



## MEDICAL COVERAGE POLICY

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

**Policy Number: 236**

**Effective Date: 08/01/2025**

**Last Review: 07/14/2025**

**Next Review: (Open)**

**POLICY:** The drugs, services, and supplies noted in the following tables have been deemed experimental, investigational, or unproven. Due to the number of codes, changes in code status, and evolving evidence this list is not all inclusive.

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

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

Code(s)	Description	Plans NOT Covered	Documentation	Effective Date Last Review Date
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
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	All Plans	UpToDate: Nasal Obstruction: Diagnosis and Management recommends surgical intervention. This minimally invasive procedure is not included in the recommendations. Hayes: There are no society guidelines / recommendations that recommend the use of this procedure. Safety and efficacy is unproven based on limited studies.	5/1/2023 3/9/2024
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
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 ...	Commercial and ASO. (Covered for Medicare)	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 12/1/2021



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33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance ...	Commercial and ASO. (Covered for Medicare)	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 12/1/2021
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
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	All Plans	Hayes: minimal level of support based on systematic reviews / clinical studies; no / unclear level of support based on clinical practice guidelines / position statements. Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses.	5/1/2023 1/14/2024
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	All Plans	Hayes: minimal level of support based on systematic reviews / clinical studies; no / unclear level of support based on clinical practice guidelines / position statements. Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses.	5/1/2023 1/14/2024
42140	Uvullectomy	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
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
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
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
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
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses. Replacing 0548T-0551T 1/1/22	4/1/2021



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53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses. Replacing 0548T-0551T 1/1/22	4/1/2021
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses. Replacing 0548T-0551T 1/1/22	4/1/2021
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses. Replacing 0548T-0551T 1/1/22	4/1/2021
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
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	3/1/2022
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	3/1/2022
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
62291	INJECTION PX DISCOGRAPHY 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
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
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.	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021



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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 MICRODELTJ 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
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
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third- party-induced CD154+T-cytotoxic memory cells,	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
82523	Collagen cross links, any method	Commercial and ASO.	For Medicare Lines of business: Collagen crosslink testing may be medically necessary especially during the start of anti-resorptive therapy.	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).	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	10/31/2019
86015	Actin (smooth muscle) antibody (ASMA), each	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	3/1/2022
86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	3/1/2022
86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	3/1/2022
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



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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
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	Commercial and ASO. Covered for Medicare.	Reviewed by Medical Team and all devices, except the CardioMems device, are determined to be experimental, investigational, unproven for all diagnoses. See NCD Medical Policy 065 for criteria.	4/1/2021
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion 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	5/1/2022
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	All Plans	Hayes: An overall low-quality body of evidence suggests that the accuracy and clinical utility of BIA, specifically multiple frequency BIA (MFBIA) (also called bioimpedance spectroscopy [BIS]), is unclear relative to manual circumferential measurements (CM) with a tape measure and other available techniques.. No NCDs/LCDs found.	6/4/2025
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,	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
A2001 – A2013	Biological materials	Commercial	See Medical Policy 210	9/1/2022
A4575	Topical hyperbaric oxygen chamber, disposable	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	12/1/2023



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A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	
A6000	NON-CNTC WND WARMING WND COVR W/DEVC & CARD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
A9291	Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
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
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
C1832	Autograft suspension, including cell processing and application, and all system components	Commercial	See Medical Policy 210	9/1/2022
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	
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
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
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	Hayes: Clinical studies / systematic reviews minimal support. Guidelines no/unclear support.	7/1/2021 4/12/2024
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
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide),	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022





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C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
C9355	Collagen nerve cuff (NeuroMatrix)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
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
C9753	DESTRUC 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
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



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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
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when	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	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	7/1/2021
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same	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,	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
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 superior approaches (e.g., inside-out technique), including imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
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
E0446	Topical oxygen delivery system	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	12/1/2023
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM &REL ACSSORIES	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





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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, used for walking by spinal cord	All Plans	Experimental, investigational, unproven for all indications, except for use in lower limb paralysis due to spinal cord injury. IQ criteria available. Hayes.	5/1/2021 2/28/2024
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	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
E1399 - Volara®	Durable medical equipment, miscellaneous: Volara®	All Plans	Volara System is an oscillating and lung expansion (OLE) device. It is designed to be a single device that can provide therapies, continuous	2/1/2022 9/9/2024
E1399 - Cranial Electrotherapy Stimulation	Durable medical equipment, miscellaneous: Cranial Electrotherapy Stimulation - CES and Auricular Electrostimulation (AlphaStim, P-Stim, E-Pulse)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	
E1399 - RomTech Adaptive Rehab device.	Durable medical equipment, miscellaneous: adaptive rehabilitation device. (RomTech)	All Plans	There is a paucity of quality trials in the medical literature showing a benefit of this device over standard therapy. In addition, there are no published societal guidelines recommending use of this device. (Device does not meet Medical Policy 213 Medical Necessity Determination criterion for medical necessity. The use of this device is not found to be considered standard of care in generally accepted standards of medical practice (standards based on credible scientific evidence published in peer-reviewed medical literature, specialty society guidelines, online resources (i.e., UpToDate, NCCN, etc.).	9/9/2024
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
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
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



