



Medical/Surgical and Behavioral Health Care Services Investigative List Effective: 04/15/24

This information is updated regularly. It is not an all-inclusive list of health care services considered investigative and therefore, not eligible for reimbursement. Always consult with enrollee's Certificate of Coverage (COC) or Summary Plan Description (SPD) as all eligible care is subject to limits and copayments specified by the Plan. To the extent there is any inconsistency between this List and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will control. In some instances, the CPT and HCPCS are listed for reference, only. The description of the health care service is the most definitive.

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
12/2020	02/2022	0600T 0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous or open	
06/2020	02/2022		Ablative laser treatment, non-contact, full field and fractional ablation, open wound	
	02/2021		Acne treatments; blue light therapy, pulsed dye laser treatment, smooth beam laser	Blue light is also known as ClearLight Acne PhotoClearing Smooth beam laser also known as Aramis Laser.
05/23/06	02/2021		Active Cooling Therapy for cryoanalgesia	Investigative devices include, but are not limited to: Aircast Cryo/Cuff™, Aqua Relief System®, AutoChill, BioCryo® Cold Compression System, Game Ready® units with attached cooled systems, Donjoy IceMan™, ThermoComp™ Cold, NanoTherm, Prothermo, and Vascutherm
12/06/11	02/2021		Acupuncture for major depressive disorder in absence of other diagnoses	
06/2021		0015M	Adrenal Mass Panel, 24 Hour Urine	
12/07/10	02/2021		Advanced Glycation End products (AGE) measurement of skin by multi-fluorescent spectroscopy	
06/2021		0204U	Afirma Xpression Atlas	
12/2020	02/2022	0008U	AmHP Helicobacter pylori Antibiotic Resistance Next Generation Sequencing Panel	
06/2020	02/2022	0559T 0560T 0561T 0562T	Anatomic guide 3-D printed from image data set(s)	
05/13/03	02/2021		Anesthesia for opioid detoxification/ withdrawal	Also known as Rapid Detoxification Involves giving opioid antagonists to put person into immediate acute withdrawal while the patient is under general anesthesia

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09/23/08	02/2022	C9757	Annular repair after spinal surgery with use of surgical devices	Investigative devices include, but are not limited to: Xclose Tissue Repair System or Anchor Band Suturing System, Barricaid
06/2020	02/2022	0253T	Anterior segment aqueous drainage device, without extraocular reservoir, internal approach; suprachoroidal space	Investigative devices include, but are not limited to: CyPass
06/2020	02/2022	0474T	Anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach; supraciliary space	Investigative devices include, but are not limited to: CyPass
03/13/13	02/2021		Antigen leukocyte cellular antibody test (ALCAT)	For chemical and food allergies
06/2020	02/2022		Aortic counterpulsation ventricular assist system	Investigative devices include, but are not limited to: NuPulseCV iVAS and Symphony Heart Assist System
09/28/04	02/2021		Arthroscopic lavage and debridement for osteoarthritis of the knee, except when used to alleviate symptoms due to loose bodies and/or meniscal tears	
07/01	02/2021	33927 33928 33929	Artificial heart for destination therapy (permanent), totally implantable	Investigative devices include, but are not limited to: ABIOCOR Total Artificial Heart, CardioWest Total Artificial Heart) Long-term, totally implantable, autonomous artificial heart for permanent cardiac replacement
06/2020	02/2022	0212T	Audiometry threshold evaluation and speech recognition, comprehensive (combined 0210T and 0211T); automated	
09/28/04	02/2021		Auditory integration therapy for all indications	

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02/14/06	02/2021	0139U 0170U 0322U	Autism – Investigative Assessments • Allergy testing • Erythrocyte glutathione peroxidase studies • event-related brain potentials • intestinal permeability studies • magnetoencephalography/magnetic source imaging, neuroimaging studies such as CT, MRI, MRS, SPECT, and fMRI • provocative chelation tests for mercury • stool analysis, • tests for celiac antibodies • tests for immunologic or neurochemical abnormalities • tests for micronutrients such as vitamin levels, tests for metallathioneim protein (Pfeiffer Treatment Center) • tests for mitochondrial disorders including lactate and pyruvate • tests for thyroid function • tests for urinary peptides • NPDX ASD Energy Metabolism 0139U • NPDX ASD Test Panel III 0322U • Clarify ASD 0170U added 12/2020	Investigative for the assessment of autism only; does not address use of these tests for the assessment of other medical conditions.
02/14/06	02/2021		Autism – Investigative Treatments • chelation therapy • cognitive rehabilitation • elimination diets • facilitated communication • holding therapy • hyperbaric oxygen therapy • immune globulin infusion • metallathioneim protein treatment (Pfeiffer Treatment Center) • nutritional supplements such as megavitamins, high-dose pyridoxine and magnesium	Investigative for the treatment of autism only; does not address use of these treatments for other medical conditions
06/2020	02/2022	0489T 0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands	Also known as Haebo cell therapy
06/2020	02/2022	0263T 0264T 0265T	Autologous bone marrow cell therapy into leg, intramuscular; single or multiple injections	

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12/2020	02/2022	0565T 0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation, injection of cellular implant into knee joint including ultrasound guidance, unilateral	Investigative devices include, but are not limited to: Lipogems®
06/2020	02/2022	0481T	Autologous white blood cell injection for all indications	
03/13/12	02/2021		Autologous whole blood injections (ABI) for all indications	For use in treatment of, but not limited to, achilles tendonitis, lateral epicondylitis, and plantar fasciitis
06/14/11	02/2021	95905	Automated point-of-care nerve conduction studies	Investigative devices include, but are not limited to: NC-stat by NeuroMetrix, Brevio NCS monitor, Neural-Scan
07/22/03	02/2021		Balloon dilation for benign prostatic hypertrophy (BPH)	
09/12/17	02/2022	69705 69706	Balloon dilation/tuboplasty of eustachian tube (BDET)	Investigative devices include, but are not limited to: the Aera System, NuVent Eustachian
05/24/05	02/2021	43290 43291 0813T	Balloon treatment for morbid obesity	Investigative devices include, but are not limited to: Biocentrics Intragastric Balloon (BIB)
12/2020	02/2022	0163U	BeScreened™CRC	
06/2020	02/2022	0358T	Bioelectrical impedance analysis whole body composition assessment	
06/14/11	02/2021	93702	Bioimpedance devices for lymphedema	Investigative devices include, but are not limited to: ImpediMed LDEX U400 BIS Extra Cellular Fluid Analyzer
06/2020	02/2022		Biomechanical mapping, transvaginal	
09/13/11	02/2021		Bone growth stimulators (osteogenesis), electrical/electromagnetic for: • fresh fractures • synovial pseudoarthrosis • draining osteomyelitis • avascular necrosis of the hip • charcot foot • charcot arthropathy • scapula or pelvis fractures • lunate fractures	Also known as osteogenic stimulators See clinical policy Bone Growth Stimulators (MC/F021) for covered indications

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09/13/11	02/2021		Bone growth stimulators (osteogenesis), ultrasonic for: • adjunct to bunionectomy • fractures • failed fusions or non-unions of the axial skeleton (skull or vertebrae) • congenital pseudoarthrosis • fresh fractures that require surgical intervention • fresh fractures that are Grade II or III • pathological fractures • tibial stress fractures	Also known as osteogenic stimulators See clinical policy Bone Growth Stimulators (MC/F021) for covered indications
06/2020	02/2022	0547T	Bone-material quality testing by microindentation(s) of the tibia(s)	
06/2020	02/2022	0554T 0555T 0556T 0557T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density utilizing data from a computed tomography scan	
09/23/03	02/2021		Brain graft for treatment of Parkinson's Disease	
11/27/07	02/2021	S8080 78800 78801	Breast gamma scans for all indications	For screening only, does not include imaging following inconclusive initial screening tests, or further evaluation of lesions for staging or surgery Also known as BSGI, Miraluma, scintimammography
03/15/16	02/2021	31660 31661	Bronchial thermoplasty for asthma and other indications	Investigative devices include, but are not limited to: Alair® Bronchial Thermoplasty System
07/22/03	02/2021		Carbogen inhalation therapy	Also known as Oxygen/Carbon Dioxide Therapy
07/22/03	02/2021		Cardiomyoplasty (cellular and dynamic)	

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06/2020	02/2022	0408T 0409T 0410T 0411T 0412T 0413T 0414T 0415T 0416T 0417T 0418T C1824	Cardiac contractility modulation system	Investigative devices include, but are not limited to: Impulse Dynamics Optimizer System
06/2020	02/2022	0571T 0572T 0573T 0574T 0575T 0576T 0577T 0578T 0579T 0580T 0614T	Cardioverter-defibrillator, implantable, with substernal electrodes	
06/08/10	02/2021		Carotid Intima Media Thickness (CMT) Study for assessment of coronary heart disease risk	
06/2020	02/2022	0266T 0267T 0268T 0269T 0270T 0271T 0272T 0273T C1825	Carotid sinus baroreflex activation device	Investigative devices include, but are not limited to: Barostim neo™ System, Rheos Baroreflex Hypertension Therapy System

