



MEDICAL COVERAGE POLICY

**SERVICE: Medications, Services & Supplies
NOT Medically Necessary**

Policy Number: 236

Effective Date:

Last Review: 04/22/2020

Next Review Date: (open)

POLICY: The following drugs, services, and supplies have been found to be not medically necessary as noted in the following table:

Code(s)	Drug/Service/Supply	NOT Covered Lines	Supporting Documentation	Review Date
C9471, J7321-J7328, or Q9980 20610 or 20611	Hyaluronate - use in shoulder	All lines	<p>Negative: A double-blind, randomized, controlled multicenter trial enrolled 300 patients with glenohumeral osteoarthritis: A numeric advantage, but without statistical significance, was found for hyaluronate intent-to-treat patients with glenohumeral osteoarthritis. Although data for a subset of treated patients without concomitant pathologies reached statistical significance, additional randomized trials are needed to confirm the clinical implication of this outcome. Kwon Y, Eisenberg G, Zuckerman J. Sodium hyaluronate for the treatment of chronic shoulder pain associated with glenohumeral osteoarthritis: a multicenter, randomized, double-blind, placebo-controlled trial. <i>Journal of Shoulder and Elbow Surgery</i>. May 2013; 22 (5):584-594. Epub Jan. 18, 2013. PMID: 23333168</p> <p>Negative: Meta-analysis of 8 studies. The difference in efficacy between hyaluronate and placebo never reaches the minimal clinically important difference at any of the follow-up points. We are not able to give clear recommendations for the use of IA steroids injections in patients with glenohumeral osteoarthritis. In future research, we recommend focusing on sufficiently powered randomized trials to compare the efficacies of hyaluronate, steroids, placebo and other IA treatment options in patients with glenohumeral osteoarthritis. Colen S, Geervliet P, Haverkamp D, Van Den Bekerom MP. Intra-articular infiltration therapy for patients with glenohumeral osteoarthritis: A systematic review of the literature. <i>Int J Shoulder Surg</i>. 2014 Oct;8(4):114-21. doi: 10.4103/0973-6042.145252. PMID: 25538430</p> <p>Positive: Intra-articular glenohumeral injections of HYADD[®]4-G for the treatment of painful shoulder osteoarthritis. Richette P, Ravaud P, Conrozier T, et al. <i>Arthritis Rheum</i>. 2009 Mar;60(3):824-30.</p>	4/11/17
B4105	Relizorb [®]	Commercial	Relizorb is considered experimental and investigational for use with enteral tube feedings due to insufficient evidence of efficacy in the peer-reviewed literature.	4/18/17 6/21/18
33274, 33275	Transcatheter insertion or replacement of permanent leadless pacemaker	All lines	UpTpDate (12/12/18): "Leadless cardiac pacing holds promise as a long-term permanent cardiac pacing option for patients requiring single ventricle (RV only) pacing and appears both safe and efficacious in the short term. However, longer-term follow-up is needed to assess the safety and efficacy of these devices. The potential for and incidence of long-term deleterious effects of pacing only the RV will also need to be assessed."	12/12/18



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53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Commercial and ASO	Very low-quality evidence suggests that the Rezūm System may relieve the lower urinary tract symptoms associated with BPH and improve health-related quality of life. Substantial uncertainty remains due to the lack of comparative studies and the limited long-term evidence regarding the durability and safety of this treatment method. Medicare covers per LCA A55352 (2/27/2020)	12/12/18 2/27/2020
C9749	Latera Nasal Implant	All lines	The Latera implant is designed to support the lateral nasal cartilage. It is used to treat nasal valve collapse, which leads to nasal obstruction and difficulty breathing. There is essentially no published literature assessing the safety and effectiveness of this device.	2/26/19
84112	AmniSure® et. al.	All lines	84112 - evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein). The test is performed to assist in determining whether or not there had been ROM in the pregnancy. However, according to ACOG PB 188, "The diagnosis of membrane rupture typically is confirmed by the visualization of amniotic fluid passing from the cervical canal and pooling in the vagina; a basic pH test of vaginal fluid; or arborization (ferning) of dried vaginal fluid, ..." This test does not follow the ACOG recommendation.	10/31/2019
93050	Arterial pressure waveform analysis for assessment of central arterial pressures	All lines	Reviewed by Medical Team 11/20/19 and determined to be experimental, investigational, unproven	11/20/2019
42140	Uvulectomy	Not covered with G47.3	Reviewed by Medical Team and determined to be experimental, investigational, unproven for obstructive sleep apnea, G47.3.	12/19/2019
0466T	Inspire: Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator	Not covered for Commercial	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses Covered by Medicare based on LCD L38385	4/22/2020
Codes 20560 and 20561	Dry needling: Needle insertion without injection	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
64454	Injection anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020



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64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
78434	Absolute quantitation of myocardial blood flow (AQMBF), PET, rest and pharmacologic stress	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
80145	Adalimumab determination of antibodies to adalimumab	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
80230	Infliximab, determine patients who have a loss of response - measure antibody level	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
92549	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)	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	All lines	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/27/2020
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	All lines	The literature was searched: there is a paucity of quality studies for either of two devices used in this procedure (Bielefeld ETBD System and Acclarent sinuplasty balloon systems). There are several problems: 1) eustachian tube dysfunction is a poorly defined condition without universally accepted diagnostic criteria, 2) the definition of clinical success with eustachian tube interventions is variable in the studies. At this time there is insufficient data to determine the efficacy of this procedure/device. For that reason it remains "unproven."	2/27/2020



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Category 3 codes (xxxxT) are deemed to be experimental, investigational or unproven, or not a benefit UNLESS specifically included on the list that follows. Inclusion on this list does not insure coverage for all lines of business:

Code	Description
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
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s) Experimental, investigational or unproven for non-Medicare plans only
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections Experimental, investigational or unproven for non-Medicare plans only
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage;
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis. (VisionCare Ophthalmic Technologies)
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; Experimental, investigational or unproven for Medicare plans
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT Experimental, investigational or unproven for Medicare plans
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior;
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior;



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0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, (Medicare lines only)
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator (Medicare lines only)
0468T	Removal of chest wall respiratory sensor electrode or electrode array (Medicare lines only)
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease;
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data,
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan;
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis



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POLICY HISTORY:

Status	Date	Action
New	04/18/2017	New policy
Updated	06/21/2018	Code for Relizorb updated
Updated	12/12/2018	Added 33274, 33275, 53854
Updated	02/26/2019	Added Latera to list
Updated	10/31/2019	Added AmniSure
Updated	12/19/2019	Added CPT 93050 and 93050
Updated	02/27/2020	Codes added. Section regarding Cat III codes added.
Updated	04/22/2020	Added 0466T, 0467T, 0468T - coverage for Medicare lines only