



Experimental and Investigational Clinical Coverage Criteria

Overview

The services listed in this policy are considered experimental/investigational (non-covered) because they do not meet Fallon Health's Technology Assessment Criteria.

Fallon Health Plan's Technology Assessment Committee (TAC) evaluates new technology and new uses for existing technology for inclusion in Fallon Health's benefit plan. (TAC) is made up of Fallon Health Medical Directors and adjunct staff members. The written technology evaluation is based upon a review of clinical information including clinical outcome studies published in the peer-reviewed medical literature, regulatory status of the drug or device, evidence-based guidelines of government bodies, and evidence-based guidelines and positions of select national health professional organizations, including but not limited to Hayes, Inc. and National Payer policies and guidelines. As needed, (TAC) seeks input from relevant specialists and professionals who have expertise in the technology being evaluated. When a technology is recommended for inclusion in the benefit plan, (TAC) may develop clinical coverage criteria and a supporting medical policy. Clinical Coverage criteria are developed with input from practicing physicians in the service area.

Definitions

Investigational: Relating to or being a drug or medical procedure that may or may not be FDA approved for general use but is under investigation in clinical trials regarding its safety and efficacy or the clinical evidence supporting effectiveness is insufficient.

Experimental: An unproven therapy which may or may not be better than current medical standards.

Policy

Fallon Health excludes coverage of experimental/investigational procedures due to their lack of reliable or detailed clinical evidence of superior clinical outcomes. Fallon Health evaluates many different types of clinical evidence in determining if a procedure or treatment has a greater safety or efficacy than conventional treatments. This is inclusive but not limited to published technological assessments, randomized control studies, published peer literature, and expert opinions. Fallon Health will evaluate available, peer-reviewed scientific literature in relation to an overall clinical outcome and its acceptance of use in a clinical setting. Prior authorization is required for the use of any service or procedure as outlined in this policy. These requests must be supported by the treating provider(s) medical records.

Exclusions

- All services outlined in this policy are excluded from coverage unless approved by a Fallon Health Medical Director as outlined above.

Codes

Some procedures or treatments do not have a CPT/HCPCS Codes, please refer to the descriptions for information regarding the procedure. These codes will be routinely reviewed and updated as the technology and scientific literature evolves. Fallon Health also may maintain a separate policy for a specific procedure or services that defines it as experimental/investigational.

Code type	Code	Description
CPT	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score
	0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
	0071T	Focused ultrasound ablation of uterine leiomyomata, including MRI guidance; total leiomyomata volume less than 200 cc of tissue
	0072T	Focused ultrasound ablation of uterine leiomyomata, including MRI guidance; total leiomyomata volume greater or equal to 200 cc of tissue
	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)
	0085T	Breath Test for Heart Transplant rejection
	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
	0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
	0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation
	0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation

	0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
	0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
	0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
	0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
	0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment
	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace
	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar
	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar
	0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation
	0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation
	0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
	0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine
	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
	0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
	0254T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm,

		pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;
	0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
	0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
	0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
	0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
	0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
	0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
	0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);
	0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode,

		therapy start/stop times each day); with programming
	0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
	0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic, lumbar
	0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)
	0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)
	0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
	0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
	0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
	0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
	0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
	0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
	0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
	0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
	0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment, with tomographic SPECT
	0333T	Visual evoked potential screening of visual acuity, automated, with report
	0394T	High dose rate electronic brachytherapy, skin surface application,

		per fraction, includes basic dosimetry, when performed
	0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
	19499	Unlisted Breast Procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	22505	Manipulation of spine requiring anesthesia, any region
	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than decompression); single interspace, lumbar
	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
	22862	Revision of total disc arthroplasty, anterior approach; single interspace, lumbar
	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
	22865	Removal of disc arthroplasty, anterior approach; single interspace, lumbar
	28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
	30999	Unlisted nose procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
	33928	Removal and replacement of total replacement heart system (artificial heart)
	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)
	33999	Unlisted Cardiac Procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	43206	Esophagoscopy, rigid or flexible, with optical endomicroscopy