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11/18/03	02/2021	M0075 0748T5	Cellular therapy	Non FDA-approved Various procedures in which processed tissue from animal embryos, fetuses or organs, is injected or taken orally. Products are obtained from specific organs or tissues said to correspond with the unhealthy organs or tissues of the recipient. Includes cell therapy, embryonic stem cell therapy, fresh cell therapy, immune cell therapy, live cell therapy, glandular therapy, organotherapy, and xenotransplant therapy
06/2020	02/2022	0042T 0396T	Cerebral perfusion analysis using computed tomography for all uses except in acute cerebral ischemia (acute stroke)	Can allow for acute cerebral ischemia (acute stroke)
11/15/05	02/2021		Cervicography for screening and diagnosis of cervical cancer	Also known as speculoscopy
12/12/17	02/2021		Chelation therapy for all indications except • Aceruloplasminemia/ Copper-storage disease (eg, Wilson's disease or hepatolenticular degeneration) • Aluminum overload in persons with end-stage renal failure • Biliary cirrhosis • Cardiac ventricular arrhythmias/ heart block due to digitalis toxicity • Cooley's anemia • Cystinuria • Diamond-Blackfan anemia • Heavy metal poisoning (including arsenic, cadmium, copper, gold, iron, lead, mercury) • Hypercalcemia (emergency treatment) • Secondary hemochromatosis • Sickle Cell anemia	
05/21/09	02/2021		Circadian respiratory pattern recording, (pediatric pneumogram), 12-24-hour continuous recording	Only appropriate for use in infants. Investigative for use in pediatric patients for assessment of obstructive sleep apnea
02/12/14	02/2021		Comparative genomic hybridization (CGH) microarray testing (also known as array-based comparative genomic hybridization [aCGH]) for all indications not included in clinical policy Genetic Testing, Comparative Genomic Hybridization (MC/L015)	See clinical policy Genetic Testing, Comparative Genomic Hybridization (MC/L015) for covered indications

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06/2020	02/2022	0212T	Comprehensive audiometry threshold evaluation and speech recognition, automated	
12/2021		20985	Computer-assisted surgical navigation for musculoskeletal procedures	Investigative devices include, but are not limited to: CTC TCAT® -TPLAN® Surgical System, Digimatch Orthodoc Robodoc Encore Surgical System, ExactechGPS, iASSIST Knee System Intellijoint® Navigation System (Hip and Knee), JointPoint, NuVasive Next Generation NVM5 System NuVasive Pulse System, Stryker OrthoMap Versatile Hip System, Verasense for Zimmer Biomet Persona, Verasense Knee System, Vital Navigation System
09/27/05	02/2021	0174T 0175T	Computer aided detection (CAD), for all uses, including lung cancer	
06/2020	02/2022	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images	
06/2020	02/2022	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images	
03/24/04	02/2021	92548 92549	Computerized dynamic posturography	
06/14/17	02/2021	0525T- 0532T C1832 C2624 33289 93264	Congestive Heart Failure, invasive monitoring	Investigative devices include, but are not limited to: Chronicle® Implantable Hemodynamic Monitor (IHM) and CardioMEMS™ HF System
06/14/17	02/2021	99091 S9110	Congestive Heart Failure, non-invasive telemonitoring	
06/2020	02/2022		Contact near-infrared spectroscopy studies of lower extremity wounds	
06/2020	02/2022		Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days	Investigative devices include, but are not limited to: Personal KinetiGraph Personal KinetiGraph™

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12/2020	02/2022	E0732	Cranial electrical stimulation	Investigative devices include, but are not limited to: Fisher Wallace Stimulator [Liss Body Stimulator]) Also known as cerebral electrotherapy, craniofacial electrostimulation, electric cerebral stimulation, electrosleep, electrotherapeutic sleep, transcerebral electrotherapy, transcranial electrotherapy See also Microcurrent Stimulation Device
07/22/03	02/2021		Craniosacral therapy	

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07/22/03	02/2021	19105 0440T 0441T 0442T 0581T 31243	Cryoablation/cryosurgery for the following: - Abdominal wall arterio-venous malformation - Abdominal wall endometriosis (endometrioma) - Allergic and non-allergic rhinitis (eg, by means of ClariFix) - Barrett's esophagus - Benign prostatic hypertrophy - Bone and soft tissue tumors (other than soft tissue sarcoma) - Breast carcinoma and fibroadenoma - Cancer pain - Chronic headache - Colon cancer (other than hepatic metastases) - Cutaneous sporotrichosis in pregnant women - Drooling - Endometrial cancer - Esophageal cancer - Extra-abdominal desmoid tumors (excluding fibromatosis) - Facet joint pain - Fibro-adipose vascular anomaly (FAVA) lesion - Hookworm-related cutaneous infection - Idiopathic ventricular tachycardia - Leiomyosarcoma - Lipoma - Metastatic hepatocellular carcinoma - Morton's neuroma - Non-small cell lung cancer (other than endobronchial obstruction) - Osteoid sarcoma - Pancreatic cancer - Peripheral nerve damage in the lower extremity (includes use of iovera® system for knee osteoarthritis [OA]) - Plantar fibroma - Post-infarction ventricular tachycardia - Premature ejaculation - Reduction of pain or opioid consumption post TKA - Residual facial arterio-venous malformation - Retinopathy of prematurity - Sacroiliac joint pain - Spinal giant cell tumors - Talc granuloma pain - Tuberous sclerosis-associated renal angiomyolipoma	See clinical policy Cryoablation/Cryosurgery for Oncology Indications (MC/I007) for covered indications

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06/2020	02/2022	52284	Cystourethroscopy with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis	
12/2020	02/2022	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	
09/23/08	02/2021	62287 S2348	Decompression of nucleus pulposus by any method, using needle based technique to remove disc material	Also known as percutaneous discectomy/discectomy, percutaneous radiofrequency thermomodulation, percutaneous plasma discectomy, targeted disc decompression, disc nucleoplasty
03/15/16	02/2021		Deep brain stimulation (DBS) for addiction, Alzheimer disease, anorexia nervosa, blepharospasm, cerebral palsy, chronic pain syndrome, chronic vegetative state, other degenerative disorders, head or voice tremor, Huntington disease, infectious diseases, metabolic disorders, minimally conscious state, obesity, Parkinson disease-related dysarthria/speech deficits, other trauma, and other drug-induced movement disorders	Chronic pain syndrome includes, but is not limited to, complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy See clinical policy Neurostimulation, Deep Brain and Cortical Brain (MC/I009) for covered indications
03/31/12	02/2021		Deep brain stimulation (DBS) for treatment of other movement disorders and neurologic disorders not included in clinical policy Neurostimulation, Deep Brain and Cortical Brain (MC/I009)	Investigative for other movement disorders such as: multiple sclerosis (MS), post-traumatic dyskinesia, progressive supra nuclear palsy, cortical-basal ganglionic degeneration, and tardive dyskinesia Investigative for neurologic disorders such as: Tourette syndrome, depression, obsessive compulsive disorder, and cluster headaches See clinical policy Neurostimulation, Deep Brain and Cortical Brain (MC/I009) for covered indications
09/15/20	02/2022	81506	Diabetes Biomarker Risk Score Test	Investigative devices include, but are not limited to: PreDX
06/2021		0206U	DISCERN™	
		0207U	DISCERN™	
06/2020	02/2022	68841	Drug-eluting implant insertion into lacrimal canaliculus	
06/2020	02/2022	0444T 0445T	Drug-eluting ocular insert under one or more eyelids	

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05/25/04	02/2021	20560 20561	Dry needling	
05/24/05	02/2021		Dynamic intervertebral stabilization spinal systems	Investigative devices include, but are not limited to: • BioFlex • CD Horizon Agile Dynamic Stabilization Device • DSS Dynamic Soft Stabilization System • Dynabolt Dynamic Stabilization System • Dynesys Spinal System • Graf ligamentoplasty/Graf artificial ligament • Isobar Spinal System • NFix • Satellite Spinal System • Stabilimax NZ Dynamic Spine Stabilization System • Zodiac DynaMo System Also known as DS
12/2020	02/2022		Dynamic Neural Retraining System (DNRS)	Integrates components of cognitive behavioral therapy, mindfulness based cognitive restructuring, emotional restructuring therapy, neural linguistic programming, incremental training (a form of neural shaping) and behavior modification therapy purported to rewire neural circuits in the limbic system calming the hyperactive stress response
07/22/03	02/2021		Electrical stimulation for Bell's Palsy	
09/28/04/ 11/28/06	02/2021		Electrothermal arthroscopic capsulorrhaphy for all orthopedic indications	Also known as electrothermally-assisted capsule shift (ETAC)
07/22/03	02/2021		Embryonic stem cell therapy	
07/22/03	02/2021	96002 96003 S3900	EMG (electromyography), dynamic surface	Also known as Surface EMG Is considered an acceptable tool for kinesiological analysis of movement disorders; for differentiating types of tremors; for myoclonus and for dystonia
06/2020	02/2022	0397T	Endoscopic retrograde cholangiopancreatography (ERCP) with optical endomicroscopy	

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01/25/05	02/2021	43210 43257	Endoscopic/laparoscopic gastroesophageal reflux disease (GERD) treatments	Investigative devices include, but are not limited to: Angelchik, Bard EndoCinch Suturing System, EndoStim, Enteryx Therapy, EsophyX, and Stretta System (radiofrequency) Does not include the LINX Reflux Management System
12/2020	02/2022	0114U	EsoGuard™	
12/2020	02/2022	0095U	Esophageal String Test™ (EST)	
12/2020	02/2022	0036U	EXaCT-1 Whole Exome Testing	
5/21/09	02/2021		Exatest	Non-invasive intracellular measurement of mineral electrolytes using a buccal smear and billed using a pathology code for electron microscopy
06/2020	02/2022		External patient-activated, physician or other health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24-hour attended monitoring	Investigative devices include, but are not limited to: AliveCor Heart Monitor (iPhone ECG)
06/2020	02/2022	0512T 0513T	Extracorporeal shock wave therapy (ESWT) for integumentary wound healing, high energy, including topical application and dressing care	
12/31/04	02/2021	0101T 0102T 28890	Extracorporeal shock wave therapy (ESWT) for all musculoskeletal conditions	Includes high energy and/or when requesting anesthesia other than local
11/18/03	02/2021	61711	Extracranial/intracranial arterial bypass (anastomosis)	Investigative except when used to treat patients requiring either extended temporary or permanent proximal occlusion of major intracranial vessels while treating other types of pathology or Moyomoya
12/2020	02/2022	0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Investigative devices include, but are not limited to: EyeBOX® exam
06/2020	02/2022	0567T 0568T	Fallopian tube occlusion with degradable biopolymer implant, permanent and saline/air sonosalpingography to confirm occlusion of fallopian tubes	
03/12/13	02/2021	44705 G0455	Fecal microbiota/fecal transplantation for all indications except Clostridium difficile (c diff)	Also known as fecal microbiota transplantation/fecal transfusion/probiotic infusion/ fecal bacteriotherapy/stool transplant
06/2020	02/2022		Fetal magnetic cardia signal recording, using at least 3 channels	

