



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

**POLICY: The following drugs, services, and supplies have been deemed Experimental, Investigational or unproven, as noted in the following tables.**

**NOTE: This policy does NOT apply to Medicaid lines of business. Please refer to the Medicaid TMPPM (Texas Medicaid Provider Procedures Manual) for questions about services that are considered Experimental, Investigational or unproven.**

**In the Table below, "All Plans" refers to all plans EXCEPT for Medicaid plans.**

Code(s)	Description	Plans NOT Covered	Documentation	Effective DT
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Medicare. (Covered for Commercial/ASO)	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
20561	Needle insertion(s) without injection(s); 3 or more muscles	Medicare. (Covered for Commercial/ASO)	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
22867	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
22868	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
22870	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia.	All Plans	See medical policy 032 - Shockwave Treatment - Plantar Fasciitis	7/1/2021
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) [Latera Nasal Implant]	Commercial and ASO. (Covered for Medicare)	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. Medicare LCD L35090/LCA A56587	8/1/2021
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

32994	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance ...	All Plans	UpToDate (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."	4/1/2021
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance ...	All Plans	UpToDate (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."	4/1/2021
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site [VenaSeal]	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
36483	ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
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
43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses [EX MJ]	11/19/2020



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
49013	PRPERTL PEL PACK HEMRRG TRMA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
49014	REEXPLORATION PELVIC WOUND	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
49906	Free omental flap with microvascular anastomosis	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	10/01/2021
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy [Rezūm System]	Commercial and ASO. Covered for Medicare	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)	4/1/2021
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) [Latera Nasal Implant]	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
64454	Injection anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	All Plans	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."	5/1/2021
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	All Plans	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."	5/1/2021
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
72295	DISKOGRAPY LUMBAR RS&I	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
78434	Absolute quantitation of myocardial blood flow (AQMBF), PET, rest and pharmacologic stress	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
80145	Adalimumab determination of antibodies to adalimumab	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
80230	Infliximab, determine patients who have a loss of response - measure antibody level	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Commercial and ASO. Covered for Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Commercial and ASO. Covered for Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81422	FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
82523	Collagen cross links, any method	Commercial and ASO. Covered for Medicare	For Medicare Lines of business: Collagen crosslink testing may be medically necessary especially during the start of anti-resorptive therapy. For all other lines of business: SWHP considers the use of bone turnover markers for the diagnosis and management of osteoporosis and other conditions associated with increased bone turnover to be experimental and investigational and not medically necessary	4/1/2021
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein). [AmniSure® et. al.]	All Plans	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	10/31/2019



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

			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. [EX S5]	
90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
91112	GI TRANSIT \& PRES MEAS WIRELESS CAPSULE W/INTERP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
92548	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)	Commercial and ASO. Covered for Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses  Palmetto GBA LCD L34537 LCA A56497	4/1/2021
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)	Commercial and ASO. Covered for Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses  Palmetto GBA LCD L34537 LCA A56497	4/1/2021
93050	Arterial pressure waveform analysis for assessment of central arterial pressures	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
95905	MOTOR \&/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
A6000	NON-CNTC WND WARMING WND COVR W/DEVIC & CARD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

B4105	Relizorb®	Commercial	Relizorb is unproven for use with enteral tube feedings due to insufficient evidence of efficacy in the peer-reviewed literature. [EX MJ]	6/21/2018
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C1761	Catheter, transluminal intravascular lithotripsy, coronary	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
C1824	GENERATOR, CCM, IMPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
C1841	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C2596	PROBE, ROBOTIC, WATER-JET	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
C9356	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ.CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9358	DERMAL SUBST FETAL BOVINE ORIGIN PER 0.5 SQ.CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9360	DERMAL SUBST NEONATAL BOVINE ORIGN PER 0.5 SQ.CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9734	FOCUSED U/S ABL/TX INT OTH THAN UT LEIOMYOMATA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9751	BRONCHOSCOPY RIGID/FLEXIBLE TRANSBRON ABL LESION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, ... lumbar/sacrum	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	10/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

