophagoscopy, rigid or flexible, with optical endomicroscopy	EIU	9/12/2024
43252	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with optical endomicroscopy	EIU	9/12/2024
43257	Upper Gastrointestinal Endoscopy with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease, (e.g., Stretta procedure, the Bard® EndoCinch™ Suturing System, Plicator™ and Enteryx™)	EIU	9/12/2024
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	EIU	9/12/2024
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	EIU	9/12/2024
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	EIU	9/12/2024
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	EIU	9/12/2024
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	EIU	9/12/2024
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	EIU	9/12/2024
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	EIU	9/12/2024
53860	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	EIU	9/12/2024
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	EIU	9/12/2024
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous	EIU except in clinical trials or CED registry	9/12/2024
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed	EIU except in clinical trials or CED registry	9/12/2024
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	EIU except in clinical trials or CED registry	9/12/2024
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family	EIU except in clinical trials or CED registry	9/12/2024
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family	EIU except in clinical trials or CED registry	9/12/2024
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	EIU	9/12/2024
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	EIU	9/12/2024
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	EIU	9/12/2024
62263	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	EIU	9/12/2024
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	EIU	9/12/2024
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	EIU	9/12/2024
62290	Injection procedure for discography, each level; lumbar	EIU	9/12/2024
62291	Injection procedure for discography, each level; cervical or thoracic	EIU	9/12/2024
64505	Injection, anesthetic agent; sphenopalatine ganglion	EIU	9/12/2024
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	EIU	9/12/2024
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	EIU	9/12/2024
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	procedure)		
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	EIU	9/12/2024
64640	Destruction by neurolytic agent; other peripheral nerve or branch (when requested as iovera)	EIU for M17.0-M17.9	9/12/2024
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed (when requested as iovera)	EIU for M17.0-M17.9	9/12/2024
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)	EIU	9/12/2024
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral (Intracept)	EIU	9/12/2024
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) (Intracept)	EIU	9/12/2024
65760	Keratomileusis	EIU	9/12/2024
65765	Keratophakia	EIU	9/12/2024
65785	Implantation of intrastromal corneal ring segments	EIU	9/12/2024
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	EIU	9/12/2024
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	EIU	9/12/2024
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	EIU	9/12/2024
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	EIU	9/12/2024
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	EIU	9/12/2024
72285	Discography, cervical or thoracic, radiological supervision and interpretation	EIU	9/12/2024
72295	Discography, lumbar, radiological supervision and interpretation	EIU	9/12/2024
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	EIU	9/12/2024
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	EIU	9/12/2024
76981	Ultrasound, elastography, parenchyma (eg, organ)	EIU	9/12/2024
76982	Ultrasound, elastography, first target lesion	EIU	9/12/2024
76983	Ultrasound, elastography, each additional target lesion (List separately in addition to code for primary procedure)	EIU	9/12/2024
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual Xray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	EIU	9/12/2024
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	EIU for Breast Imaging only	9/12/2024
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score, (e.g., Vectra® DA)	EIU	9/12/2024
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2- receptor alpha), utilizing serum or plasma, algorithm reporting a risk score, (e.g., PreDx™ Diabetes Risk Score)	EIU	9/12/2024
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years		
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+Tcytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score (Pleximmune test)	EIU	9/12/2024
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	EIU	9/12/2024
82777	Galectin-3	EIU	9/12/2024
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	EIU	9/12/2024
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	EIU	9/12/2024
83631	Lactoferrin, fecal, quantitative	EIU	9/12/2024
83987	pH; exhaled breath condensate	EIU	9/12/2024
84145	Procalcitonin (PCT)	EIU	9/12/2024
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	EIU	9/12/2024
86152	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); (e.g., CellSearch Circulating Tumor Cell (CTC) Kit for monitoring Metastatic Breast Cancer)	EIU	9/12/2024
86153	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); physician interpretation and report, when required, (e.g., CellSearch Circulating Tumor Cell (CTC) Kit for monitoring Metastatic Breast Cancer)	EIU	9/12/2024
86343	Leukocyte histamine release test (LHR)	EIU	9/12/2024
86677	Antibody; Helicobacter pylori	EIU	9/12/2024
86711	Antibody; JC (John Cunningham) virus	EIU except: <ul style="list-style-type: none"> in transplant recipients receiving immunosuppressive therapies, in persons with immunosuppressive diseases (e.g., AIDS), and for diagnosing 	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