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12/2020	02/2022		Fetal in-utero surgery for the following indications: • Fetal aortic valvuloplasty • Fetoscopic laser ablation for type 2 vasa previa • Shunting for the treatment of fetal cerebral ventriculomegaly • Treatment of amniotic band syndrome • Treatment of aqueductal stenosis (ie, hydrocephalus) • Treatment of cleft lip and/or cleft palate • Treatment of congenital heart disease (eg, mitral valve dysplasia) • Treatment of fetal hydronephrosis • Treatment of gastroschisis	
06/2020	02/2022	0071T 0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance	
12/2020	02/2022	0117U	Foundation P1 SM	Pain management, endogenous analyte analysis
06/2020	02/2022	0479T 0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement	
03/2021		E0770	FES of the upper extremities for all indications, including improvement of muscle strength, reduction of spasticity and atrophy, and facilitation of functional motor movement due to spinal cord injury, stroke (cerebrovascular accident/CVA), traumatic brain injury, or other upper motor neuron disorders (eg, Parkinson's disease)	Investigative devices include, but are not limited to: NESS H200 (formerly HandMaster-NMS-1)

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03/2021		E0745 E0764 E0770	FES and NMES for all the following indications: • Bell's palsy • Cardiac conditioning • Cerebral palsy • Chronic obstructive pulmonary disease • Congestive heart failure • Dysphagia • Erectile dysfunction • Foot drop • General muscle strengthening in healthy individuals • Improving ambulatory function and muscle strength for progressive diseases in individuals without spinal cord injury (eg, cancer, chronic heart failure, chronic obstructive pulmonary disease, multiple sclerosis) • Masseter muscle oral dysfunction after stroke • Muscle atrophy after stroke • Pain caused by necrosis of the femoral head • Treatment of denervated muscles • Treatment of knee osteoarthritis • Upper extremity hemiplegia	Neuromuscular electrical stimulation (NMES) can be grouped into 2 categories: • stimulation of muscles to treat muscle atrophy, and • enhancement of functional activity in neurologically impaired individuals These devices use electrical impulses to activate paralyzed or weak muscles in precise sequence and have been utilized to provide SCI patients with the ability to walk (eg, The Parastep I System). Neuromuscular electrical stimulation used in this manner is commonly known as functional electrical stimulation (FES) Investigative devices include, but are not limited to: EMS 7500, EMPI 300 PV, Guardian dysphagia dual chamber unit, Kneehab, L300 Go, NexWave, OrthoDX Stimulation System, and VitalStim Investigative FES/NMES devices for peroneal nerve include, but are not limited to: ODFS Dropped Foot Stimulator (Odstock), WalkAide, NESS L300 Foot Drop System, and NESS L300 Plus
09/26/06	02/2021	43647 43648 43881 43882 95980 95981 95982	Gastric electrical stimulation for obesity (Enterra Therapy)	This device is considered investigative for the treatment of obesity The device has a Humanitarian Device Exemption (HDE) FDA approval for the treatment of chronic, intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology
11/14/05	02/2021	91110 91111 91112 0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through colon, as screening test	Investigative for screening only. Investigative devices include, but are not limited to: Smart Pill, GI Monitoring System and PillCam Capsule Endoscopy
06/2020	02/2022	91113	Gastrointestinal tract imaging, intraluminal, colon	
12/2020	02/2022		Gene therapy in utero	

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12/2020 Revised 06/2021	02/2022	0101U 0102U 0103U 0130U 0131U 0132U 0133U 0134U 0135U 0136U 0137U 0138U 0157U 0158U 0159U 0160U 0161U 0162U	Genetic testing (DNA, mRNA [analytics]) by any method (eg, NGS [next-generation sequencing], Sanger sequencing, MLPA [multiplex ligation-dependent probe amplification], array CGH [comparative genomic hybridization]) for detection of variants of unknown significance in hereditary cancer	Investigative testing includes, but is not limited to: +RNA Insight™ or CustomNext + RNA
09/2021		0254U	Genetic testing, Preimplantation - Aneuploidy (PGT-A)	Investigative testing includes, but is not limited to: SMART PGT-A (Pre-implantation Genetic Testing-Aneuploidy) by Ingenomix
12/2020	02/2022	0602T 0603T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of fluorescent pyrazine agent(s)	Investigative devices include, but are not limited to: MediBeacon system
12/2020	02/2022	0024U	GlycA	
01/25/05	02/2021		H-Wave electrical stimulation	Pain management device
08/12/03	02/2021	P2031	Hair analysis, excluding arsenic	Chemical
03/2020	02/2022	0055U	Heart transplant rejection testing - MyTAI	
06/2021		0006M	HeproDX™	
06/2020	02/2022	0394T 0395T	High dose rate electronic brachytherapy, interstitial or intracavitary, or skin surface	
09/12/17	02/2021	55880	High intensity focused ultrasound (HIFU) for all indications, except for recurrent prostate cancer post-RT in the absence of metastatic disease	

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05/24/05	02/2021	94014 94015 94016	Home monitoring of pulmonary function using home spirometry, except after lung transplantation	
06/08/10	02/2021	S9349	Home tocolytic infusion therapy	Home tocolytic infusion therapy utilizes a low-dose subcutaneous infusion of a tocolytic agent (eg, terbutaline) to prevent preterm labor in pregnant women
06/08/10	02/2021	S9001	Home uterine activity monitoring (HUAM)	
11/18/03	02/2021		Homeopathy services and treatments	Herbal and homeopathic products and other similar remedies, medicines, and food supplements, etc., cannot be positively identified as to their content (no federal standards exist and adulteration and misbranding are concerns) and because they are not classified as drugs by the FDA, efficacy is not proven in the literature
06/14/11	02/2021	11980 S0189	Hormone pellets, implanted estrogen or testosterone, for symptoms of menopause in females	Investigative for the following ICD-10 codes: E28.310, E28.319, E28.39, E89.40-E89.41, N89.7, N91.0-N91.5, N92.0, N92.1, N92.2, N92.3, N92.5, N92.6, N92.7, N92.8, N92.9, N3.0, N93.8, N93.9, N95.0 – N95.9, Z79.890, Z85.43
05/21/09	02/2021	J7318 J7320 J7321 J7322 J7323 J7324 J7325 J7326 J7327 J7328 J7329 J7331 J7332 J7333	Hyaluronic acid injections into any joint other than the knee	Includes, but are not limited to: Durolane, Euflexxa, Gel-One, GelSyn-3, Genvisc 850, Hyalgan, Hyaluranon, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz, Supartz FX, Synjoynt, Synvisc, Synvisc-One, TriVisc and Visco-3. Proven effective for use in knee only – can allow for ICD-10 codes: M17.0, M17.11, M17.12, M17.2, M17.5, M17.9 Also known as intra-articular viscosupplementation

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12/06/11	02/2021		Hyperbaric oxygen therapy for treatment of chronic brain disorders	Investigative uses include, but are not limited to: cerebral palsy, chronic brain injury, multiple sclerosis, or stroke See clinical policy Hyperbaric Oxygen Therapy (MC/G011) for covered indications
12/06/11	02/2021	A4575 E0446	Hyperbaric oxygen therapy chamber, topical for the treatment of wounds or ulcers	
05/02	02/2021	96547 96548	Hyperthermia treatment for the following cancer conditions: • Deep hyperthermia alone or in combination with radiation therapy • Hyperthermic intrapleural chemotherapy for intrapleural mesothelioma • Hyperthermic administration of intraperitoneal chemotherapy for bladder cancer, colon cancer, or uterine leiomyosarcoma • Hyperthermic melphalan perfusion in stage I, IIIB and IIIAB extremity melanoma, as well as hyperthermia in conjunction with any other chemotherapy • Interstitial, intra-cavitary and whole-body hyperthermia • Intraperitoneal hyperthermic chemotherapy for peritoneal surface malignancy (peritoneal carcinomatosis) for indications other than pseudomyxoma peritonei or peritoneal mesothelioma • Regional hyperthermia for indications other than those listed above • Transrectal ultrasound hyperthermia for prostate cancer	This does not include the following proven effective indications: . Cytoreductive/debulking surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for isolated peritoneal metastases from colon cancer, when R0 resection can be achieved; and when performed by a high-volume provider with demonstrated expertise (See coverage precedence) . Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy for the treatment of pseudomyxoma peritonei. . Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy for the treatment of peritoneal mesothelioma or goblet cell carcinoid tumor . Cytoreductive/debulking surgery combined with HIPEC for stage III epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer . Regional hyperthermic melphalan perfusion in members with stage II and IIIA extremity melanoma. . Sequential radiation – local/regional external hyperthermia only for superficial recurrent melanoma, locally advanced/recurrent breast cancers and cervical lymph node metastases from head and neck cancer
12/2020	02/2022	0164U	ibs-smart™	
12/2020	02/2022	0176U	IBSchek®	