C9753	DESTRUCT IO BASIVERTEB NERV EA ADD VERT BODY L/S	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9756	INTRAOPERATIVE NIR FLUOR LM OF LYM W/ADMIN ICG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9757	SPINE/LUMBAR DISK SURGERY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9758	INTERATRIAL SHUNT IDE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9759	TRANSCATHETER INTRAOPERATIVE BLOOD VESSEL MICROINFUSION THERAPY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9762	CARDIAC MRI FOR MORPHOLOGY & FUNCTION, QUAN SEG DYSFUNC,W/STRAIN IMAGING	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9763	CARDIAC MRI FOR MORPHOLOGY & FUNCTION, QUAN SEG DYSFUNC,W/STRESS IMAGING	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9764	REVASCLARIZATION, ENDOVASCULAR, OPEN/PERQ, ANY VESSEL, W/IV LITHOTRIPSY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9765	REVASCLARIZATION, ENDOVASCULAR, W/IV LITHOTRIPSY & TL STENT PLACEMENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9766	REVASCLARIZATION, ENDOVASCULAR, W/IV LITHOTRIPSY AND ATHERECTOMY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9767	REVASCLARIZATION, ENDOVASCULAR, W/IV LITHO & TL STNT PLCMT & ATHERECT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9769	CYSTOURETHROSCOPY W/INSERTION OF TEMPORARY PROSTATIC IMPLANT/STENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021





## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
E0218	FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM &REL ACCESSORIES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
E0744	Neuromuscular stimulator for scoliosis	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
E0762	Transcutaneous electrical joint stimulation device system	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
G0276	PILD/PLACEBO CONTROL CLIN TR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
G0460	AUTOLOGOUS PLATELET-RICH PLASMA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
G2000	BLINDED ADMINISTRATION OF CONVULSIVE TX PROC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



**MEDICAL COVERAGE POLICY**

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

<b>Policy Number:</b>	<b>236</b>
<b>Effective Date:</b>	<b>12/01/2021</b>
<b>Last Review:</b>	<b>11/24/2021</b>
<b>Next Review Date:</b>	<b>(open)</b>

K1001	ELECTRONIC POSA TREATMENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1002	CES SYSTEM W/SUPPLIES ACCESS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1007	BILATERAL HKAFO DEVICE INC PELVIC COMP S/D, KNEE JOINTS MICRO SENSOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1009	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	All Plans	Reviewed by Hayes: insufficient data. Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1017	Monthly supplies for use of device coded at k1016	All Plans	Reviewed by Hayes: insufficient data. Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1019	Monthly supplies for use of device coded at k1018	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
K1020	Non-invasive vagus nerve stimulator	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
L6026	Part hand myo exclu term dev	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
L7259	Electronic wrist rotator any	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
L8608	MISC EXT COMP SPL/ACSS FOR ARGUS II RET PROS SYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
L8696	Ext antenna phren nerve stim	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
L8701	PWR UE ROM AST DVC ELB WR HAND 1/DBL UP CUS FAB	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1/DBL UP CUS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	All Plans	FDA Revokes Emergency Use Authorization for Monoclonal Antibody Bamlanivimab 4/16/2021	8/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

Q0239	Injection, bamlanivimab-xxxx, 700 mg	All Plans	FDA Revokes Emergency Use Authorization for Monoclonal Antibody Bamlanivimab 4/16/2021	8/1/2021
Q4112	CYMETRA INJECTABLE 1 CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4116	ALLODERM PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4125	ARTHROFLEX PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4130	STRATTICE PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4138	BIODFENCE DRYFLEX PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4139	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4143	REPRIZA PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4145	EPIFIX INJECTABLE 1 MG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4149	EXCELLAGEN 0.1 CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4150	ALLOWRAP DS OR DRY, PER SQ CM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4155	NEOXFLO OR CLARIXFLO 1 MG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4167	Truskin, per sq cm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4168	AmnioBand, 1 mg	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

Q4170	Cygnus, per sq cm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4171	Interfyl, 1 mg	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4182	Transcyte, per sq centimeter	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
Q4212	ALLOGEN PER CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W/ALL DEVC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S1036	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S1037	RECEIVER; EXTERNAL USE W/ARTIF PANCREAS DEVC SYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S1091	Stent, non-coronary, temporary, with delivery system (propel)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021