		progressive multifocal leukoencephalopathy in persons with multiple sclerosis or Crohn's disease receiving natalizumab (Tysabri), and • for members receiving vedolizumab (Entyvio)	
88375	Optical endomicroscopic image(s), interpretation and report, realtime or referred, each endoscopic session	EIU	9/12/2024
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	EIU	9/12/2024
92512	Nasal function studies (e.g., rhinomanometry)	EIU	9/12/2024
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	EIU	9/12/2024
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	EIU	9/12/2024
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	EIU	9/12/2024
92548	Computerized dynamic posturography	EIU	9/12/2024
f92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	EIU	9/12/2024
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	EIU	9/12/2024
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive, (e.g., SphygmoCor System)	EIU	9/12/2024
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	EIU	9/12/2024
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	EIU	9/12/2024
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	EIU	9/12/2024
93740	Temperature gradient studies	EIU	9/12/2024
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	EIU	9/12/2024
95060	Ophthalmic mucous membrane tests	EIU	9/12/2024
95065	Direct nasal mucous membrane test	EIU	9/12/2024
95803	Actigraphy, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	EIU	9/12/2024
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	EIU	9/12/2024
96000	Comprehensive computer-based motion analysis by video-taping and 3- D kinematics	EIU	9/12/2024
96001	Comprehensive computer-based motion analysis by video-taping and 3- D kinematics; with dynamic plantar pressure measurements during walking	EIU	9/12/2024
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	EIU	9/12/2024
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	EIU	9/12/2024
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	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	electromyography, with written report		
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session	EIU	9/12/2024
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	EIU	9/12/2024
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	EIU	9/12/2024
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	EIU	9/12/2024
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	EIU	9/12/2024
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	EIU	9/12/2024
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	EIU	9/12/2024
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	EIU	9/12/2024
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non ablative) for post-operative pain reduction	EIU	9/12/2024
97610	Low frequency, non-contact, nonthermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	EIU	9/12/2024
A2001	InnovaMatrix AC, per sq cm	EIU	9/12/2024
A2002	Mirrugen Advanced Wound Matrix, per sq cm	EIU	9/12/2024
A2004	XcelliStem, per sq cm	EIU	9/12/2024
A2005	Microlyte Matrix, per sq cm	EIU	9/12/2024
A2006	NovoSorb SynPath dermal matrix, per sq cm	EIU	9/12/2024
A2007	Restrata, per sq cm	EIU	9/12/2024
A2008	TheraGenesis, per sq cm	EIU	9/12/2024
A2009	Symphony, per sq cm	EIU	9/12/2024
A2010	Apis, per sq cm	EIU	9/12/2024
A2011	Supra SDRM, per sq cm	EIU	9/12/2024
A2012	SUPRATHEL, per sq cm	EIU	9/12/2024
A2013	Innovamatrix fs, per square centimeter	EIU	9/12/2024
A2014	Omeza collagen matrix, per 100 mg	EIU	9/12/2024
A2015	Phoenix wound matrix, per square centimeter	EIU	9/12/2024
A2016	Permeaderm b, per square centimeter	EIU	9/12/2024
A2017	Permeaderm glove, each	EIU	9/12/2024
A2018	Permeaderm c, per square centimeter	EIU	9/12/2024
A2019	Kerecis omega3 marigen shield, per square centimeter	EIU	9/12/2024
A2020	AC5 Advanced Wound System (AC5)	EIU	9/12/2024
A2021	NeoMatriX, per sq cm	EIU	9/12/2024
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	EIU	9/12/2024
A2023	InnovaMatrix PD, 1 mg	EIU	9/12/2024
A2024	Resolve Matrix, per sq cm	EIU	9/12/2024
A2025	Miro3d, per cubic centimeter	EIU	9/12/2024
A4468	Exsufflation belt, includes all supplies and accessories	EIU	9/12/2024
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	EIU	9/12/2024
A4541	Monthly supplies for use of device coded at e0733	EIU	9/12/2024
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	EIU	9/12/2024
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	EIU	9/12/2024
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	EIU	9/12/2024
A4575	Topical hyperbaric oxygen chamber, disposable	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	EIU	9/12/2024
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	EIU	9/12/2024
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	EIU	9/12/2024
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	EIU	9/12/2024
A7049	Expiratory positive airway pressure intranasal resistance valve	EIU	9/12/2024
A9268	Programmer for transient, orally ingested capsule	EIU	9/12/2024
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	EIU	9/12/2024
A9291	Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	EIU	9/12/2024
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	EIU	9/12/2024
A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi	EIU	9/12/2024
C1761	Catheter, transluminal intravascular lithotripsy, coronary	EIU	9/12/2024
C1818	Integrated Keratoprosthesis	EIU	9/12/2024
C1821	Interspinous process distraction device (implantable)	EIU	9/12/2024
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	EIU	9/12/2024
C1824	Generator, cardiac contractility modulation (implantable)	EIU	9/12/2024
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	EIU	9/12/2024
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	EIU	9/12/2024
C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller	EIU	9/12/2024
C1832	Autograft suspension, including cell processing and application, and all system components	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	EIU	9/12/2024
C1839	Iris prosthesis	EIU	9/12/2024
C1878	Material for vocal cord medialization, synthetic (implantable)	Investigational EXCEPT when billed with ICD-10 code J38.01	9/12/2024
C2614	Probe, percutaneous lumbar discectomy	EIU	9/12/2024
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	EIU	9/12/2024
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	EIU	9/12/2024
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)	EIU	9/12/2024
C9358	Dermal substitute, native, nondenatured collage, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	EIU	9/12/2024
C9727	Insertion of implants into the soft palate; minimum of three implants	EIU	9/12/2024
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	EIU	9/12/2024
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	EIU	9/12/2024
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	EIU	9/12/2024
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	EIU	9/12/2024
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	EIU	9/12/2024
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	EIU	9/12/2024
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	EIU	9/12/2024
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	EIU	9/12/2024
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	EIU	9/12/2024
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	EIU	9/12/2024
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	EIU	9/12/2024
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure)	EIU	9/12/2024
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	EIU	9/12/2024
C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	EIU	9/12/2024
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	EIU	9/12/2024
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	EIU	9/12/2024
C9786	Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report	EIU	9/12/2024
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling	EIU	9/12/2024
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	EIU	9/12/2024
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])	EIU	9/12/2024
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Investigational except when billed with ICD-10 codes: C22.0-C22.9, C78.7, C7B.02, D01.5	9/12/2024
E0218	Fluid circulating cold pad with pump, any type	EIU	9/12/2024
E0221	Infrared heating pad system	EIU	9/12/2024
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	EIU	9/12/2024
E0232	Warming card for use with the non- contact wound	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	warming device and non-contact wound warming wound cover		
E0236	Pump for water circulating pad	EIU	9/12/2024
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies	EIS	9/12/2024
E0480	Percussor, electric or pneumatic, home model	EIU	9/12/2024
E0481	Intrapulmonary percussive ventilation system and related accessories	EIU	9/12/2024
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	EIU	9/12/2024
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	EIU	9/12/2024
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	EIU	9/12/2024
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	EIU	9/12/2024
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	EIU	9/12/2024
E0677	Non-pneumatic sequential compression garment, trunk	EIU	9/12/2024
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	EIU	Added 9/12/2024
E0732	Cranial electrotherapy stimulation (CES) system, any type	EIU	9/12/2024
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	EIU	9/12/2024
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	EIU	9/12/2024
E0735	Noninvasive vagus nerve stimulator	EIU	9/12/2024
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	EIU	9/12/2024
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors,	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	microprocessors, sensors		
E0746	Electromyography (EMG), biofeedback device	EIU for in-home use	9/12/2024
E0749	Osteogenesis stimulator, electrical, surgically implanted	EIU	9/12/2024
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	EIU	9/12/2024
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	EIU	9/12/2024
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	EIU	9/12/2024
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	EIU unless Humanitarian Device Exemption (HDE)	9/12/2024
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	EIU	9/12/2024
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	EIU	9/12/2024
E1629	Tablo hemodialysis system for the billable dialysis service	EIU	9/12/2024
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	EIU	9/12/2024
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system (when requested as PureWick)	EIU	9/12/2024
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	EIU	9/12/2024
E3000	Speech volume modulation system, any type, including all components and accessories	EIU	9/12/2024
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	EIU	9/12/2024
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	EIU	9/12/2024
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care	EIU	9/12/2024
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	EIU	9/12/2024
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care		
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	EIU	9/12/2024
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	EIU	9/12/2024
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, non- covered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	EIU	9/12/2024
J0172	Injection, Aducanumab-AVWA, 2 MG	EIU	9/12/2024
J2001 J3490 96365 96366 96374	IV Infusions of anesthetics (e.g., ketamine or lidocaine) for the management of: (1) Chronic pain (including but not limited to chronic neuropathic pain, chronic daily headache, and fibromyalgia) Behavioral health conditions (including but not limited to depression, bipolar disorder, post-traumatic stress disorder, autism spectrum disorder, and obsessive-compulsive disorder)	EIU	9/12/2024
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	EIU EXCEPT when billed with any of the following ICD-10 diagnosis codes: H18.621- H18.623, H18.711- H18.713. Note: For ages 21 through age 64	9/12/2024
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Investigational EXCEPT when submitted with diabetic macular edema diagnoses: E08.311, E08.321, E08.331, E08.341, E08.351 E09.311, E09.321, E09.331, E09.341, E09.351 E10.311, E10.321, E10.331, E10.341, E10.351 E11.311, E11.321, E11.331, E11.341, E11.351 E13.311, E13.321,	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