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
11/18/03	02/2021	S2107	Immune Effector Cell Therapy (Adoptive Immunotherapy or Adoptive Cell Transfer and Cellular Therapy [ACT]), includes Tumor Infiltrating Lymphocytes (TILs), T cell receptors (TCRs), Lymphokine Activated Killers (LAKs) and Chimeric Antigen Receptors (CARs)	Immune Effector Cell Therapy involves collecting and using the patients' own immune cells to treat their cancer This does not apply to: • Provenge (sipuleucel-T) • Kymriah (Tisagenlecleucel) • Yescarta (Axicabtagene ciloleucel) • Imlygic (Talimogene laherparepvec)
03/13/12	02/2022		Implantable subcutaneous target stimulator / peripheral subcutaneous field stimulation (PSFS)/ peripheral nerve field stimulation (PNFS)	Investigative devices include, but are not limited to: Sprint PNS System for use in low back pain due to Failed Back Surgery Syndrome (FBSS) or chronic migraine prevention or treatment May be billed with CPT 64555 (this CPT is not exclusive this health care service)
06/2023		0660T 0661T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Investigative device includes, but is not limited to: iDose implant
03/12/13	02/2021		Inflammatory Bowel Disease (IBD), antibody marker testing to diagnose disease or to differentiate UC from Crohn's	Investigative testing includes, but is not limited to: ACCA, ALCA, AMCA, Anti-C, Anti- L, ANCA, ASCA, ASMA, anti-OmpC, anti-Cbir1, I2 antibodies, Prometheus IBD sgi Diagnostic panel
09/12/17	09/2021	53445 C1815	Inflatable urethral/bladder neck sphincter for treatment of urinary incontinence except for use in men status post prostate surgery, eg, radical prostatectomy, TURP	Investigative devices include, but are not limited to: AMS 800™ Urinary Control System Can allow use in males status post prostate treatment
09/23/03	02/2022	S8130 S8131	Interferential current therapy and devices	Investigative devices include, but are not limited to: ElecDT, ElecDT Horizon, Infinity by Empi, NexWave, ProElecDT, ProElecDT Horizon, ProElecDT 2000 Also known as Bioelectric, Electroceutical, and Horizontal Therapy

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03/14/17	02/2021	22867 22868 22869 22870 C1821	Interspinous and interlaminar distraction devices	Investigative devices include, but are not limited to: • Aperius PercLID System • Coflex Interlaminar Technology Implant • CoRoent Extensure • DIAM Spinal Stabilization System • ExtenSur • FLEXUS • Falena Interspinous Decompression Device • Helifix Interspinous Spacer System • In-Space/Synthes • NL-Prow Interspinous Spacer • Stenofix • Superion ISS Interspinous Spacer System • Wallis System, X-Stop Interspinous Process Decompression (IPD) System • X-STOP PEEK Interspinous Process Decompression (IPD) System
03/14/17	02/2021		Interspinous fixation devices	Investigative devices include, but are not limited to: • Affix II and Affix II Mini Spinous Process Plating System • Aileron Interspinous Fixation System • Axle/X-Spine • BacFuse • BridgePoint • CD Horizon Spire Plate Fixation System • Coflex-F • Inspan • Minuteman Interspinous Interlaminar Fusion Device • PrimaLOK SP • Octave • StabilLink MIS Interspinous Fixation Device • SP-Fix Spinous Process Plate Fixation System

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
09/28/04	02/2021	0164T 0165T 22860	Intervertebral disc prostheses for use in thoracic spine or in lumbar spine at more than one level	Also known as Artificial Disc Prostheses Does not include cervical or single-level lumbar See clinical policy Intervertebral Disc Prostheses, Cervical and Lumbar (MC/F02) for covered indications
09/15/20	02/2022		Intervertebral disc prosthesis (artificial disc replacement) at one or more level(s) combined with spinal fusion (arthrodesis) at another level (adjacent or non-adjacent) (also known as hybrid procedure)	
09/28/04	02/2021	22526 22527	Intradiscal electrothermal annuloplasty (IDET)	
06/2020	02/2022	0329T	Intraocular pressure monitoring for 24 hours or longer	Investigative devices include, but are not limited to: Sensimed Triggerfish System
06/2020	02/2022	0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data	Cleery Coronary Report
06/2020	02/2022	0584T 0585T 0586T	Islet cell transplantation, percutaneous, laparoscopic, open	
07/22/03	02/2020	G0341 G0342 G0343	Islet cell transplantation for treatment of diabetes	Under FDA biologic investigation, currently being tested in international multicenter studies. Excludes treatment post pancreatectomy for pancreatitis
12/2020	02/2022	0152U	Karius® Test	
12/2020	02/2022	0105U	KidneyIntelX™	
12/07/10	02/2021		Laser therapy, high-power for all indications	Includes when used for musculoskeletal and neuropathy conditions Investigative devices include, but are not limited to: LCT-1000, K-Laser, and ALT Laser Also known as deep tissue laser therapy (Class IV therapeutic laser)

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09/27/05	02/2021	S8948	Laser therapy, low level for all indications	Includes nail laser used for fungus, and Verona body contouring. Investigative devices include, but are not limited to: Acculaser Pro, Breathe / Breathe Laser, Excalibur System, GRT LITE, LightStream, MicroLight 830 Laser, or Tuco Erchonia PL3000 Also known as cold laser Therapy (Class III therapeutic laser)
06/2020	02/2022	0552T	Laser therapy, low-level, dynamic photonic and dynamic thermokinetic energies	Investigative devices include, but are not limited to: Willow Curve Smart Laser Combines laser, infrared and red diode to produce dynamic hyperpulsed alternating therapy
12/2020	02/2022	0174U	LC-MS/MS Targeted Proteomic Assay	
12/10/19	02/2021	33274 0795T 0796T 0797T 0798T 0799T 0800T 0801T 0802T 0803T 0804T 0823T 0824T 0825T 0826T	Leadless cardiac pacemaker	
12/2020	02/2022	0166U	LiverFASt™	

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09/23/03	02/2021		Lyme disease testing: • Borrelia burgdorferi antibody index testing • borrelia culture • C6 peptide ELISA assay (using recombinant VisE1 or peptide antigens of Borrelia burgdorferi) • CD57+ lymphocyte counts • IgA screen (IFA) • Lyme Dot Blot Assay for antigen • polymerase chain reaction for identification or quantification of Lyme disease (B. burgdorferi) • provocative testing (testing for B. burgdorferi after antibiotic provocation) • serum borreliacidal assay • spirochetal DNA or RNA • T-cell proliferation response assay • 31kDa Epitope Test for IgM • urine antigen assay	According to the CDC (1995), the recommended method for serologic detection of active disease or previous infection involves a two-test approach using an IgM sensitive enzyme immunoassay (EIA)/enzyme-linked immunosorbent assay (ELISA) or indirect immunofluorescence assay (IFA) followed by a, IgG and IgM Western immunoblot. All specimens positive or equivocal by a sensitive EIA/ELISA or IFA should be tested by a standardized Western immunoblot. When the results of EIA/ELISA or IFA are negative, there is no need to test further.
06/2021		0017M	Lymph2Cx	
12/2020	02/2022	0120U	Lymph3Cx Lymphoma Molecular Subtyping Assay	
12/2020	02/2022	0077U	M-Protein Detection and Isotyping by MALDI-TOF Mass Spectrometry	
06/2020	02/2022	0506T	Macular pigment optical density measurement by heterochromatic flicker photometry	
06/2020	02/2022	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic brain lesion, intracranial for movement disorder	
12/2020	02/2022	0609T 0610T 0611T 0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar)	Investigative devices include, but are not limited to: NOCISCAN™ Suite
05/22/07	02/2021	95965 95966 95967 S8035	Magnetoencephalography (MEG) or magnetic source imaging (MSI) for all indications except localization/ evaluation of tumors and presurgical mapping of epileptic focus.	.
06/2020	02/2022	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling	

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06/08/10	02/2021	E1801 E1802 E1806 E1811 E1815 E1816 E1818 E1831 E1840 E1841	Mechanical Stretch Devices: Dynamic Splinting Devices (aka Low-load prolonged stretch [LLPS] devices) for use on forearm, ankle, and shoulder; bi-directional static progressive (SP) devices; Patient-actuated serial stretch (PASS) devices	Dynamic splinting devices (aka LLPS devices) are investigative for use on forearm, ankle, and shoulder. Investigative devices include, but are not limited to: Dynasplint, Ultraflex, LMB Pro-glide, EMPI Advance, and SaeboFlex. Devices are proven effective for use on elbow (E1800), wrist (E1805), knee (E1810/E1812) and finger (E1825) SP devices are investigative for all indications. Investigative devices include, but are not limited to: Joint Active Systems (JAS) splints (e.g. JAS Elbow, JAS Shoulder, JAS Ankle, JAS Knee, JAS Wrist, and JAS Pronation-Supination), and Air Cast PASS devices are investigative for all indications. Investigative devices include, but are not limited to: ERMI Knee Extensionater, ERMI Elbow Extensionater, ERMI Knee/Ankle Flexionater, ERMI Shoulder Flexionater, and knee extension devices (eg, Elite Seat)
06/2020	02/2022	0207T 0563T	Meibomian glands evacuation, automated, using heat and intermittent pressure	Investigative devices include, but are not limited to: iLux, LipiFlow System, MiBo ThermoFlo
08/10/04	02/2020		Metallothionein protein assessment and treatment	Provided by Pfeiffer Treatment Center
05/10/05	02/2021		Metronome training	
06/2021	02/2022	0211U	MI Cancer Seek™ (Caris)	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association
12/2020	02/2022	0119U	MI-HEART Ceramides, for assessing CHD risk	
05/24/05	02/2020		Microcurrent stimulation devices	Investigative testing includes, but is not limited to: Alpha Stim, Electro-Acuscope Myopulse Therapy System, Inspirstar, MENS, MET, Microstim, U-Stim Also known as alpha-stimulation