### Proprietary Laboratory Analyses or PLA services (xxxxU)

Code(s)	Description	Plans NOT Covered	Documentation	
0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0002U	ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0003U	ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0007U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0008U	HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0011U	RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0021U	ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA&RNA 23 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0024U	GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0025U	TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0029U	RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0032U	COMT GENE ANALYSIS C.472G>A VARIANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion prote	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0036U	EXOME TUMOR TISSUE & NORMAL SPECIMEN SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0038U	VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0039U	DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0040U	BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0052U	LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENRFUGTN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0054U	RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Commercial Plans Only. (Medicare does not cover)	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0064U	ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0065U	SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAL RPR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0080U	Oncology(lung),mass spectrometric analysis of galectin-3-binding protein	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0082U	Drug test(s), definitive, 90 or more drugs or substances	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0083U	Onc,response to chemotherapy drugs using motility contrast tomography	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0084U	RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0086U	NFCT DS BACT&FNG ORG ID BLD CUL RRNA FISH 6+TRGT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0088U	TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0089U	ONC MLNMA GEN XPRS PRFL RTQPCR PRAME & LINC00518	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0090U	ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0091U	ONC CLRCT SCR CLL ENUM CRG TUM CLL WHL BLD ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0092U	ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0093U	RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0094U	GENOME RAPID SEQUENCE ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0095U	INFLAMMATION EE ELISA ALYS ALG PREDICT PROB IDX	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0096U	HPV HIGH RISK TYPES MALE URINE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0097U	GI PTHGN MULT REV TRANS&AMP PRB TECH 22 TRGT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0101U	HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0103U	HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0105U	NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0106U	GASTRIC EMPTYING SERIAL COLLJ 7 TIMED BRTH SPEC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0107U	C DIFF TOXIN ANTIGEN DETCJ IA TECH STOOL QUAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0108U	GI BARRETTS ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0109U	ID ASPERGILLUS DNA 4 SPECIES BLD LVG FLU/TISS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0110U	RX MNTR 1+ORAL ONC RX&SBSTS SRM/PLSM CAP/VEN BLD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0111U	ONCOLOGY COLON CANCER TRGT KRAS&NRAS GENE ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0112U	IADI TRGT SEQ ALYS 16S&18S RRNA GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0113U	ONCOLOGY PRST8 MEAS PCA3&TMPRSS2-ERG UR&PSA SRM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0114U	GI BARRETTS ESOPHAGUS VIM&CCNA1 MTHYLTN ALYS ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021





## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0115U	RESPIR IADNA 18 VIRAL TYPE&SUBTYPE & 2 BACT TRGT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0116U	RX MNTR NZM IA 35+DRUGS LC-MS/MS ORAL FLUID ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0117U	PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0118U	TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0119U	CARDIOLOGY CERAMIDES LIQ CHROM TANDEM MS PLASMA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0120U	ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0121U	SICKLE CELL DISEASE VCAM-1 WHOLE BLOOD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0122U	SICKLE CELL DISEASE P-SELECTIN WHOLE BLOOD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0123U	MCHNL FRGLTY RBC SHEAR STRS&SPECTRAL ALYS PRFLG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0129U	HEREDITARY BRST CA RLTD DO GEN SEQ&DEL/DUP PNL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0130U	HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0131U	HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0132U	HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0133U	HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0134U	HEREDITARY PAN CA TRGT MRNA SEQ ALYS 18 GENE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0135U	HEREDITARY GYN CA TRGT MRNA SEQ ALYS 12 GENE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0136U	ATM MRNA SEQUENCE ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0137U	PALB2 MRNA SEQUENCE ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0138U	BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0140U	NFCT DS FUNGI DNA 15 TRGT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0141U	NFCT DS BACT&FNG GRAM POS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0142U	NFCT DS BACT&FNG GRAM NEG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0143U	DRUG ASSAY 120+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0144U	DRUG ASSAY 160+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0145U	DRUG ASSAY 65+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0146U	DRUG ASSAY 80+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0147U	DRUG ASSAY 85+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0148U	DRUG ASSAY 100+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0149U	DRUG ASSAY 60+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0150U	DRUG ASSAY 120+ RX/METABLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0151U	NFCT BCT/VIR RESP NFCTJ 33	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0152U	NFCT BCT FNG PRST DNA >1000	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0153U	ONC BREAST MRNA 101 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0154U	ONCOLOGY (UROTHELIAL CANCER) RNA BY RT-PCR OF FGFR3 GENE ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0155U	ONCOLOGY (BREAST CA) DNA, PIK3CA, GENE ANALYSIS USING BRST TUMOR TISSUE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0156U	COPY NUMBER SEQUENCE ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0157U	APC MRNA SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0158U	MLH1 MRNA SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0159U	MSH2 MRNA SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0160U	MSH6 MRNA SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0161U	PMS2 MRNA SEQ ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0162U	HERED COLON CA TRGT MRNA PNL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0163U	ONCOLOGY COLORECTAL SCR, BIOCHEMICAL ELISA OF 3 PLSM/SRM PRTN ALGORITHM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0164U	GI IBS IMMUNOASSAY FOR ANTI-CDTB & ANTI-VINCULIN ANTIBODIES PLSM ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0165U	PEANUT ALLERGEN SPECIFIC IGE & QUAN ASSMT OF 64 EPITOPES ELISA BLD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0166U	LIVER DISEASE 10 BIOCHEMICAL ASSAYS SERUM ALG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0167U	CHORIONIC GONADOTROPIN HCG IMMUNOASSAY W/DIRECT OPTICAL OBS, BLOOD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0169U	NUDT15 & TPMT GENE ANALYSIS COMMON VARIANTS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0170U	NEUROLOGY AUTISM SPECTRUM DISORDER RNA NEXT-GEN SEQ SALIVA ALG ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0171U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL AML, MDS, & MPN DNA 23 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0172U	ONC SLD TUM SOMATIC MUTATION ALYS BRCA1 BRCA2 ALGORITHM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0173U	PSYCHIATRY, GENOMIC ANALYSIS PANEL W/VARIANT ANALYSIS 14 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0174U	ONCOLOGY, SOLID TUMOR, MASS SPECTROMETRIC 30 PROTEIN TARGETS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0175U	PSYCHIATRY GENOMIC ANALYSIS PANEL W/VARIANT ANALYSIS 15 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0176U	CDTB & VINCLIN IGG ANTIBODIES BY IMMUNOASSAY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0177U	ONC BRST CANCER DNA PIK3CA GENE ANALYSIS-11 GENE VARIANTS USING PLASMA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0178U	PEANUT ALLERGEN-SPEC ASSESSMENT-MULT EPI-ELISA, BLOOD CLINICAL REACTION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0179U	ONCOLOGY-NONSMALL CELL LUNG CANER-CELL FREE DNA ANALYSIS, 23 GENES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0180U	RED CELL ANTIGEN ABO GENOTYPING, ANYS SANGER/CHAIN SEQ, ABO GENE, 7 EXO	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0181U	RED CELL ANTIGEN CO GENOTYPING, GENE ANALYSIS, AQP1 EXON 1	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0182U	RED CELL ANTIGEN CROM GENOTYPING, GENE ANALYSIS, CD55 EXONS 1-10	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0183U	RED CELL ANTIGEN DI GENOTYPING, GENE ANALYSIS, SLC4A1 EXON 19	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0184U	RED CELL ANTIGEN DO GENOTYPING, GENE ANALYSIS, ART4 EXON 2	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0185U	RED CELL ANTIGEN FUT1 GENOTYPING, GENE ANALYSIS, FUT1 EXON 4	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0186U	RED CELL ANTIGEN FUT2 GENOTYPING, GENE ANALYSIS, FUT2 EXON 2	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0187U	RED CELL ANTIGEN FY GENOTYPING, GENE ANALYSIS, ACKR1 EXONS 1-2	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0188U	RED CELL ANTIGEN GE GENOTYPING, GENE ANALYSIS, GYPC EXONS 1-4	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0189U	RED CELL ANTIGEN GYPA GENOTYPING, GENE ANALYSIS, GYPA INTRONS 1 5 EXON 2	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0190U	RED CELL ANTIGEN GYPB GENOTYPING, ANALYSIS, GYPB INTRON 1 5 PSEUDOEXON 3	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0191U	RED CELL ANTIGEN IN GENOTYPING, GENE ANALYSIS, CD44 EXONS 2 3 6	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0192U	RED CELL ANTIGEN JK GENOTYPING, GENE ANALYSIS, SLC14A1 GENE PRMTR EXON 9	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0193U	RED CELL ANTIGEN JR GENOTYPING, GENE ANALYSIS ABCG2 EXONS 2-26	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0194U	RED CELL ANTIGEN KEL GENOTYPING, GENE ANALYSIS KEL EXON 8	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0195U	KLF1 TARGETED SEQUENCING	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0196U	RED CELL ANTIGEN LU GENOTYPING, GENE ANALYSIS, BCAM EXON 3	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0197U	RED CELL ANTIGEN LW GENOTYPING, GENE ANALYSIS, ICAM4 EXON 1	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0198U	RED CELL ANTIGEN RHD&RHCE GENOTYPING, SANGER/CHAIN SEQ, RHD 1-10&RHCE 5	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0199U	RED CELL ANTIGEN SC GENOTYPING, GENE ANALYSIS, ERMAP EXONS 4 12	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0200U	RED CELL ANTIGEN XK GENOTYPING, GENE ANALYSIS, XK EXONS 1-3 A	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0201U	RED CELL ANTIGEN YT GENOTYPING GENE ANALYSIS, ACHE EXON 2	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2021
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0244U	Oncology (solid organ), 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	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021





## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0259U	Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021



**MEDICAL COVERAGE POLICY**

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

	glomerular filtration rate (GFR), serum, quantitative			
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021



**MEDICAL COVERAGE POLICY**

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

<b>Policy Number:</b>	<b>236</b>
<b>Effective Date:</b>	<b>12/01/2021</b>
<b>Last Review:</b>	<b>11/24/2021</b>
<b>Next Review Date:</b>	<b>(open)</b>

0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021



**MEDICAL COVERAGE POLICY**

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

<b>Policy Number:</b>	<b>236</b>
<b>Effective Date:</b>	<b>12/01/2021</b>
<b>Last Review:</b>	<b>11/24/2021</b>
<b>Next Review Date:</b>	<b>(open)</b>

	sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid			
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0275U	Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0279U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0280U	Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0281U	Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0283U	von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
0284U	von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
C9779	Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
C9780	Insertion of central venous catheter through central venous occlusion via inferior and	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

	superior approaches (e.g., inside-out technique), including imaging guidance			
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
Q4251	Vim, per sq cm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
Q4252	Vendaje, per sq cm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
Q4253	Zenith Amniotic Membrane, per sq cm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021

### Category 3 codes (xxxxT)

Code(s)	Description	Plans NOT Covered	Documentation	
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0071T	US ABLATJ UTERINE LEIOMYOMATA < 200 CC TISSUE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0072T	US ABLATJ UTERINE LEIOMYOMAT >/EQUAL 200 CC TISS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0075T	TCAT PLMT XTTRC VRT CRTD STENT RS\&I PRQ 1ST VSL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0076T	TCAT PLMT XTTRC VRT CRTD STENT RS\&IPRQ EA VSL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	All Plans	See medical policy 032 - Shockwave Treatment - Plantar Fasciitis	7/1/2021
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	All Plans	See medical policy 032 - Shockwave Treatment - Plantar Fasciitis	7/1/2021
0163T	TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0164T	RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0165T	REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria	Medicare Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0200T	PERQ SAC AGMNTJ UNI W/WO BALO/MCHNL DEV 1/> NDL	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0201T	PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/> NDLS	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0202T	POST VERT ARTHRPLSTY W/WO BONE CEMENT 1 LUMB LVL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0207T	EVAC MEIBOMIAN GLNDS AUTO HT\& INTMT PRESS UNI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0216T	NJX DX/THER PARAVER FCT JT W/US LUMB/SAC 1 LVL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG \& GRFT CERV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0220T	PLMT POST FACET IMPLT UNI/BI W/IMG \& GRFT THOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0221T	PLMT POST FACET IMPLT UNI/BI W/IMG \& GRFT LUMB	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0271T	REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0275T	Percutaneous laminotomy/laminectomy [PILD] (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Non-Medicare Plans. (See note for Medicare Plans)	CMS has determined that PILD will be covered by Medicare when provided in a clinical study under section 1862(a)(1)(E) of the Social Security Act (the Act) through Coverage with Evidence Development (CED) for beneficiaries with LSS who are enrolled in an approved clinical study that meets the criteria Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses. For all other plans, reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0290T	CORNEA INCISNS RECIPIENT CORNEA W/LASR KERTPLSTY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY\&PLS GEN VAGUS NRV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0313T	LAPS REVJ/REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0314T	LAPS RMVL NSTIM ELTRD ARRAY \& PLS GEN VAGUS NRV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W/REPRGRMG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0329T	MNTR INTRAOCULAR PRESS 24HRS/> UNI/BI W/INTERP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Medicare Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2020
0333T	Visual evoked potential, screening of visual acuity, automated, with report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0335T	INSERTION OF SINUS TARSI IMPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021





## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0342T	THERAPEUTIC APHERESIS W/ SELECTIVE HDL DELIP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0352T	OCT BREAST OR AXILL NODE SPECIMEN I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0354T	OCT BREAST SURG CAVITY REAL TIME/REFERRED I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0356T	INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTAL DILATION AND IMPLAN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0358T	BIA WHOLE BODY SUPINE POSTION WITH I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0378T	VISUAL FIELD ASSESSMENT PHYS REVIEW AND REPORT	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0379T	VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0381T	EXT HEART RATE FOR EPI SZ UP TO 14 DAYS COMPLETE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0398T	MIRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry	Medicare Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2020
0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W/US GDN RF	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0408T	INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0409T	INSJ/RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0410T	INSJ/RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0411T	INSJ/RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0414T	RMVL & RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK >50	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES >100	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0422T	TACTILE BREAST IMG COMPUTER AIDED SENSORS UNI/BI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0424T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0425T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0426T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0427T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0431T	RMVL/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0437T	IMPLNT NON-BIO OR SYNTH IMPLNT FOR FASCIAL REINFCMNT OF THE ABDOM WALL	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0439T	MYOCARDIAL PERFUSION ECHO ISCHM/VIABILITY ASSMT	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0440T	ABLATION, PRQTNS, CRYOABLATION, W/IMG GUIDE, UPR EXTRMTY DIS/PERI NERVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0441T	ABLATION, PRQTNS, CRYOABLATION, W/IMG GUIDE, LWR EXTRMTY DIS/PERI NERVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0442T	ABLATION, PRQTNS, CRYOABLATION, W/IMG GUIDE, NRV PLXS/TRUNCAL NERVE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0444T	1ST RX-ELUTING OCULAR INSRT UNDER 1+ EYELIDS W/FIT, TRNG, INSRT; UNI/BI	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0445T	SUBQ RX-ELUTING OCULAR INSRT UNDER 1+ EYELIDS W/FIT, TRNG, INSRT; UNI/BI	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0448T	RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0451T	INSJ/RPLCMT IMPLTBL AORTIC VENTR COMPLETE SYSTEM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0452T	INSJ/RPLCMT IMPLTBL AORTIC VENTR VASC HEMO SEAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0453T	INSJ/RPLCMT IMPLTBL AORTIC VENTR MECHANO-ELEC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0454T	INSJ/RPLCMT IMPLTBL AORTIC VENTR SUBQ ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0455T	REMV L PERM IMPLT AORTIC VENTR COMPLETE SYSTEM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0456T	REMV L PERM IMPLT AORTIC VENTR VASC HEMO SEAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0457T	REMV L PERM IMPLT AORTIC VENTR MECHANO-ELEC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0458T	REMLV PERM IMPLT AORTIC VENTR SUBQ ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0459T	RELOCAJ RPLCMT AORTIC VENTR MECHANO-ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0460T	REPOS AORTIC VENTR DEV SUBCUTANEOUS ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0461T	REPOS AORTIC VENTR DEV SUBQ ELECT CONTRPULSJ DEV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0462T	PRGRMG EVAL MECH-ELEC AORTIC VENTR SYS PER DAY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0463T	INTERROG EVAL IMPLT AORTIC VENTR SYS PER DAY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0464T	VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPRT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0465T	SUPCHRDL NJX OF RX AGT W/O SUPPLY OF MEDICATION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0468T	Removal of chest wall respiratory sensor electrode or electrode array	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0469T	RTA POLARIZE SCAN OC SCR W/ONSITE AUTO RSLT BI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0470T	OCT SKN IMG ACQUISJ I&R 1ST LES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0471T	OCT SKN IMG ACQUISJ I&R EA ADDL LES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W/ADJ & REPRT	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W/REPRT	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0474T	INSJ ANT SEG AQUEOUS DRG DEV W/IO RSVR	Commercial Plans Only	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0475T	REC FTL CAR SGL 3 CH PT REC & STRG DATA SCN I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0476T	REC FTL CAR SGL PT REC SCAN W/RAW ELEC TR DATA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0478T	REC FTL CAR SGL 3 CH REVIEW I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0480T	FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV & PREP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0483T	TMVI W/PROSTHETIC VALVE PERCUTANEOUS APPROACH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0484T	TMVI W/PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0485T	OCT MIDDLE EAR WITH I&R UNILATERAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0486T	OCT MIDDLE EAR WITH I&R BILATERAL	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W/REPORT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0488T	DIABETES PREV ONLINE/ELECTRONIC PRGRM PR 30 DAYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1/> HANDS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM/<	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0492T	ABL LASER TX OPEN WND PR DAY ADDL 20 SQCM	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0493T	NEAR INFRARED SPECTROSCOPY STUDIES LOW EXT WOUNDS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0494T	PREP & CANNULJ CDVR DON LNG ORGN PRFUJ SYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0495T	INIT & MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0496T	MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0497T	XTRNL PT ACT ECG W/O ATTN MNTR IN-OFFICE CONN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0498T	XTRNL PT ACT ECG W/O ATTN MNTR R&I PR 30 DAYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0500T	IADNA HPV 5+ SEP REPRT HIGH RISK HPV TYPES	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI/BI W/I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI/BI I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0509T	PATTERN ELECTRORETINOGRAPHY W/I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0510T	REMOVAL OF SINUS TARSI IMPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0513T	ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0519T	REMOVAL&RPLCMT WRLS CAR STIMULATOR PG COMPNT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0520T	REMOVAL&RPLCMT WRLS CAR STIMULATOR W/NEW ELTRD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0523T	INTRAPROCEDURAL CORONARY FFP W/3D FUNCJL MAPPING	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0525T	INSERTION/REPLACEMENT COMPLETE IIMS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0526T	INSERTION/REPLACEMENT IIMS ELECTRODE ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0527T	INSERTION/REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0530T	REMOVAL COMPLETE IIMS INCL IMG S&I	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S&I	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S&I	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021





## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0533T	CONTINUOUS REC MVMT DO SX 6 D<10 D	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0534T	CONT REC MVMT DO SX 6 D<10 D SETUP & PT TRAINJ	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0535T	CONT REC MVMT DO SX 6 D<10 D 1ST REPRT CNFIG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0536T	CONT REC MVMT DO SX 6 D<10 D DL REVIEW I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0539T	CAR-T THERAPY RECEIPT & PREP CAR-T CELLS F/ADMN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I&R	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0543T	TRANSAPICAL MV RPR W/TTE PLMT ARTIF CHORDAE TEND	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0544T	TCAT MV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0545T	TCAT TV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0546T	RF SPECTRSC R-T INTRAOP MRGN ASSMT AT PRTL MAST	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0548T	TPRNL BALO CNTNC DEV BI PLMT W/CSTSC & FLUOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0549T	TPRNL BALO CNTNC DEV UNI PLMT W/CSTSC & FLUOR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0550T	TPRNL BALO CNTNC DEV REMOVAL EACH BALLOON	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0551T	TPRNL BALO CNTNC DEV ADJUSTMENT BALO FLU VOLUME	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0552T	LOW-LVL LASER THER DYN PHOTONIC & THERMOKIN NRG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0553T	PERQ TCAT PLMT ILIAC ARVEN ANASTOMOSIS IMPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0559T	ANATOMIC MODEL 3D PRINTED 1ST COMPNT ANTMC STRUX	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0560T	ANATOMIC MODEL 3D PRINTED EA ADDL COMPONENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0561T	ANATOMIC GUIDE 3D PRINTED 1ST ANATOMIC GUIDE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0562T	ANATOMIC GUIDE 3D PRINTED EA ADDL ANATOMIC GUIDE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0563T	EVAC MEIBOMIAN GLND HEAT BI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0564T	ONC CHEMO RX CYTOTOX CSC 14	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0565T	AUTOLOGOUS CELLULAR IMPLANT DERIVED FRM ADIPOSE TISSUE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0566T	AUTOLOGOUS CELLULAR IMPLANT DERIVED FRM ADIPOSE TISSUE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0567T	PERM FLP TUBE OCCLS W/IMPLT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0568T	INTRO MIX SALINE&AIR F/SSG	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0569T	TTVR PERQ APPR 1ST PROSTH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0570T	TTVR PERQ EA ADDL PROSTH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0571T	INSJ/RPLCMT ICDS SS ELTRD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0572T	INSERTION SS DFB ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0573T	REMOVAL SS DFB ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0574T	REPOS PREV SS IMPL DFB ELTRD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0575T	PRGRMG DEV EVAL ICDS SS IP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0576T	INTERROG DEV EVAL ICDS SS IP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0577T	EPHYS EVAL ICDS SS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0578T	REM INTERROG DEV ICDS PHYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0579T	REM INTERROG DEV ICDS TECH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0580T	RMVL SS IMPL DFB PG ONLY	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0581T	ABL TJ MAL BRST TUM PERQ CRTX	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0582T	TRURL ABL TJ MAL PRST8 TISS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0583T	TMPST AUTO TUBE DLVR SYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0584T	PERQ ISLET CELL TRANSPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0585T	LAPS ISLET CELL TRANSPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0586T	OPEN ISLET CELL TRANSPLANT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0587T	PERQ IMPLT/RPLCMT ISDNS PTN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0588T	REVISION/REMOVAL ISDNS PTN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0589T	ELEC ALYS SMPL PRGRMG IINS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0590T	ELEC ALYS CPLX PRGRMG IINS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0591T	HLTH&WB COACHING INDIV 1ST	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0592T	HLTH&WB COACHING INDIV F-UP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0593T	HLTH&WB COACHING GROUP	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0594T	