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**Next Review: (Open)**

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
M0076	Prolotherapy	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses. NCD 150.7 Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents. Hayes Evidence review, Prolotherapy for Treatment of Joint and Ligamentous Conditions	1/11/2024
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	Experimental, investigational, unproven for all diagnoses except for use in breast reconstruction wound healing	4/1/2021 2/28/2024
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



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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
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	Experimental, investigational, unproven for all diagnoses except for use in surgically excised full-thickness thermal burn wounds and deep partial-thickness thermal burn wounds before autograft placement	4/1/2021 2/28/2024
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022



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Q4212	ALLOGEN PER CC	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
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
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	Hayes: Low-quality body of evidence suggests that the Propel, Propel Mini, or equivalent Intersect ENT 370 microgram mometasone furoate-eluting	4/1/2021 6/21/2024
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
S8940	Equestrian/hippotherapy, per session	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	12/1/2023
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023

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



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Code(s)	Description	Plans NOT Covered	Documentation	Effective Date Last Review Date
0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Commercial and ASO, covered by Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021 9/1/2023
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
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
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
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
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





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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
0052U	LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENRTFUGTN	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
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
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. See Policy 292 for Medicare	4/1/2021
0088U	TRNSPLI 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
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
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



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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 BARRETT'S 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
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
0114U	GI BARRETT'S 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
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	Commercial and ASO, covered by Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021 9/1/2023
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
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



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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
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
0156U	COPY NUMBER SEQUENCE ALYS	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 ANTBOIDIES 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
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
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
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 & VINCULIN IGG ANTIBODIES BY IMMUNOASSAY	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
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



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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,	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,	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
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
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	Commercial and ASO, covered by Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021 9/1/2023
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



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**Next Review:** (Open)

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
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylopheroïd treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2024
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (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	1/1/2024
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
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





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**Last Review: 07/14/2025**

**Next Review: (Open)**

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
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	Commercial and ASO, covered by Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	6/1/2021 10/01/2023
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
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
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
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	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021



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**Next Review: (Open)**

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	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 glomerular filtration rate (GFR), serum, quantitative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
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
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	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021
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	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/01/2021



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**Next Review: (Open)**

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 sequence analysis of 14 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
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, SERPINF2, PLAUI), 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
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



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**Next Review: (Open)**

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
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Commercial and ASO, covered by Medicare	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022 10/01/2023
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022



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**Next Review:** (Open)

0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	02/01/2022
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T- uptake), plasma, algorithm reported as a risk score for KD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0316U	Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022





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**Next Review: (Open)**

0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2022
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022



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**Next Review: (Open)**

0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0346U	Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0351U	Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	11/1/2022
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0358U	Neurology (mild cognitive impairment), analysis of B- amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023



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**Next Review: (Open)**

0381U	Maple syrup urine disease monitoring by patient- collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	5/1/2023
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023



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0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	All Plans	<p>Hayes: No specialty medical societal guidelines. Peer-reviewed medical literature has not established machine derived probability scoring to improve net health outcomes compared to established alternatives.</p> <ol style="list-style-type: none"> <li>1. Chan L, Nadkarni G, Fleming F, et al. Derivation and validation of a machine learning risk score using biomarker and electronic patient data to predict progression of diabetic kidney disease. <i>Diabetologia</i>. 2021; 64(7):1504-1515. PMID 33797560</li> <li>2. Lam D, Nadkarni GN, Mosoyan G, Net al. Clinical utility of KidneyIntelX in early stages of diabetic kidney disease in the CANVAS Trial. <i>Am J Nephrol</i>. 2022; 53(1):21-31. PMID 35016188</li> <li>3. Tokita J, Vega A, Sinfield C, et al. Real world evidence and clinical utility of KidneyIntelX on patients with early-stage diabetic kidney disease: interim results on decision impact and outcomes. <i>J Prim Care Community Health</i>. Jan-Dec 2022; 13:21501319221138196. PMID 3640476</li> </ol>	11/11/2024



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### Category 3 codes (xxxxT)