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06/2021		L2006	Microprocessor-controlled Knee-Ankle-Foot Orthoses	Investigative devices include, but are not limited to: Ottobock Sensor Walk Electronic KAFO, C-Brace Orthotronic Mobility System
06/2021	02/2022		Molecular Intelligence® Comprehensive Tumor Profiling /MI Tumor Seek™ / MI Profile®	Tumor profiling service that includes Whole Exome Sequencing (WES) analysis of DNA for mutations, copy number alterations*, insertions/deletions, genomic signatures (MSI, TMB*, LOH*), and Whole Transcriptome Sequencing analysis for RNA fusions and variant transcripts Also known as Caris Molecular Intelligence® Comprehensive Tumor Profiling or Caris MI Profile®
12/2020	02/2022	0087U	Molecular Microscope® MMDx—Heart	
12/2020	02/2022	0088U	Molecular Microscope® MMDx—Kidney	
03/2023		0080U 0092U 0360U 0395U	Molecular testing, blood-based testing (including algorithmic analyses) of autoantibody or protein/proteomic biomarkers in differentiation of benign pulmonary nodule from malignant nodule, in lung cancer screening	Investigative testing includes, but is not limited to: • BDX-XL2 0080U added 12/2020 • EarlyCDT® Lung (Oncimmune) • Nodify CDT 0360U • Nodify XL2 0080U • OncobiotaLUNG Micronoma 0395U • REVEAL Lung Nodule Characterization 0092U added 12/2020
06/08/10	02/2021		Molecular testing, chemotherapy/ chemosensitivity/ tumor resistance (cytotoxicity) assay testing (in vitro assays challenging tumor cells against chemotherapy agents)	Investigative testing includes, but is not limited to: • Adenosine triphosphate bioluminescence assay (ATP) • ChemoFx Assay* 81535/81536 (*note may be allowed in recurrent ovarian cancer disease with two or less previous chemotherapy regimens, and re-biopsy of tissue) • ChemoID Assay 0435U • Extreme drug-resistance assay (EDRA) • Methyl-thiazolyl-diphenyltetrazolium bromide assay (MTT) • Onco4D 0083U • 3D Predict Ovarian Doublet panel • 3D Predict Ovarian PARP panel

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12/13/17	06/2023	86152 86153 0091U 0317U 0337U 0338U	Molecular testing, circulating tumor cell (CTC) assays in the management of cancer conditions	Investigative testing includes, but is not limited to: • CELLSEARCH® System • CELLSEARCH® Circulating Multiple Myeloma Cell (CMMC) 0337U added 06/2023 • CELLSEARCH® HER2 Circulating Tumor Cell (CTC-HER2) 0338U added 06/2023 • FirstSightCRC and CellMax Life 0091U • LungLB®, LungLife AI®, LungLife AI® 0317U added 06/2023
06/2023			Molecular testing, circulating tumor cell (CTC), circulating tumor DNA (ctDNA) and cell-free DNA (cfDNA) testing in the detection of/screening for undiagnosed cancer conditions	Investigative testing includes, but is not limited to: - Galleri® - Avantect™ Pancreatic Cancer Test 0410U
06/2023		0012M 0016M 0363U 0365U 0366U 0367U	Molecular testing, gene expression profiling of urinary biomarkers in the detection and management of bladder cancer for indications not included in clinical policy Molecular Testing, Tumor Neoplasm Biomarkers (MC/L012).	Investigative testing includes, but is not limited to: • CxBladder Detect 0012M added 06/2021 • CxBladder Detect+ 0420U • CxBladder Triage 0363U • Decipher Bladder TURBT 0016M added 06/2021 • Oncuria Detect 0365U • Oncuria Monitor 0366U • Oncuria Predict 0367U See clinical policy Molecular Testing, Tumor/Neoplasm Biomarkers (MC/L012) for covered tests and indications

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3/10/15	02/2021		Molecular testing, gene expression profiling in breast cancer for indications not included in clinical policy Molecular Testing, Tumor/Neoplasm Biomarkers (MC/L012)	Investigative testing includes, but is not limited to: • 41-gene signature assay • BBBDRisk DX 0067U • BluePrint® (80-gene profile) • Breast Cancer Gene Expression Ratio (also known as Theros H/ISM) • BreastOncPx™ or Breast Cancer Prognosis Gene Expression Assay • BreastPRS • DCISionRT® 0295U • DiviTUM TKa 0404U • Genomic Grade Index (also known as MapQuant Dx™) • HERmark® Breast Cancer Assay • Insight™ DX Breast Cancer Profile • Insight TNBCtype™ 0153U • Mammostrat™ • NexCourse® Breast IHC4 • Oncotype DX® DCIS 0045U • PreciseDx Breast biopsy test 0418U • PreciseDx Breast cancer test 0220U • Rotterdam signature assay (76-gene assay) • SYMPHONY™ Genomic Breast Cancer Profile • TargetPrint® See clinical policy Molecular Testing, Tumor/Neoplasm Biomarkers (MC/L012) for covered tests and indications
09/13/16	02/2021		Molecular testing, gene expression profiling in cancers of unknown primaries/occult primary tumors	Investigative testing includes, but is not limited to: • CancerTYPE ID® Test 81540 • ProOnc TumorSourceDX™ Test 81540 • ResponseDX: Tissue of Origin Test™ (Pathwork® Tissue of Origin) 81504 • Rosetta Cancer Origin Test™ (miRview® mets and miRview® mets2 tests) 81540

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09/13/16	02/2021		Molecular testing, gene expression profiling in colorectal cancer	Investigative testing includes, but is not limited to: • ColDx • ColoPrint • Colorectal Cancer DSA® • Colosense™ 0421U • GeneFx Colon® • miR-31now 0069U • OncoDefender-CRC® • Oncotype DX® Colon Cancer Assay 81525 • Polyp DX 0002U
12/11/18	02/2021		Molecular testing, gene expression profiling in cutaneous melanoma, post-biopsy (prognostic)	Investigative testing includes, but is not limited to: • AMBLor® melanoma 0387U DecisionDx-Melanoma 81529 added 02/2021 Note: does not apply to uveal melanoma testing with DecisionDx-UM
03/2021		81554	Molecular testing, gene expression profiling in idiopathic pulmonary fibrosis	Investigative testing includes, but is not limited to: • Envisia® Genomic Classifier by Veracyte, Inc.
06/2021			Molecular testing, gene expression profiling in indeterminate cutaneous lesions, pre-biopsy	Investigative testing includes, but is not limited to: • Pigmented Lesion Assay 0089U
09/13/16	02/2021	81500 81503 0003U 0375U	Molecular testing, gene expression profiling/molecular testing in predicting malignancy in women with adnexal mass	Investigative testing includes, but not limited to: • OVA1 81503 • OvaWatch 0375U • Overa 0003U • Risk of Ovarian Malignancy Algorithm (ROMA) 81500

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3/10/15	09/2022		Molecular testing, gene expression profiling/molecular testing in prostate cancer for indications not included in clinical policy Molecular Testing, Tumor/Neoplasm Biomarkers (MC/L012)	Investigative testing includes, but is not limited to: • Apify 0021U • miR Sentinel™ Prostate Cancer Test (53 sncRNAs) 0424U • miR Sentinel™ Prostate Cancer Test (442 sncRNAs) 0343U • MyProstate Score 2.0 0403U • NeoLAB Prostate liquid biopsy 0011M • PanGIA Prostate 0228U • ProstaVysion® See clinical policy Molecular Testing, Tumor/Neoplasm Biomarkers (MC/L012) for covered tests and indications
12/2020	02/2022	0048U	MSK-IMPACT (Integrated Mutation Profiling of Actionable Cancer Targets)	A qualitative in vitro diagnostic test that uses targeted DNA next-generation sequencing of formalin-fixed, paraffin-embedded tumor tissue matched with normal specimens from patients with solid malignant neoplasms to detect tumor gene alterations in a broad multigene panel (468-genes)
03/15/16	02/2021	81490	Multi-biomarker disease activity (MBDA) test for Rheumatoid Arthritis (RA)	Investigative testing includes, but is not limited to: Vectra® DA
06/2023		0062U 0312U 0447U	Multiplex autoantigen microarray testing for screening, diagnosis and management of systemic lupus erythematosus (SLE)	Investigative testing includes, but is not limited to: • Avise CTD • Avise Lupus • SLE-key Rule-Out 0062U (added 12/2020)
12/2020	02/2022	0050U	MyAML NGS Panel	
06/2020	02/2022	0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability	
06/2020	02/2022	0541T 0542T	Myocardial imaging by magnetocardiography for detection of cardiac ischemia	
06/2020	02/2022	0331T 0332T	Myocardial sympathetic innervation imaging	
12/2020	02/2022	0068U	MYCODART Dual Amplification Real Time PCR Panel for 6 Candida species	