		E13.331, E13.341, E13.351	
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	EIU	9/12/2024
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	EIU	9/12/2024
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	EIU	9/12/2024
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	EIU	9/12/2024
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	EIU	9/12/2024
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	EIU	9/12/2024
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	EIU	9/12/2024
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared	EIU	9/12/2024
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	EIU	9/12/2024
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	EIU	9/12/2024
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies, e.g., SOLESTA® (hyaluronic acid/dextranomer)	EIU	9/12/2024
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	EIU	9/12/2024
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	EIU	9/12/2024
L8658	Interphalangeal joint spacer, silicone or equal, each	EIU	9/12/2024
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	EIU except if enrolled in clinical study or HDE	9/12/2024
M0076	Prolotherapy	EIU	9/12/2024
M0300	IV chelation therapy (chemical endarterectomy)	EIU	9/12/2024
S0596	Phakic intraocular lens for correction of refractive error	EIU	9/12/2024
S1030	Continuous noninvasive glucose monitoring device, purchase (For physician interpretation of data, use CPT code)	EIU	9/12/2024
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	EIU	9/12/2024
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	EIU	9/12/2024
S2080	Laser-assisted uvulopalatoplasty (LAUP)	EIU	9/12/2024
S2117	Arthroereisis, subtalar	EIU	9/12/2024
S2225	Myringotomy, laser-assisted	EIU	9/12/2024
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	EIU	9/12/2024
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	EIU	9/12/2024
S3650	Saliva test, hormone level; during menopause	EIU	9/12/2024
S3652	Saliva test, hormone level; to assess preterm labor risk	EIU	9/12/2024
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	EIU	9/12/2024
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	EIU	9/12/2024
S3900	Surface electromyography (EMG)	EIU	9/12/2024
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	EIU	9/12/2024
S8092	Electron beam computed tomography (also known as ultrafast CT, Cine CT)	EIU	9/12/2024
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient (e.g., PSTIM™)	EIU	9/12/2024
S9024	Paranasal sinus ultrasound	EIU	9/12/2024
S9055	Procuren or other growth factor preparation to promote wound healing	EIU	9/12/2024
S9090	Vertebral axial decompression, per session	EIU	9/12/2024
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	EIU	9/12/2024
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	EIU	9/12/2024
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	EIU	9/12/2024
Q2026	Injection, Radiesse, 0.1 ml	Investigational EXCEPT when billed with F06.31	9/12/2024
Q4134	hMatrix, per sq cm	EIU	9/12/2024
Q4135	Mediskin, per sq cm	EIU	9/12/2024
Q4136	E-Z Derm, per sq cm	EIU	9/12/2024
Q4140	BioDFence® and BioDFence® G3 human amniotic allograft products	EIU	9/12/2024
Q4148	NEOX 1k, per square centimeter	EIU	9/12/2024
Q4150	Allowrap DS or dry, per sq cm	EIU	9/12/2024
Q4152	Dermapure, per sq cm	EIU	9/12/2024
Q4153	Dermavest, per sq cm	EIU	9/12/2024
Q4154	Biovance, per sq cm	EIU	9/12/2024
Q4155	Neoxflo or clariflo 1 mg	EIU	9/12/2024
Q4156	Neox 100, per sq cm	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

Q4157	Revitalon, per sq cm	EIU	9/12/2024
Q4158	Kerecis Omega3, per sq cm	EIU	9/12/2024
Q4159	Affinity, per sq cm	EIU (for SCO and One Care, see MH “Guidelines for Medical Necessity Determination for Skin Substitutes”)	9/12/2024
Q4160	Nushield, per square centimeter	EIU	9/12/2024
Q4166	Cytal, per square centimeter	EIU	9/12/2024
Q4167	Truskin, per square centimeter	EIU	9/12/2024
Q4169	Artacent wound, per square centimeter	EIU	9/12/2024
Q4170	Cygnus, per square centimeter	EIU	9/12/2024
Q4171	Interfyl, 1 mg	EIU	9/12/2024
Q4173	Palingen or palingen xplus, per square centimeter	EIU	9/12/2024
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	EIU	9/12/2024
Q4175	Miroderm, per square centimeter	EIU	9/12/2024
Q4176	NeoPatch, per sq cm	EIU	9/12/2024
Q4177	FlowerAmnioFlo, 0.1 cc	EIU	9/12/2024
Q4178	FlowerAmnioPatch, per sq cm	EIU	9/12/2024
Q4179	FlowerDerm, per sq cm	EIU	9/12/2024
Q4180	Revita, per sq cm	EIU	9/12/2024
Q4181	Amnio Wound, per sq cm	EIU	9/12/2024
Q4183	Surgigraft, per sq cm	EIU	9/12/2024
Q4184	Cellesta, per sq cm	EIU	9/12/2024
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	EIU	9/12/2024
Q4188	AmnioArmor, per sq cm	EIU	9/12/2024
Q4189	Artacent AC, 1mg	EIU	9/12/2024
Q4190	Artacent AC, per sq cm	EIU	9/12/2024
Q4191	Restorigin, per sq cm	EIU (for SCO and One Care, see MH “Guidelines for Medical Necessity Determination for Skin Substitutes”)	9/12/2024
Q4192	Restorigin, 1 cc	EIU	9/12/2024
Q4193	Coll-e-Derm, per sq cm	EIU	9/12/2024
Q4194	Novachor, per sq cm	EIU	9/12/2024
Q4195	PuraPly, per sq cm	EIU (for SCO and One Care, see MH “Guidelines for Medical Necessity Determination for Skin Substitutes”)	9/12/2024
Q4196	PuraPly AM, per sq cm	EIU (for SCO and One Care, see MH “Guidelines for Medical Necessity Determination for Skin Substitutes”)	9/12/2024
Q4197	PuraPly XT, per sq cm	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