Code(s)	Description	Plans NOT Covered	Documentation	Effective Date Last Review Date
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	All Plans	BSWHP does not cover computer-assisted musculoskeletal surgical navigational orthopedic procedures as a separate service. When medically necessary the procedure is considered an integral part of the primary procedure and should be reported using the code for the actual procedure performed.  Hayes: Currently insufficient evidence for use. Limited studies, no society guidelines / recommendations.	1/1/2025
0055T	CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	All Plans	BSWHP does not cover computer-assisted musculoskeletal surgical navigational orthopedic procedures as a separate service. When medically necessary the procedure is considered an integral part of the primary procedure and should be reported using the code for the actual procedure performed.  Hayes: Currently insufficient evidence for use. Limited studies, no society guidelines / recommendations.	4/1/2021 1/1/2025
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 XTRC 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 XTRC 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	Hayes and UpToDate: low quality evidence / conflicting data on short-term and long-term benefits for use in multiple musculoskeletal anatomical regions	7/1/2021 1/20/2024
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	All Plans	Hayes and UpToDate: low quality evidence / conflicting data on short-term and long-term benefits for use in multiple musculoskeletal anatomical regions	7/1/2021 1/20/2024





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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/\&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	All Plans	Hayes and UpToDate: Very low quality evidence to support this therapy. Shows some benefit for pain relief, but no comparative evidence available to draw conclusions regarding sacroplasty versus nonsurgical management or other treatments in regard to overall efficacy.	4/1/2021 4/24/2024
0201T	PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/> NDLS	All Plans	Hayes and UpToDate: Very low quality evidence to support this therapy. Shows some benefit for pain relief, but no comparative evidence available to draw conclusions regarding sacroplasty versus nonsurgical management or other treatments in regard to overall efficacy.	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
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (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
0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	All Plans	Hayes: No clear evidence to support this therapy for a majority of conditions. See Hayes for use of therapy for specific conditions. For Medicare see L39068	4/1/2021 4/24/2024



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0266T	IM / REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	All Plans	Hayes: Clinical studies / systematic reviews minimal support. Guidelines no/unclear support. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines this therapy has evidence gap and more research is required.	9/1/2024
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
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. For all other 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
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



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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
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
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
0398T	MRFUS 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
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



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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
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
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
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



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0442T	ABLATION, PRQTN, 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
0464T	VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPT	All Plans	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
0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W/ADJ & REPT	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/REPT	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
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
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





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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
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
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
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
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
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
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



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**Next Review: (Open)**

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
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



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**Next Review: (Open)**

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
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



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**Next Review: (Open)**

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	UpToDate Subcutaneous ICDs, provides indications where this therapy would be of benefit (i.e. younger patients with anticipated need for ICD therapy)	4/1/2021 4/26/2024
0572T	INSERTION SS DFB ELECTRODE	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	4/1/2021
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	UpToDate Subcutaneous ICDs, provides indications where this therapy would be of benefit (i.e. younger patients with anticipated need for ICD therapy)	4/1/2021 4/26/2024
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



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**Next Review: (Open)**

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
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





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**Next Review: (Open)**

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
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, ALGORITHMIC 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



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0614T	REMOVAL & REPLACEMENT OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR 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	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
0622T	Trabeculostomy 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	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	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	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	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	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	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



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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 [StO <sub>2</sub> ]); image acquisition, interpretation and report, 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



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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
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



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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,	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2021
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





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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
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (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	1/1/2022
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (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	1/1/2022
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022



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0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022



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0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound 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	1/1/2022
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0692T	Therapeutic ultrafiltration	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022



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0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0699T	Injection, posterior chamber of eye, medication	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (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	1/1/2022
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0708T	Intradermal cancer immunotherapy; preparation and initial injection	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0709T	Intradermal cancer immunotherapy; each additional injection (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	1/1/2022



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0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	1/1/2022
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022





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0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (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	8/1/2022
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRC) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (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	8/1/2022
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRC) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (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	8/1/2022
0725T	Vestibular device implantation, unilateral	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0726T	Removal of implanted vestibular device, unilateral	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0727T	Removal and replacement of implanted vestibular device, unilateral	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022



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0731T	Augmentative AI-based facial phenotype analysis with report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0732T	Immunotherapy administration with electroporation, intramuscular	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0737T	Xenograft implantation into the articular surface	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2022
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023



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0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023



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0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0770T	Virtual reality technology to assist therapy	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023



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0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0777T	Real-time pressure-sensing epidural guidance system	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023





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0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	2/1/2023
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (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	8/1/2023
0792T	Application of silver diamine fluoride 38%, 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	8/1/2023
0793T	Percutaneous transcatheter thermal 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	8/1/2023
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023