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
12/2020	02/2022	0109U	MYCODART Dual Amplification Real Time PCR Panel for 4 Aspergillus species	
06/09/15	02/2021	J7402 S1091	Nasal implant, stents, or spacers, steroid-eluting for chronic sinusitis without polypoid	Investigative devices includes, but are not limited to: Propel™ Steroid-Releasing Implant, Relieva Stratus™ MicroFlow spacer, Sinu-Foam™ spacer, and Sinuva™ Sinus Implant
03/2021	02/2022	30468	Nasal valve collapse repair with subcutaneous/submucosal lateral wall implant	Investigative devices includes, but are not limited to: Spiros Latera absorbable nasal implant
06/2021		0003M	NASH FibroSURE	
06/2020	02/2022	0507T	Near-infrared dual imaging of meibomian glands	Investigative devices includes, but are not limited to: LipiScan Dynamic Meibomian Imager
03/28/06	02/2022		NMES and TENS combination	Investigative devices includes, but are not limited to: Empi Phoenix, Kneehab, NexWave, QB1 powered muscle stimulator
	02/2020	E0744	Neuromuscular electrical stimulator for scoliosis	
12/2020	02/2022		Neutron beam therapy for indications not included in clinical policy Radiation Therapy, Neutron Beam (MC/L024)	Investigative uses include, but are not limited to: • Colon cancer • Dermatofibrosarcoma protuberans • Ghost cell odontogenic carcinoma • Glioma • Kidney cancer • Laryngeal cancer • Lung cancer • Pancreatic cancer • Prostate cancer • Rectal cancer • Soft tissue sarcoma See clinical policy Radiation Therapy, Neutron Beam (MC/L024) for covered indications
3/12/13	02/2021		NOD2/CARD15 genetic testing to assess for complicated ulcerative colitis	

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
12/11/18	02/2021	81422 0060U	Non-invasive prenatal testing (NIPT) using cell-free DNA (cfDNA) for the following: • Detection of microdeletion syndromes • Fetal sex determination for fetal sex chromosome aneuploidy (SCA) screening	
06/2023		E0677 E0678 E0679 E0680 E0681 E0682	Non-pneumatic compression controller with sequential calibrated gradient pressure for treatment of lymphedema	Investigative device includes, but is not limited to: Dayspring system by Koya
08/08/14	02/2021	E0761 G0295 G0329	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device (electromagnetic stimulation)	Investigative devices includes, but are not limited to: OrthoCor Active Knee System, Diapulse, Provant Wound Closure System, SofPulse
12/2020	02/2022	0063U	NPDX ASD ADM Panel I	
03/23/04	02/2021		NTI-tss device for migraine headaches	Investigative devices includes, but are not limited to: Nociceptive Trigeminal Inhibition Tension Suppression System, a small pre-fabricated anterior bite-stop used for the prevention and treatment of bruxism, temporomandibular disorders (TMDs), occlusal trauma, tension-type headaches and/or migraine
09/13/11	02/2021		Neurostimulation, occipital nerve stimulation for headaches	May be billed with CPT 64575 incision for implantation of neurostimulator electrode array; peripheral nerve (this CPT is not exclusive to occipital nerves)
09/2021		A4541 E0733	Neurostimulation/electrical stimulation, trigeminal nerve – for attention-deficit/hyperactivity disorder (ADHD) in pediatrics; non-invasive/external	Investigative devices includes, but are not limited to: the Monarch External Trigeminal Nerve Stimulation (eTNS) System
09/2021		E0735	Neurostimulation/electrical stimulation, vagus nerve – for prevention and treatment of headache; non-invasive/external	Investigative devices includes, but are not limited to: gammaCore (nVNS) stimulator
06/2021			Neurostimulation, vagus nerve - for depression	

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6/14/11	02/2021		Obstructive Sleep Apnea (OSA) Treatments: • Adjustable tongue-advancement device (eg Advance system) • Apnea triggered muscle stimulation • Cardiac (Atrial) Pacing • Cautery-Assisted Palatal Stiffening Operation (CAPSO) 42950 • Epiglottidectomy 31420 • Expansion sphincteroplasty • Flexible Positive Airway Pressure (pressure-relief C-PAP [C-Flex, Respiroics]) • Genioplasty/genial tubercle advancement 21120, 21121, 21122, 21123 • Glossectomy, partial 41120, 41130, 41135 • Injection Snoreplasty • Laser assisted Uvuloplasty (LAUP) 42160, 42890, S2080 • Mandibular distraction osteogenesis (MDO) 21120, 21121, 21122, 21123, 21199 • Nasal dilators • Obstructive Sleep Apnea (OSA) oral appliance to restore proper mandibular alignment after use of overnight sleep apnea appliance, for prevention of temporomandibular joint dysfunction (such as, but not limited to, the Direct AM Positioner, Morning Repositioner [SomnoMed]) • Palatal Implants (Pillar Procedure) C9727 • Provent Sleep Apnea Therapy • Radiofrequency Volumetric Tissue Reduction of the palate, tongue, or uvula (Somnoplasty/Coblation) 30801, 30802, 41530 • Remotely controlled mandibular positioner • Tongue based reduction surgery • Tongue Based Suspension (eg, Repose or AIRvance) 41512 • Winx therapy system/oral pressure therapy	Provent Sleep Apnea Therapy is also known as expiratory positive airway pressure or nasal EPAP See clinical policy(ies) OSA, Surgical Treatment in Adults (MC/C007) and OSA, Non-Surgical Treatment (MC/C011) for covered indications

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12/2020	02/2022	0019U	OncoTarget/OncoTreat	Assesses aberrantly active and pharmacologically actionable proteins in a patient-specific tumor sample, independent of the tumor's DNA mutational state. The DarwinOncoTarget™ Report both identifies these actionable proteins as well as FDA-approved drugs and investigational compounds that can potentially be used to target them in the clinical trial setting
06/2021		0244U	Oncotype MAP™ Pan Cancer Tissue Test	DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin embedded tumor tissue
06/2020	02/2022		Optical coherence tomography for microstructural and morphological imaging of skin	
06/2020	02/2022	0351T 0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen	
06/2020	02/2022	0353T 0354T	Optical coherence tomography of breast, surgical cavity	
06/2020	02/2022	0485T 0486T	Optical coherence tomography of middle ear	
12/2020	02/2022	0604T 0605T 0606T	Optical coherence tomography (OCT) of retina	Such as, but not limited to, Notal OCT Analyzer
12/2020	02/2022	0110U	Oral OncolyticAssuranceRX	
03/19/18	02/2021		Pelvic denervation procedures for treatment of chronic pelvic pain and all other indications	Procedures include, but are not limited to: uterine nerve ablation (UNA), laparoscopic uterine nerve ablation (LUNA) and presacral neurectomy (PSN)
06/2020	02/2022	0274T 0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, single or multiple levels, unilateral or bilateral; cervical, thoracic or lumbar	
06/2020	02/2022	0200T 0201T	Percutaneous sacral augmentation (sacroplasty)	

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
12/2020	02/2022	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Investigative testing includes, but is not limited to: InterAtrial Shunt Device (IASD) from Corvia Medical
06/2020	02/2022	0553T	Percutaneous transcatheter placement of iliac arteriovenous (AV) anastomosis implant	Used for creation of AV fistula, angioplasty and/or stent placement. Investigative devices includes, but are not limited to: ROX Medical AV coupler used for hypertension
06/2020	02/2022	53451 53452 53453 53454	Periurethral transperineal balloon continence device except for use in males status post prostate surgery, eg, radical prostatectomy or TURP, eg, radical prostatectomy or TURP	Investigative devices include, but are not limited to: ACT, ProACT Therapy System

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2013	12/2021	0030U 0031U 0032U 0033U 0078U 81227 81230 81231 81232 81291 81328 81355	Pharmacogenetic/pharmacogenomic testing of all of the following: • ABCB1 genotyping to determine drug metabolizer status for all drugs • ADRA2A genotyping to determine drug metabolizer status for all drugs • ANKK1 genotyping to determine drug metabolizer status for all drugs • BDNF genotyping to determine drug metabolizer status for all drugs • COMT genotyping to determine drug metabolizer status for all drugs • Cytochrome P450 (CYP450) genotyping to detect polymorphisms, including, but not limited to, CYP1A2 0031U, CYP2C9 81227, CYP3A4 81230, CYP3A5 81231 ○ Does not include the following: ▪ CYP2C19 variant(s) for: ➢ Clopidogrel (Plavix) ➢ Use in managing antidepressant and antipsychotic drugs in treatment of depression or generalized anxiety disorder ▪ CYP2D6 variant(s) for (revised 12/21) ➢ Eliglustat (Cerdelga) in persons with Gaucher disease type 1 ➢ Tetrabenazine (Xenazine) doses greater than 50mg per day ➢ Use in managing antidepressant and antipsychotic drugs in treatment of depression or generalized anxiety disorder • DRD2 genotyping to determine drug metabolizer status for all drugs • DPYD gene mutation testing prior initiation of treatment with a fluoropyrimidine medication 81232 • FKBP5 genotyping to determine drug metabolizer status for all drugs • GRIK4 genotyping to determine drug metabolizer status for all drugs • HLA-A*31:01 genotyping to determine drug metabolizer status for all drugs • HLA-B*1502, 15:13 genotyping to determine drug metabolizer status for all drugs except for persons of Asian ancestry prior to initiation of treatment with carbamazepine (Tegretol) • HLA-B*5701 screening except for persons with HIV-1 prior to initiation of treatment with abacavir (Ziagen)	Investigative testing includes, but is not limited to: AmpliChip™, GeneSight® ADHD, GeneSight® Analgesic, GeneSight® MTHFR, Millennium PGTSM, YouScript®, Warfarin Response Genotype 0030U, INFINITI® Neural Response Panel 0078U See clinical policy(ies) Pharmacogenetic/ Pharmacogenomic Testing (MP/P013) and Pharmacogenetic/ Pharmacogenomic Testing CYP2C19, CYP2D6 (MC/L017) for covered indications