Q4198	Genesis Amniotic Membrane, per sq cm	EIU	9/12/2024
Q4200	SkinTE, per sq cm	EIU	9/12/2024
Q4201	Matrion, per sq cm	EIU	9/12/2024
Q4202	Keroxx (2.5 g/cc), 1 cc	EIU	9/12/2024
Q4203	Derma-Gide, per sq cm	EIU	9/12/2024
Q4204	XWRAP, per sq cm	EIU	9/12/2024
Q4205	Membrane Graft or Membrane Wrap, per sq cm	EIU	9/12/2024
Q4206	Fluid Flow or Fluid GF, 1 cc	EIU	9/12/2024
Q4208	Novafix, per sq cm	EIU	9/12/2024
Q4209	SurGraft, per sq cm	EIU	9/12/2024
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	EIU	9/12/2024
Q4212	AlloGen, per cc	EIU	9/12/2024
Q4213	Ascent, 0.5 mg	EIU	9/12/2024
Q4214	Cellesta Cord, per sq cm	EIU	9/12/2024
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	EIU	9/12/2024
Q4216	Artacent Cord, per sq cm	EIU	9/12/2024
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	EIU	9/12/2024
Q4218	SurgiCORD, per sq cm	EIU	9/12/2024
Q4219	SurgiGRAFT-DUAL, per sq cm	EIU	9/12/2024
Q4220	BellaCell HD or Surederm, per sq cm	EIU	9/12/2024
Q4221	Amnio Wrap2, per sq cm	EIU	9/12/2024
Q4222	ProgenaMatrix, per sq cm	EIU	9/12/2024
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	EIU	9/12/2024
Q4225	AmnioBind, per sq cm	EIU	9/12/2024
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	EIU	9/12/2024
Q4227	AmnioCore™, per sq cm	EIU	9/12/2024
Q4229	Cogenex Amniotic Membrane, per sq cm	EIU	9/12/2024
Q4230	Cogenex Flowable Amnion, per 0.5 cc	EIU	9/12/2024
Q4231	Corplex P, per cc	EIU	9/12/2024
Q4232	Corplex, per sq cm	EIU	9/12/2024
Q4233	SurFactor or NuDyn, per 0.5 cc	EIU	9/12/2024
Q4234	XCellerate, per sq cm	EIU	9/12/2024
Q4235	AMNIOREPAIR or AltiPly, per sq cm	EIU	9/12/2024
Q4236	Carepatch, per square centimeter	EIU	9/12/2024
Q4237	Cryo-Cord, per sq cm	EIU	9/12/2024
Q4238	Derm-Maxx, per sq cm	EIU	9/12/2024
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	EIU	9/12/2024
Q4240	CoreCyte, for topical use only, per 0.5 cc	EIU	9/12/2024
Q4241	PolyCyte, for topical use only, per 0.5 cc	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

Q4242	AmnioCyte Plus, per 0.5 cc	EIU	9/12/2024
Q4245	AmnioText, per cc	EIU	9/12/2024
Q4246	CoreText or ProText, per cc	EIU	9/12/2024
Q4247	Amniotext patch, per sq cm	EIU	9/12/2024
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	EIU	9/12/2024
Q4249	Amnipliy, for topical use only, per square centimeter	EIU	9/12/2024
Q4250	AmnioAMP MP, per square centimeter	EIU	9/12/2024
Q4254	Novafix DL, per square centimeter	EIU	9/12/2024
Q4255	Reguard, for topical use only, per square centimeter	EIU	9/12/2024
Q4256	MLG-Complete, per sq cm	EIU	9/12/2024
Q4257	Relese, per sq cm	EIU	9/12/2024
Q4258	Enverse, per sq cm	EIU	9/12/2024
Q4259	Celera dual layer or celera dual membrane, per square centimeter	EIU	9/12/2024
Q4260	Signature apatch, per square centimeter	EIU	9/12/2024
Q4261	Tag, per square centimeter	EIU	9/12/2024
Q4262	Dual layer impax membrane, per square centimeter	EIU	9/12/2024
Q4263	Surgraft tl, per square centimeter	EIU	9/12/2024
Q4264	Cocoon membrane, per square centimeter	EIU	9/12/2024
Q4265	Neostim tl, per square centimeter	EIU	9/12/2024
Q4266	Neostim membrane, per square centimeter	EIU	9/12/2024
Q4267	Neostim dl, per square centimeter	EIU	9/12/2024
Q4268	Surgraft ft, per square centimeter	EIU	9/12/2024
Q4269	Surgraft xt, per square centimeter	EIU	9/12/2024
Q4270	Complete sl, per square centimeter	EIU	9/12/2024
Q4271	Complete ft, per square centimeter	EIU	9/12/2024
Q4272	Esano a, per square centimeter	EIU	9/12/2024
Q4273	Esano aaa, per square centimeter	EIU	9/12/2024
Q4274	Esano ac, per square centimeter	EIU	9/12/2024
Q4275	Esano aca, per square centimeter	EIU	9/12/2024
Q4276	Orion, per square centimeter	EIU	9/12/2024
Q4278	Epiefect, per square centimeter	EIU	9/12/2024
Q4279	Vendaje ac, per square centimeter	EIU	9/12/2024
Q4280	Xcell amnio matrix, per square centimeter	EIU	9/12/2024
Q4281	Barrera sl or barrera dl, per square centimeter	EIU	9/12/2024
Q4282	Cygnus dual, per square centimeter	EIU	9/12/2024
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	EIU	9/12/2024
Q4284	Dermabind sl, per square centimeter	EIU	9/12/2024
Q4285	Nudyn dl or Nudyn dl mesh, per square centimeter	EIU	9/12/2024
Q4286	Nudyn sl or nudyn slw, per square centimeter	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