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0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023



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0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	All Plans	Reviewed by Medical Team and determined to be experimental, investigational, unproven for all diagnoses	8/1/2023



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### POLICY HISTORY:

Status	Date	Action
New	04/18/2017	New policy
Updated	06/21/2018	Code for Relizorb updated
Updated	12/12/2018	Added 33274, 33275, 53854
Updated	02/26/2019	Added Latera to list
Updated	10/31/2019	Added AmniSure
Updated	12/19/2019	Added CPT 93050 and 93050
Updated	02/27/2020	Codes added. Section regarding Cat III codes added.
Updated	04/22/2020	Added 0466T, 0467T, 0468T - coverage for Medicare lines only
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
Updated	12/23/2021	Updated codes
Updated	01/27/2022	Updated codes
Updated	02/24/2022	Updated codes
Updated	03/24/2022	Updated codes
Updated	04/21/2022	Updated codes
Updated	05/26/2022	Updated codes
Updated	09/01/2022	Updated codes
Updated	10/27/2022	Updated codes
Updated	12/01/2022	Updated codes



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Updated	12/29/2022	Updated codes
Updated	01/26/2023	Updated codes
Updated	02/23/2023	Updated codes
Updated	03/30/2023	Updated codes
Updated	05/25/2023	Updated codes
Updated	07/27/2023	Updated codes
Updated	12/29/2023	Updated codes. Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes
Updated	01/20/2024	Added "Last Review Date" to last column of each table to show when codes were last reviewed for experimental, investigational, and unproven status.
Updated	03/11/2024	Updated references for existing codes on E&I list (28890, 30469, 36836, 36837, 64625, 64628, 64629, E0764, Q4116, Q4182, 0101T, 0102T).
Updated	05/13/2024	Updated references for existing codes on E&I list (C1825, 0200T, 0232T, 0571T, 0577T).
Updated	07/24/2024	Added 0266T to require PA as of 9/1/2024, Updated reference for existing code on E&I list (S1091).
Updated	09/09/2024	Removed codes 0751T – 0763T, 22869, 22870, 77089, 93050, no longer require PA. Updated E1399 – Volara and E1399 RomTech Adaptive Rehab device references.
Updated	10/14/2024	Added 0054T, updated references for existing code 0055T. Removed 33267 – 33269, are considered medically necessary under certain circumstances.
Updated	11/11/2024	Added 0407U (PA effective 2/1/25). Removed 0421T, 0446T – 0448T, 0479T, 0480T, 0671T, 0780T, 53854 are considered medically necessary under certain circumstances. Changed 78434 to covered for Medicare.





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Updated	01/13/2025	Removed codes that are termed or have criteria for medical necessity (22860, 22867, 22868, 64625, 0164T, 0165T, 0274T, 0424T – 0436T, 0465T, 0508T, 0533T – 0536T, 0627T – 0630T, 0641T, 0642T, 0715T, 0768T, 0769T, 0775T, 0809T, C9757, 81449, 81451, 81456, 81529, 81535, 81536, 81539, 0002U, 0003U, 0005U, 0009U, 0016U, 0017U, 0019U, 0021U – 0023U, 0027U, 0036U, 0040U, 0046U, 0048U-0050U, 0080U, 0083U, 0089U – 0092U, 0101U – 103U, 0110U, 0111U, 0113U, 0120U, 0129U – 0138U, 0153U – 0155U, 0157U – 0162U, 0167U, 0171U, 0172U, 0174U, 0177U, 0179U, 0204U, 0228U, 0229U, 0235U, 0238U, 0242U, 0244U, 0245U, 0248U, 0249U, 0261U, 0262U, 0285U, 0287U, 0288U, 0295U – 0300U, 0306U, 0307U, 0313U – 0315U, 0317U, 0326U, 0329U, 0332U – 0334U, 0337U – 0340U, 0342U, 0343U, 0356U, 0357U, 0359U, 0360U, 0362U – 0368U, 0375U, 0376U, 0379U, 0386U, 0387U, 0388U, 0391U, 0395U, 0397U).
Updated	07/14/2025	Removed codes that are termed. Some codes removed as they are no longer considered E&I and/or have InterQual medical necessity criteria (20560, 20561, 28890, 43210, 55880, 62280, 62281, 62282, 62290, 64628, 64629, 72295, 77090, 77091, 77092, 78434, 81418, C9769, C9771, K1001, K1002, K1009, K1016 – K1020, K1023, K1026, K1028, K1029). Added 93702. Updated 0200T and 0201T to All Plans.

**Note:**

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.



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