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
2013	12/2021		Pharmacogenetic/pharmacogenomic testing (continued) • HTR1A genotyping to determine drug metabolizer status for all drugs • HTR2A genotyping to determine drug metabolizer status for all drugs 0033U • HTR2C genotyping to determine drug metabolizer status for all drugs • MC4R genotyping to determine drug metabolizer status for all drugs • MTHFR genotyping for determining therapeutic response to antifolate chemotherapy and to guide antidepressant therapy 81291 • OPRM1 genotyping to determine drug metabolizer status for all drugs • SLC6A4 genotyping to determine drug metabolizer status for all drugs • SLCO1B1 genotyping to determine drug metabolizer status for all drugs 81328 • TXNRD2 genotyping to determine drug metabolizer status for all drugs • UGT2B15 genotyping to determine drug metabolizer status for all drugs • VKORC1 genotyping to determine drug metabolizer status for all drugs 81355	
5/24/05	02/2021	96567 96570 96571 96573 96574	Photodynamic Therapy for dermatologic conditions except refractory actinic keratosis, basal cell carcinoma, and squamous cell carcinoma in-situ (Bowen's disease).	Proven effective for refractory actinic keratosis, basal cell carcinoma, and squamous cell carcinoma in-situ (Bowen's disease) only. May also be used with blue light (violet light). The photosensitizing agent used must be FDA approved for that specific diagnosis.
06/2021		0243U	PIGF Preeclampsia Screen	
09/15/10	02/2021	0101T 28890	Plantar fasciitis treatments: cold/controlled ablation, cryosurgery, extracorporeal shock wave therapy, radiofrequency lesioning, and radiotherapy	Investigative devices include, but are not limited to: Coblation®, TOPAZ® MicroDebrider, MyACT, Piezoelectric shock wave
07/22/03	02/2021	S9055	Platelet Derived Growth Factors	Investigative services include, but are not limited to: Procuren and Regranex. Can allow Regranex for non-healing diabetic neuropathic ulcers/diabetic foot ulcers
09/27/05	02/2021	0232T	Platelet Injection into tissue (autologous)/Platelet Rich Plasma (PRP) injections	Investigative uses include, but are not limited to: achilles tendonitis, lateral epicondylitis, and plantar fasciitis.

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12/2020	02/2022		Pneumatic compressor, segmental home model with calibrated gradient pressure used to treat lymphedema that does not extend onto the chest, trunk and/or abdomen	
01/27/04	02/2021		Pneumatic lumbar traction device (gravity assisted - spinal unloading device)	Investigative devices include, but are not limited to: Orthotract, Pneumatic Vest, LTX 3000
09/13/22			Positron Emission Tomography (PET) imaging with β amyloid or tau tracers for diagnosis of Alzheimer's Disease	Includes the use of the following tracers Amyvid™ (florbetapir F18) A9586, NeuraCeq™ (florbetaben F18) Q9983, Tauvid (flortaucipir F18) A9601 and Vizamyli™ (flutemetamol F18) Q9982
06/2020	02/2022	0219T 0220T 0221T 0222T	Posterior intrafacet implant, cervical, thoracic and lumbar; unilateral or bilateral, single or multiple level	Investigative devices include, but are not limited to: Total Posterior-element System (TOPS) (Premia Spine), Total Facet Arthroplasty System (TFAS) (Archus Orthopedics), ACADIA Facet Replacement System (Facet Solutions/Globus Medical)
06/2020	02/2022	0202T	Posterior vertebral joint arthroplasty, including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, single level, lumbar spine	
06/2021		0203U	PredictSURE IBD™ test	
06/2021		0247U	PreTRM®	
12/2020	02/2022	L5969	Prosthesis, lower limb - powered microprocessor component - addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
12/2020	02/2022	L6715	Prosthesis, upper limb - partial or full hand prosthesis with individually powered digits (multiple articulating)	Investigative devices include, but are not limited to: ProDigits
12/2020	02/2022	L6880	Prosthesis, upper limb - implantable myoelectric controlled sensors for upper limb and hand prostheses	
07/22/03	02/2021	M0076	Prolotherapy	Injection of dextrose and lidocaine into soft tissues. Intent is to rebuild tissue and manage pain
09/15/15	02/2021		Proton beam therapy (PBT) for treatment of primary prostate cancer	
01/25/05	02/2021		Protonics Neuromuscular Repositioning System	
06/2020	02/2022		Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	
06/2020	02/2022	0208T 0209T	Pure tone audiometry, automated, air and/or bone	

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03/28/06	02/2022	0106T 0107T 0108T 0109T 0110T G0255	Quantitative sensory testing (QST) for Assessment of Nerve Function	Also known as Pressure Specified Sensory Testing for Assessment of Nerve Function
12/2021			Radiofrequency ablation (RFA) of peripheral nerves for all other pain indications not included in medical policy MC/F024	Investigative uses include, but are not limited to: hip pain, shoulder pain, occipital neuralgia, headache, or Complex Regional Pain Syndrome See clinical policy Radiofrequency Ablation Cervical, Thoracic, Lumbosacral, Sacroiliac or Knee Pain (MC/F024) for covered indications
09/2023		30117 31242	Radiofrequency ablation, posterior nasal nerve for chronic rhinitis (ICD-10 Dx code J31.0)	Investigative devices include, but are not limited to: RhinAer and NEUROMARK
09/13/11	02/2022		Radiofrequency ablation (RFA) techniques, pulsed and water-cooled	Investigative devices include, but are not limited to: COOLIEF. These techniques are investigative for any indication. Does not include non-pulsed RFA.
06/2020	02/2022	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy	Investigative devices include, but are not limited to: MarginProbe
06/2020	02/2022	0347T 0348T 0349T 0350T	Radiostereometric analysis (RSA), placement of interstitial device(s) in bone and radiologic examination by RSA for spine, upper and lower extremities	
06/2020	02/2022	0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy	
12/2020	02/2022	96931 96932 96933	Reflectance confocal microscopy for cellular and subcellular imaging of skin	
12/2020	02/2022	0607T 0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center;	Investigative devices include, but are not limited to: Zoll Heart Failure and Arrhythmia Management Systems (HFAMS)

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06/2020	02/2022	0469T	Retinal polarization scan, ocular screening with on-site automated results	
06/2020	02/2022	0100T 0472T 0473T C1841 C1842 L8608	Retinal prosthesis, subconjunctival	
06/2021		K1007	Robotic lower body exoskeleton suit	Investigative devices include, but are not limited to: ReWalk
03/13/12	02/2021		Sacral nerve stimulation (SNS) for the treatment of chronic constipation, chronic pelvic pain, and stress incontinence	
06/08/10	02/2021	S3650	Salivary hormone testing	Salivary cortisol testing is proven effective only in diagnosing Cushing syndrome
06/08/10	02/2021		Saliva and urine neurotransmitter testing	Urine testing of epinephrine, norepinephrine, and dopamine are proven effective only in diagnosing pheochromocytoma
06/2020	02/2022		Secretory type II phospholipase A2 (sPLA2-IIA)	
05/25/04	02/2022		Septal closure devices for patent foramen ovale (PFO) for migraines	
07/22/03	02/2021	93278	Signal-averaged ECG/EKG (SAECG)	
05/24/05	02/2021		Single photon emission computed tomography (SPECT) for mental health diagnosis	

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04/2022		A2001- A2018 A2026 Q4100- Q4264 Q4285 Q4286 Q4290 Q4305- Q4310	Skin and Soft Tissue Substitutes; does not include the products listed under Comments	Does not include the following: Q4101 Apligraf Q4102 Oasis wound matrix Q4103 Oasis burn matrix Q4104 Integra bilayer matrix wound dressing Q4105 Integra dermal regeneration template or Integra Omnigraft dermal regeneration matrix Q4106 Dermagraft Q4107 GRAFTJACKET Q4108 Integra matrix Q4113 GRAFTJACKET XPRESS Q4116 Alloderm Q4122 DermaCELL, DermACELL AWM or DermaCELL AWM porous Q4124 OASIS ultra tri-layer wound matrix Q4128 FlexHD, AllopatchHD, or Matrix HD Q4132 Grafix Core or GrafixPL Core Q4133 Grafix PRIME, Grafix PL PRIME, Stravix and StravixPL Q4182 TransCyte Q4186 Epifix
06/2020	02/2022	0210T 0211T	Speech audiometry threshold, automated, with or with-out speech recognition	
12/2020	02/2022		Stem cell transplantation in utero	
06/2023			Subacromial balloon spacer in irreparable rotator cuff tears	
06/08/10	06/2021	S2117 0335T 0510T 0511T	Subtalar joint arthroereisis and implant for flexible flat foot syndrome	Examples of implants are Maxwell-Brancheau (MBA) or HyProCure Sinus Tarsi
05/10/05	02/2021		Suit Therapy	Investigative devices include, but are not limited to: Adeli suit, Penguin suit, Polish suit, stabilizing pressure input orthoses (SPIO) suit, Therapy Suit, Therasuit, and TheraTogs
06/2020	02/2022	67516	Suprachoroidal injection of a pharmacologic agent	