Q4287	Dermabind dl, per square centimeter	EIU	9/12/2024
Q4288	Dermabind ch, per square centimeter	EIU	9/12/2024
Q4289	Revoshield + amniotic barrier, per square centimeter	EIU	9/12/2024
Q4290	Membrane wrap-hydro, per square centimeter	EIU	9/12/2024
Q4291	Lamellas xt, per square centimeter	EIU	9/12/2024
Q4292	Lamellas, per square centimeter	EIU	9/12/2024
Q4293	Acesso dl, per square centimeter	EIU	9/12/2024
Q4294	Amnio quad-core, per square centimeter	EIU	9/12/2024
Q4295	Amnio tri-core amniotic, per square centimeter	EIU	9/12/2024
Q4296	Rebound matrix, per square centimeter	EIU	9/12/2024
Q4297	Emerge matrix, per square centimeter	EIU	9/12/2024
Q4298	Amniocore pro, per square centimeter	EIU	9/12/2024
Q4299	Amniocore pro+, per square centimeter	EIU	9/12/2024
Q4326	Woundplus, per square centimeter	EIU	9/12/2024
Q4327	Duoamnion, per square centimeter	EIU	9/12/2024
Q4328	Most, per square centimeter	EIU	9/12/2024
Q4329	Singlay, per square centimeter	EIU	9/12/2024
Q4330	Total, per square centimeter	EIU	9/12/2024
Q4331	Axolotl graft, per square centimeter	EIU	9/12/2024
Q4332	Axolotl dualgraft, per square centimeter	EIU	9/12/2024
Q4333	Ardeograft, per square centimeter	EIU	9/12/2024
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	EIU	9/12/2024
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	EIU	9/12/2024
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	EIU	9/12/2024
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	EIU	9/12/2024
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	EIU	9/12/2024
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel	EIU	9/12/2024
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	EIU	9/12/2024
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	EIU	9/12/2024
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	EIU	9/12/2024
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	EIU	9/12/2024
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	EIU	9/12/2024
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	EIU	9/12/2024
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	EIU	9/12/2024
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	EIU	9/12/2024
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	EIU	9/12/2024
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	EIU	9/12/2024
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	EIU	9/12/2024
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	EIU	9/12/2024
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	EIU	9/12/2024
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	EIU	9/12/2024
0207T	Evacuation of Meibomian glands, automated, using heat and intermittent pressure, unilateral	EIU	9/12/2024
0208T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	EIU	9/12/2024
0209T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	EIU	9/12/2024
0210T	Speech audiometry threshold, automated (includes use of computer-assisted device);	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0211T	Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	EIU	9/12/2024
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	EIU	9/12/2024
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	EIU	9/12/2024
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	EIU	9/12/2024
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	EIU	9/12/2024
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	EIU	9/12/2024
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autolog	EIU	9/12/2024
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intraoperative interrogation, programming, and repositioning, when performed)	EIU	9/12/2024
0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intraoperative interrogation, programming, and repositioning, when performed)	EIU	9/12/2024
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	EIU except for removal	9/12/2024
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	EIU except for removal	9/12/2024
0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	EIU except for removal	9/12/2024
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	EIU	9/12/2024
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or	EIU except clinical trial/CED	9/12/2024
	foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar		
0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	EIU	9/12/2024
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	EIU	9/12/2024
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	EIU	9/12/2024
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment, with tomographic SPECT	EIU	9/12/2024
0333T	Visual evoked potential, screening of visual acuity, automated, with report	EIU	9/12/2024
0335T	Insertion of sinus tarsi implant	EIU	9/12/2024
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	EIU	9/12/2024
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	EIU	9/12/2024
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	EIU	9/12/2024
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	EIU except in clinical trial or CED registry	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	EIU	9/12/2024
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	EIU	9/12/2024
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	EIU	9/12/2024
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	EIU	9/12/2024
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	EIU	9/12/2024
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	EIU	9/12/2024
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	EIU	9/12/2024
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	EIU	9/12/2024
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	EIU	9/12/2024
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	EIU except for clinical trial/CED	9/12/2024
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	EIU except for clinical trial/CED	9/12/2024
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	EIU	9/12/2024
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	EIU except when billed with ICD 10 code G25.0, and essential tremors are medicine-refractory.	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	EIU	9/12/2024
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	EIU	9/12/2024
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	EIU	9/12/2024
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	EIU	9/12/2024
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	EIU	9/12/2024
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	EIU	9/12/2024
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	EIU	9/12/2024
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	EIU	9/12/2024
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	EIU	9/12/2024
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	EIU	9/12/2024
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	EIU	9/12/2024
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	EIU	9/12/2024
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	EIU	9/12/2024
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	EIU	9/12/2024
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	EIU	9/12/2024
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	EIU	9/12/2024
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	EIU	9/12/2024
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space (CyPass MicroStent)	EIU	9/12/2024
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	EIU except in clinical trial or CED registry	9/12/2024
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (e.g., thoracotomy, transapical)	EIU except in clinical trial or CED registry	9/12/2024
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	EIU	9/12/2024
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	EIU	9/12/2024
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	EIU	9/12/2024
0507T	Near-infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	EIU	9/12/2024
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	EIU	9/12/2024
0511T	Removal and reinsertion of sinus tarsi implant	EIU	9/12/2024
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	EIU	9/12/2024
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	EIU	9/12/2024
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	EIU	9/12/2024
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	EIU	9/12/2024
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	EIU	9/12/2024
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	EIU	9/12/2024
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	EIU	9/12/2024
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	EIU	9/12/2024
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	EIU	9/12/2024
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	EIU	9/12/2024
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	EIU	9/12/2024
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	EIU except in a clinical trial or CED registry	9/12/2024
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	EIU except in a clinical trial or CED registry	9/12/2024
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	EIU except in a clinical trial or CED registry	9/12/2024
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	EIU	9/12/2024
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	EIU	9/12/2024
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	EIU	9/12/2024
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	EIU	9/12/2024
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	EIU	9/12/2024
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	EIU	9/12/2024
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	EIU	9/12/2024