OSTEOTOMY, HUMERUS, INSERTION OF XTRNL CTRLD IMED LENGTHENING DEVICE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0596T	TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP, INITIAL INSERTION	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0597T	TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP, REPLACEMENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0598T	NONCONTACT R-T FLUORESCENCE WOUND IMAGING, PER SESSION, 1ST ANATMC SITE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0599T	NONCONTACT R-T FLUORESCENCE WOUND IMAGING, PER SESSION, EACH ADDTL SITE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0600T	IRE ABLATION 1 OR MORE TUMORS PER ORGAN W/IMAGING GUIDANCE PERQ	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0601T	IRE ABLATION 1OR MORE TUMORS W/FLUOROSCOPIC & ULTRASOUND GUIDANCE OPEN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0602T	TRANSDERMAL (GFR) MSRMT, INC SENSOR PLACEMENT & SINGLE DOSE PYRAZINE AGT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0603T	TRANSDERMAL(GFR) MSRMT, INC SENSR PLCMNT & >1 DOSE PYRAZINE AGT, PER 24H	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0604T	REMOTE OCT OF RETINA, 1ST DEV SET-UP & PT EDUCATION & USE OF EQUIPMENT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0605T	REMOTE OCT RETINA, TECH SUPPORT, MIN OF 8 DAILY RECORDINGS EACH 30 DAYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0606T	REMOTE OCT RETINA, REVIEW, INTERPRETATION&REPORT BY PHYS/QHP EA 30 DAYS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0607T	REMOTE MONITORING, EXTRNAL CONT PULM FLUID MONITORING SYS, SETUP & EDU	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0608T	REMOTE MONITORING, EXTRNAL CONT PULM FLUID MONITORING SYS, ANALYSIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0609T	MRS DISCOGENIC PAIN, ACQU OF SINGLE VOXEL DATA, PER DISC, IN 3 DISCS MIN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0610T	MRS DISCOGENIC PAIN, TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSI	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0611T	MRS DISCOGENIC PAIN, ALGORTHMIC ANALYSIS OF BIOMARKER DATA	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0612T	MRS DISCOGENIC PAIN, INTERPRETATION AND REPORT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0613T	PERQ TRANSCATHETER IMPLANTATION OF INTERATRIAL SEPTAL SHUNT DEVICE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0614T	REMOVAL & REPLACEMENT OF SUBSTERNAL IMPLANTABLE DEFIBILLATOR PULSE GEN	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0615T	EYE-MOVEMENT ANALYSIS, W/O SPATIAL CALIBRATION, INTERPRETATION & REPORT	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0616T	INSERTION OF IRIS PROSTH W/SUTURE FIXATION & REPAIR/REMOVAL IRIS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0617T	INSERTION OF IRIS PROSTH W/SUTURE & REPAIR/REMOVAL, INS OF OCULAR LENS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0618T	INSERTION OF IRIS PROSTH W/SUTURE & REPAIR/REMOVAL, SECONDARY LENS	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0619T	CYSTOURETHROSCOPY W/TRANSURETHRAL ANT PROSTATE COMMISSUROTOMY & RX DLVR	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0621T	Trabeculostomy ab interno by laser	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0622T	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]);	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

	image acquisition, interpretation and report, each flap or wound			
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021





## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 12/01/2021**

**Last Review: 11/24/2021**

**Next Review Date: (open)**

0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0665T	Donor hysterectomy (including cold preservation); open, from living donor	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021

### POLICY HISTORY:

Status	Date	Action
--------	------	--------



**MEDICAL COVERAGE POLICY**

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

<b>Policy Number:</b>	<b>236</b>
<b>Effective Date:</b>	<b>12/01/2021</b>
<b>Last Review:</b>	<b>11/24/2021</b>
<b>Next Review Date:</b>	<b>(open)</b>

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
Updated	08/27/2020	Added 81490 and 0275T - coverage for Medicare lines only
Updated	11/19/2020	Added coverage for 0345T and 0466T. 92145 and 43842 set not covered
Updated	12/17/2020 12/23/2020	92548 and 53854 covered for Medicare lines only. 36482 added at UM Topics meeting
Re-written	03/25/2021	Extensively revised to include all codes deemed E&I
Updated	05/27/2021	Updated codes
Updated	07/22/2021	Updated codes
Updated	09/23/2021	Updated codes
Updated	11/24/2021	Updated codes