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05/24/05	02/2021		Sympathetic stimulation	Investigative devices include, but are not limited to: Dynatron STS Sympathetic Therapy
06/2020	02/2022	0422T	Tactile breast imaging by computer-aided tactile sensors	
06/2020	02/2022	0330T	Tear film imaging	Investigative devices include, but are not limited to: LipiView Ocular Surver Interferometer
06/2020	02/2022	0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	
07/22/03	02/2021	93740	Thermography (thermal imaging, infrared imaging, temperature gradient studies)	DITI: digital infrared thermal imaging. Also known as Breast Thermal Imaging
12/2023		33269	Thoroscopic closure (occlusion) of the left atrial appendage (LAA) as a stand-alone procedure or as an adjunct to thoroscopic atrial fibrillation ablation	
12/2020	02/2022	0106U	13c_Spirulina Gastric Emptying Breath Test (GEBT)	
03/25/08	02/2021		Tinnitus retraining	
03/25/08	02/2021		Tinnitus masking devices	Investigative devices include, but are not limited to: Neuromonics Tinnitus Treatment, Dynamic Tinnitus Mitigation System (DTM-6), Tinni Tech ANMP System, Quiescence, Ultraquiet, and Xino
12/2020	02/2022	0108U	TissueCypher® Barrett's Esophagus Assay	
9/15/10	02/2021		Topographic genotyping	Investigative testing includes, but is not limited to: PathfinderTG® from RedPath Integrated Pathology A molecular DNA-based cancer diagnostic test which obtains a genetic fingerprint of mutations from routine histology and cytology slides as well as fluid samples
11/14/05	02/2021		Total hip resurfacing for patients 65 years of age and over	Does not include femoral head resurfacing and partial hip resurfacing or patients less than age 65
06/2020	02/2022	0543T	Transapical mitral valve repair with placement of artificial chordae tendineae	Investigative devices include, but are not limited to: NeoChord System and Permavalve

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05/25/04	02/2021		Transcatheter closure services for cardiac septal defects/Non-FDA approved devices	Investigative devices include, but are not limited to: Angel Wings Occluder, Atrial Septal Defect Occluder System (ASDOS), Cardio Star Patent Foramen Closure System, Sideris Buttoned Device STARFlex. All devices, including those that are FDA approved, are billed with C1817
03/25/08	02/2021		Transcatheter closure devices used off label for closure of patent foramen ovale (PFO) for treatment of migraine	Considered medically necessary for treatment of embolic strokes or TIAs or cryptogenic strokes. Case review for any other indication. (Please note this will be an off-label use of a device, but be sure device is an FDA approved device, no device is currently FDA approved for closure of PFO).
12/2021			Transcatheter embolization, prostatic artery for benign prostatic hypertrophy (BPH)	
06/2020	02/2022	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach, with or without transseptal puncture	
	02/2022	0545T	Transcatheter tricuspid valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach	
06/2020	02/2022	0483T 0484T	Transcatheter mitral valve implantation/ replacement	
06/2020	02/2022	0338T 0339T	Transcatheter renal sympathetic denervation, percutaneous approach	
06/2020	02/2022	0569T 0570T	Transcatheter tricuspid valve repair	
09/19/18	02/2021		Transcranial magnetic stimulation, single-pulse (sTMS) for treatment and prevention of migraine	Investigative devices include, but are not limited to: eNeura Therapeutics® SpringTMS®
01/25/05	02/2021	E0762	Transcutaneous electrical joint stimulation device for all indications	Investigative devices include, but are not limited to: BioniCare (BIO-1000), J- Stim 1000
06/24/14	02/2021	A4540	Transcutaneous electrical nerve stimulation for treatment and prevention of migraines	Investigative devices include, but are not limited to: Cefaly TENS headband
06/2020	02/2022	0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler/Calmare [ST] therapy)	

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12/2020	02/2022	0061U	Transcutaneous multispectral measurement of tissue oxygenation and hemoglobin using Spatial Frequency Domain Imaging (SFDI)	
06/2020	02/2022	0234T 0235T 0236T 0237T 0238T	Transluminal peripheral atherectomy, open or percutaneous; renal, visceral, abdominal aorta, brachiocephalic trunk/branches, and iliac arteries	
05/24/05	02/2021	E2120	Transtympanic micropressure device for the treatment of Meniere's disease	Investigative devices include, but are not limited to: Meniett Device
	02/2022	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	
12/2020	02/2022	0060U	Twins Zygosity PLA	
06/2020	02/2022	0583T	Tympanostomy, using an automated tube delivery system, iontophoresis local anesthesia	
09/2021	04/12/24		Ultrasound-guided percutaneous ablation of soft tissues for musculoskeletal conditions	Investigative devices include, but are not limited to: TX1 Tissue Removal System from Tenex Health
09/15/10	02/2021	A6000 E0231 E0232 97610	Ultrasound therapy for the management of chronic wounds (low-frequency, non-contact, normothermic/non-thermal)	Investigative devices include, but are not limited to: MIST Therapy®, Sonoca™, Warm-Up®, or AR1000 Ultrasonic Wound Therapy Systems
12/2020	02/2022	0025U	UrSure Tenofovir Quantification Test	
06/2020	02/2022		Vagus nerve blocking therapy (morbid obesity)	
12/2020	02/2022	0052U	VAP Cholesterol Test	

DATE ADDED TO LIST	LAST REVIEW DATE	CPT/ HCPCS	DESCRIPTION	COMMENTS/DEFINITION
See specific entries	02/2021	0524T 36482 36483	Varicose Vein procedures • Cryoablation/cryostripping • Endovenous ablation (laser or radiofrequency) for treatment of reflux of the common femoral vein added 01/01/21 • Endovascular catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous (KAVS) 0524T • Measurements of plasma growth factors (eg, angiopoietin-1 [ANG1], angiopoietin-2 [ANG2], epidermal growth factor [EGF], platelet-derived growth factor [PDGF], and vascular endothelial growth factor [VEGF]) for predicting adequacy of treatment and recurrence risk before and after treatment with endovenous laser ablation added 01/01/21 • Medical adhesive treatments, eg, VenaSeal Closure System CPT 36482/36483 • Micronized purified flavonoid fraction (MPFF) (oral drug) • Polymorphism genotyping of matrix metalloproteinases genes (eg, MMP1, MMP2, MMP3, and MMP7) as markers of predisposition to varicose veins added 01/01/21 • Synthetic matrix metalloproteinases inhibitors added 01/01/21 • Transdermal laser treatment for the treatment of large varicose veins added 01/01/21 • VeinGogh Ohmic Thermolysis (RFA device) • VeinOPlus vascular device for treatment of muscle atrophy due to varicose veins added 01/2021	See clinical policy Varicose Vein Treatments (MC/J001) for covered procedures Medical adhesive treatments are also called cyanoacrylate superglue or n-butyl-cyanoacrylate.
12/2020	02/2022	0165U	VeriMAP Peanut Dx – Bead-based Epitope Assay	
12/2020		0178U	VeriMAP™ Peanut Sensitivity – Bead Based Epitope Assay	
01/25/05	01/2021	S9090	Vertebral axial spinal distraction therapy, mechanized (traction decompression)	Investigative devices include, but are not limited to: Accu-Spina System IDD, DRX2000, DRX3000, DRX5000, DRX9000, Lordex, SpineMED, SpineRX LDM, Tru Tac 401, and VAX-D.
03/2023		0656T 0657T 0790T 22836	Vertebral body tethering for scoliosis	

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03/2021		92517 92518 92519	Vestibular evoked myogenic potential (VEMP) testing, cervical and ocular	
12/2020	02/2022	0118U	Viracor TRAC™ dd-cfDNA	Transplant Rejection Allograft Check (TRAC) Noninvasive liquid biopsy testing, using donor-derived cell-free DNA (dd-cfDNA) (includes use in kidney, heart, lung and liver)
05/23/06	02/2021		Visceral Manipulation (visceral massage)	
09/28/04	02/2021	92065 92066 97110	Vision therapy - Orthoptics	Also known as orthoptic and/or pleoptic training. Check COC or SPD for benefits. Does not include treatment of convergence insufficiency: ICD-10 codes H51.11, H51.12
06/2020	02/2022	0333T 0464T	Visual evoked potential (VEP), screening for visual acuity, automated; VEP testing for glaucoma	
06/2020	02/2022	0378T 0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	Investigative devices include, but are not limited to: ForeseeHome
10/11/12	02/2021		Vitamin/Mineral infusion (intravenous nutrient therapy)	Also known as Myer's/Meyer's Cocktail
06/2021		0205U	Vita Risk®	
11/18/03	02/2021	76497	Whole body CT Scan	Does not include use of CT Skeletal Survey with Low-Dose Whole Body-CT (LDWB-CT) for management of MM
09/23/08	02/2021		Whole body integumentary photography/surveillance photography for detection/screening of melanoma	Does not include monitoring high-risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or personal history of melanoma.
03/2020	02/2022	0010U 0335U 0336U	Whole genome sequencing (WGS) for covered indications not include in clinical policy Whole Exome and Whole Genome Testing (MC/L021)	See clinical policy Whole Exome and Whole Genome Testing (MC/L021) for covered testing and indications
03/05/24		0266U	Whole transcriptome RNA sequencing for oncology indications, except for Pediatric Acute Lymphoblastic Leukemia	Investigative testing includes, but is not limited to, Praxis Transcriptome (0266U), Tempus XR (no specific code)

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06/2020	02/2022	0515T 0516T 0517T 0518T 0519T 0520T 0521T 0522T 0861T 0862T 0863T	Wireless cardiac stimulator for left ventricular pacing	Investigative devices include, but are not limited to: WiSE-CRT system
09/23/03	02/2021		Xenotransplantation	Also known as cross species transplant

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညိ ကိုက်အယိ၊ နမာ် ကိုက်အတိ၊မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

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បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013)។

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙበት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013)፡፡

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လည်း ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

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