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	EIU	9/12/2024
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	EIU	9/12/2024
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	EIU	9/12/2024
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	EIU	9/12/2024
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	EIU except in a clinical trial or CED registry	9/12/2024
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	EIU except in a clinical trial or CED registry	9/12/2024
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal	EIU except when performed as part of an approved	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Investigative Device Exemption (IDE) study	
0572T	Insertion of substernal implantable defibrillator electrode	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0573T	Removal of substernal implantable defibrillator electrode	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0577T	Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	health care professional		
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0580T	Removal of substernal implantable defibrillator pulse generator only	EIU except when performed as part of an approved Investigative Device Exemption (IDE) study	9/12/2024
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	EIU	9/12/2024
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	EIU	9/12/2024
0627T	Percutaneous injection of allogeneic cellular and/or tissuebased product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	EIU	9/12/2024
0628T	Percutaneous injection of allogeneic cellular and/or tissuebased product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	EIU	9/12/2024
0629T	Percutaneous injection of allogeneic cellular and/or tissuebased product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	EIU	9/12/2024
0630T	Percutaneous injection of allogeneic cellular and/or tissuebased product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	EIU	9/12/2024
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO ₂]); image acquisition, interpretation and report, each flap or wound	EIU	9/12/2024
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	EIU	9/12/2024
0656T	Anterior lumbar or thoracolumbar vertebral body tethering anterior; up to 7 vertebral segments	EIU	9/12/2024
0657T	Anterior lumbar or thoracolumbar vertebral body tethering anterior; 8 or more vertebral segments	EIU	9/12/2024
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	EIU	9/12/2024
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	EIU	9/12/2024
0665T	Donor hysterectomy (including cold preservation); open, from living donor	EIU	9/12/2024
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	EIU	9/12/2024
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	EIU	9/12/2024
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	EIU	9/12/2024
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	EIU	9/12/2024
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	EIU	9/12/2024
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report (Unnamed Zebra Medical/Nanox product)	EIU	9/12/2024
0692T	Therapeutic ultrafiltration	EIU	9/12/2024
0693T	Comprehensive full body PC-based 3D kinematic/kinetic motion only/rprt	EIU	9/12/2024
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, realtime intraoperative	EIU	9/12/2024
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	EIU	9/12/2024
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	EIU	9/12/2024
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	EIU	9/12/2024
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	EIU	9/12/2024
0699T	Injection, posterior chamber of eye, medication	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	EIU	9/12/2024
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	EIU	9/12/2024
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	EIU	9/12/2024
0708T	Intradermal cancer immunotherapy; preparation and initial injection	EIU	9/12/2024
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	EIU	9/12/2024
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	EIU	9/12/2024
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	EIU	9/12/2024
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	EIU	9/12/2024
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	EIU	9/12/2024
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL	EIU	9/12/2024
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	artery disease risk score		
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	EIU	9/12/2024
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	EIU	9/12/2024
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	EIU	9/12/2024
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	EIU	9/12/2024
0725T	Vestibular device implantation, unilateral	EIU	9/12/2024
0727T	Removal and replacement of implanted vestibular device, unilateral	EIU	9/12/2024
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	EIU	9/12/2024
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	EIU	9/12/2024
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	EIU	9/12/2024
0731T	Augmentative AI-based facial phenotype analysis with report	EIU	9/12/2024
0732T	Immunotherapy administration with electroporation, intramuscular	EIU	9/12/2024
0733T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	EIU	9/12/2024
0734T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	EIU	9/12/2024
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	EIU	9/12/2024
0737T	Xenograft implantation into the articular surface	EIU	9/12/2024
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	EIU	9/12/2024
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	EIU	9/12/2024
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	EIU	9/12/2024
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	EIU	9/12/2024
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	EIU	9/12/2024
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	EIU	9/12/2024
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	EIU	9/12/2024
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	EIU	9/12/2024
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	EIU	9/12/2024
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	EIU	9/12/2024
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report;	EIU	9/12/2024
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X ray data, assessment of bone strength and fracture-risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	EIU	9/12/2024
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	EIU	9/12/2024
0752T	Digitization of glass microscope slides for level III,	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)		
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	EIU	9/12/2024
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	EIU	9/12/2024
0755T	Digitization of glass microscope slide for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	EIU	9/12/2024
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	EIU	9/12/2024
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)	EIU	9/12/2024
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	EIU	9/12/2024
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	EIU	9/12/2024
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	procedure (List separately in addition to code for primary procedure)		
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	EIU	9/12/2024
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)	EIU	9/12/2024
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	EIU	9/12/2024
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	EIU	9/12/2024
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)	EIU	9/12/2024
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	EIU	9/12/2024
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	EIU	9/12/2024
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	EIU	9/12/2024
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	EIU	9/12/2024
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	EIU	9/12/2024
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	primary procedure)		
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	EIU	9/12/2024
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	EIU	9/12/2024
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	EIU	9/12/2024
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	EIU	9/12/2024
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	EIU	9/12/2024
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	EIU	9/12/2024
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	EIU	9/12/2024
0785T	Revision or removal of percutaneous electrode array, spinal, with integrated neurostimulator	EIU except for removal	9/12/2024
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	EIU	9/12/2024
0787T	Revision or removal of percutaneous electrode array, sacral, with integrated neurostimulator	EIU except for removal	9/12/2024
0788T	Electronic analysis and simple programming • 1-3 parameters	EIU	9/12/2024
0789T	Electronic analysis and complex programming • 4 or more parameters	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed.	EIU except for removal	9/12/2024
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	EIU	9/12/2024
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	EIU	9/12/2024
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	EIU	9/12/2024
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmacologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	EIU	9/12/2024
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

		of a CMS approved CED study.	
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

		studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA) approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	9/12/2024
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	EIU except: (CMS) covers leadless pacemakers through Coverage with Evidence Development (CED). CMS covers leadless pacemakers when procedures are performed in Food and Drug Administration (FDA)	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

		approved studies. Leadless pacemakers are non-covered when furnished outside of a CMS approved CED study.	
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	EIU	9/12/2024
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	EIU	9/12/2024
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	EIU	9/12/2024
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	EIU	9/12/2024
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies *(Gene Therapy for Inherited Retinal Dystrophy)	EIU except with: Patients with confirmed biallelic RPE65 mutation-associated retinal dystrophy who have sufficient viable retinal cells	9/12/2024
0811T	Remote multiday complex uroflowmetry (eg, calibrated electronic equipment); setup and patient education on use of equipment	EIU	9/12/2024
0812T	Remote multiday complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 d	EIU	9/12/2024
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bonedensity study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	EIU	9/12/2024
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance when performed, posterior tibial nerve; subcutaneous	EIU	9/12/2024
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance when performed, posterior tibial nerve; subfascial	EIU	9/12/2024
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	EIU	9/12/2024
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	EIU	9/12/2024
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	EIU	9/12/2024
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (e.g., Saccomanno technique) (List separately in addition to code for primary procedure)	EIU	9/12/2024
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (e.g., liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	EIU	9/12/2024
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	EIU	9/12/2024
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	EIU	9/12/2024
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	EIU	9/12/2024
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	EIU	9/12/2024
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	EIU	9/12/2024
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)	EIU	9/12/2024
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)	EIU	9/12/2024
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)	EIU	9/12/2024
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)	EIU	9/12/2024
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)	EIU	9/12/2024
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (e.g., touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	EIU	9/12/2024
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (e.g., touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	EIU	9/12/2024
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (e.g., KRAS mutational analysis) (List separately in addition to code for primary procedure)	EIU	9/12/2024
0848T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0849T	Digitization of glass microscope slides for in situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)	EIU	9/12/2024
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)	EIU	9/12/2024
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	EIU	9/12/2024
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	EIU	9/12/2024
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, realtime with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	EIU	9/12/2024
0859T	Noncontact near-infrared spectroscopy (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	EIU	9/12/2024
0860T	Noncontact near-infrared spectroscopy (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	EIU	9/12/2024
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	EIU	9/12/2024
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	EIU	9/12/2024
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	EIU	9/12/2024
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0868T	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	EIU	9/12/2024
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	EIU	9/12/2024
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	EIU	9/12/2024
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	EIU	9/12/2024
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	EIU	9/12/2024
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	EIU	9/12/2024
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	EIU	9/12/2024
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	EIU	9/12/2024
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	EIU	9/12/2024
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	EIU	9/12/2024
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	EIU	9/12/2024
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	EIU	9/12/2024
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	EIU	9/12/2024
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	EIU	9/12/2024
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	EIU	9/12/2024
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	EIU	9/12/2024
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	EIU	9/12/2024
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	EIU	9/12/2024
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	EIU	9/12/2024
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	EIU	9/12/2024
0892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	EIU	9/12/2024
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	EIU	9/12/2024
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	EIU	9/12/2024
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH,	EIU	9/12/2024

Experimental & Investigational Services Medical Necessity Guideline

	bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)		
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile	EIU	9/12/2024
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	EIU	9/12/2024
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	EIU	9/12/2024
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	EIU	9/12/2024

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the appropriate field, review of FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions. If at any time a CMS Local or National Coverage Determination (LCD or NCD) is published that conflicts with the criteria set forth herein, the NCD or LCD criteria shall supersede these criteria.

Disclaimer:

Experimental & Investigational Services Medical Necessity Guideline

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

1. Centers for Medicare & Medicaid Services. (2014). Medicare benefit policy manual: Chapter 14 medical devices. Accessed 8/2/2024. Retrieved from <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c14.pdf>
2. Centers for Medicare & Medicaid Services. (2015). Local coverage article: Clinical trials – Medical policy article (A52840). Accessed 8/2/2024. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52840&ver=2&Cntrctr=275>
3. Centers for Medicare & Medicaid Services. (n.d.). Medicare & clinical research studies. Accessed 8/2/2024. Retrieved from <https://www.medicare.gov/Pubs/pdf/02226-medicare-and-clinical-research-studies.pdf>
4. Centers for Medicare & Medicaid Services. Coverage with Evidence Development. Accessed 8/1/2024. <https://www.cms.gov/medicare/coverage/evidence>
5. Centers for Medicare & Medicaid Services. Medicare Approved Facilities/Trials/Registries. Accessed 8/1/2024. <https://www.cms.gov/medicare/coverage/approved-facilities-trials-registries>

Experimental & Investigational Services Medical Necessity Guideline

REVISION LOG:

REVISION DATE	DESCRIPTION
1/9/2025	Template update
10/15/2024	Utilization Management Committee approval
9/12/2024	<p>Revised description CPT codes: 22505, 92512, 95803, E0746, Q4189, Q4249, Q4250, Q4254, Q4255, Q4260, Q4261.</p> <p>Added comment re SCO and One Care to Q4159, Q4191, Q4195, Q4196.</p> <p>Deleted CPT/HCPCS/Temporary codes: 19105, 20985, 80145, 80230, 80280, 81535, 81536, 81538, 93264, C9758, C9760, C9771, C9782, C9783, G0327, K1016, K1017, K1018, K1019, K1020, K1021, K1023, K1024, K1025, L6880, Q4210, Q4244, 0164T, 0412T, 0413T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0518T, 0510T, 0530T, 0531T, 0532T, 0641T, 0642T.</p> <p>Removed (to cover with PA) CPT/HCPCS codes 22857, 36473, 36474, 53451, 53452, 53453, 53454, 61885, 61886, 64553, 64561, 64590, 64595, 64624, 69705, 69706, 91113, L8701, L8702.</p> <p>Added CPT/HCPCS/Temporary codes:</p> <ul style="list-style-type: none"> • 22836, 22837, 22838, 22860, 22867, 22869, 22870, 27278, 27280, 28446, 28890, 30468, 30469, 31242, 31243, 33267, 33268, 33269, 41530, 43284, 43647, 43648, 43881, 44705, 52284, 53855, 61630, 61635, 61640, 61641, 61642, 61889, 61891, 61892, 62263, 62264, 62290, 62291, 64555, 64596, 64597, 64598, 65760, 65765, 65785, 66174, 66175, 66179, 66184, 67516, 72285, 72295, 75958, 76981, 78801, 81517, 81596, 83037, 84431, 86677, 86711, 92517, 92518, 92519, 92972, 93050, 93319, 93740, 95919, 96000, 96001, 96002, 96003, 96004, 96567, 96931, 96932, 96933, 96934, 96935, 96936, 97037, 98978; • A2013, A2014, A2015, A2016, A2017, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A4468, A4540, A4541, A4542, A4560, A4563, A4575, A4596, A6000, A6460, A6461, A7049, A9268, A9269, A9292, A9601; • C1761, C1826, C1827, C1832, C1833, C1839, C1878, C2614, C7537, C7538, C7539, C9358, C9727, C9734, C9759, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775, C9776, C9777, C9779, C9781, C9784, C9785, C9786, C9787, C9793, C9796, C9797; • E0231, E0232, E0480, E0481, E0490, E0491, E0492, E0493, E0530, E0677, E0711, E0732, E0733, E0734, E0735, E0738, E0739, E0755, E1629, E1905, E3000; • G0186, G0329, G0460, G2000; • J0172, J2787, J7313, J7402; • K1004, K1035; • L5991, L8658, L8698; • S0596, S1030, S1031, S2117, S2225, S2300, S3650, S3652, S3800, S3844, S3852, S9055, S9208, S9209; • T1505; • Q2026, Q4190, Q4236, Q4259, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333; • 0238T, 0333T, 0345T, 0347T, 0348T, 0349T, 0350T, 0422T, 0483T, 0484T, 0505T, 0543T, 0545T, 0547T, 0564T, 0565T, 0566T, 0567T, 0568T, 0569T, 0570T, 0571T, 0572T, 0573T, 0574T, 0575T, 0576T, 0577T, 0578T, 0579T, 0580T, 0581T, 0656T, 0657T, 0693T, 0695T, 0696T, 0697T, 0698T, 0699T, 0700T, 0701T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, 0716T, 0717T, 0718T, 0719T, 0720T, 0725T, 0727T, 0728T, 0729T, 0730T, 0731T, 0732T, 0733T, 0734T, 0736T, 0737T, 0738T, 0739T, 0740T, 0741T, 0742T, 0743T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 0764T, 0765T, 0766T, 0767T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0780T, 0781T, 0782T, 0783T, 0784T, 0785T, 0786T, 0787T, 0788T, 0789T, 0790T, 0791T, 0792T, 0793T, 0794T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 0805T, 0806T, 0807T, 0808T, 0810T, 0811T, 0812T, 0814T, 0815T, 0816T, 0817T, 0818T, 0819T, 0827T, 0829T, 0830T, 0831T, 0832T, 0833T, 0834T, 0835T,

Experimental & Investigational Services Medical Necessity Guideline

	0836T, 0837T, 0838T, 0839T, 0840T, 0841T, 0842T, 0843T, 0844T, 0845T, 0846T, 0847T, 0848T, 0849T, 0850T, 0851T, 0852T, 0853T, 0854T, 0855T, 0856T, 0857T, 0858T, 0859T, 0860T, 0864T, 0865T, 0866T, 0867T, 0868T, 0870T, 0871T, 0872T, 0873T, 0875T, 0876T, 0877T, 0878T, 0879T, 0880T, 0881T, 0882T, 0883T, 0884T, 0885T, 0886T, 0887T, 0888T, 0889T, 0890T, 0891T, 0892T, 0893T, 0894T, 0895T, 0896T, 0897T, 0899T, 0900T. Added “except in clinical trials” to code 33274. Added EIU “unless Humanitarian Device Exemption (HDE)” to code E0765. Added EIU “except for removal” to 0269T, 0270T, 0271T; Added EIU “with dx codes” to code 37241.
7/13/2024	Removed CPT Q4121, Q4165, Q4199, Q4251, Q4252, Q4253. Effective 7/13/24, covered with prior authorization.
5/9/2024	Removed CPT 97014, covered with prior authorization PT and OT services. Removed CPT 64568. CPT 61885 and 61886 covered for ICD 10-CM F32.0-F32.5 and F33.0-F33.3.
1/1/2024	HCPCS code K1006 replaced by HCPCS code E2001
12/31/23	Approved by Utilization Management Committee
11/9/2023	Removed CPT code 76981
10/12/2023	Added CPT code 22505
4/13/2023	Removed codes G0283, 37243, 56620, 64585, 64910, and 90868. Added additional codes to the list.
1/11/2023	Added a column “Last Review Date” to the Code Chart in the Authorization Section.
1/4/2023	Added iovera as an Experimental and Investigational Service. CPT codes 64640 and 64624 were added.
6/2/2022	Removed CPT and HCPCS codes 33289, 93264, C2624 as MassHealth. Templated updated.
8/4/2021	Overview: Added greater detail to the definition of EIS. Definitions added: Authoritative or reliable evidence, clinical trial, experimental/investigation/unproven services, generally accepted standards of medical practice, medical necessary, net health outcome, not medically necessary, routine costs (in the context of clinical trials). Decision guidelines added: criteria when EIS is not covered and covered, coverage of routine costs for EIS in clinical trials.
5/18/2021	Added in the overview: the review of information from appropriate government regulatory bodies: CMS, Commonwealth of Massachusetts, and FDA.
5/13/2021	Removed CPT codes 0194T and 64566 as there are LCD coverage. Added CardioMEMs as an Experimental and Investigational Service. CPT codes 33289 and 93264, and HCPCS code C2624 added. Added HCPCS code (K1006) for the PureWick Systems.
8/26/2020	Updated approval signature

APPROVALS:

David Mello, DO

CCA Senior Clinical Lead [Print]

David Mello

Signature

Senior Medical Director

Title [Print]

1/9/2025

Date

Nazlim Hagmann, MD

CCA CMO or Designee [Print]

Nazlim Hagmann

Signature

Chief Medical Officer

Title [Print]

1/9/2025

Date