	43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
	43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
	43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
	43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
	43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
	43999	Unlisted procedure of the stomach (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	53899	Unlisted procedure, urinary system (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
	58999	Unlisted procedure, female genital system (nonobstetrical) (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous
	61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed
	61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
	61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family
	61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family
	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
	64568	Incision for implantation of cranial nerve (e.g. vagus nerve) neurostimulator electrode array and pulse generator

	67225	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
	67299	Unlisted procedure, posterior segment (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
	76499	Unlisted diagnostic radiograph procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	81235	EGFR (epidermal growth factor receptor) (e.g., non-small cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; full gene sequence
	81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; known familial variants
	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (e.g.,

		glioblastoma multiforme), methylation analysis
	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (e.g., hereditary hypercoagulability) gene analysis, common variants (e.g., 677T, 1298C)
	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (e.g., warfarin metabolism), gene analysis, common variants (e.g., -1639/3673)
	81599	Unlisted multianalyte assay with algorithmic analysis
	83631	Lactoferrin, fecal, quantitative
	83993	Calprotectin, fecal
	84999	Unlisted chemistry procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	86152	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood)
	86153	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); physician interpretation and report, when required
	86849	Unlisted Immunology procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	86999	Unlisted transfusion medicine procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
	87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
	87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
	88375	Optical endoscopic image(s), interpretation and report, real-time or referred, each endoscopic session
	89240	Unlisted miscellaneous pathology test (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	89329	Sperm evaluation; hamster penetration test

	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
	91299	Unlisted diagnostic gastroenterology procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
	92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
	93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
	93702	Bioimpedance spectroscopy (BIS), measuring 100 extracellular fluid analysis for lymphedema assessment.
	93799	Unlisted cardiovascular service or procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
	94799	Unlisted pulmonary service or procedure (Please note all unlisted codes require prior authorization and the specific use of this code may be experimental/investigational and as such excluded from coverage)
	95012	Nitric oxide expired gas determination
	95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)
	95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)
	95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization)
	96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics
	96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking
	96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
	96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
	96004	Review and interpretation by physician or other qualified health

		care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
	96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma
HCPCS	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
	C1818	Integrated keratoprosthesis
	C1841	Retinal prosthesis, includes all internal and external components
	C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841
	C9727	Insertion of implants into the soft palate; minimum of three implants
	C9733	Nonophthalmic fluorescent vascular angiography
	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic resonance (MR) guidance
	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies
	E0762	Transcutaneous electrical joint stimulation device system-PES
	E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
	E0782	Infusion pumps, implantable, non-programmable, (includes all components; e.g. pump, catheter, connectors, etc.)
	E0783	Infusion pumps, implantable, programmable, (includes all components; e.g. pump, catheter, connectors, etc.)
	G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial
	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care
	G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses
	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement

	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
	L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
	L8658	Interphalangeal joint spacer, silicone or equal, each
	L8679	Implantable neurostimulator, pulse generator, any type
	L8682	Implantable neurostimulator radiofrequency receiver
	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
	L8689	External recharging system for implanted neurostimulator, replacement only
	M0076	Prolotherapy
	M0300	IV chelation therapy (chemical endarterectomy)
	P2031	Hair analysis (excluding arsenic)
	P9020	Platelet rich plasma, each unit
	S0596	Phakic intraocular lens for correction of refractive error
	S1034	Artificial pancreas device system (eg, low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
	S1035	Sensor; invasive (eg, subcutaneous), disposable, for use with artificial pancreas device system
	S1036	Transmitter; external, for use with artificial pancreas device system
	S1037	Receiver (monitor); external, for use with artificial pancreas device system
	S2080	Laser-assisted uvulopalatoplasty (LAUP)
	S2225	Myringotomy, laser-assisted
	S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
	S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
	S3650	Saliva test, hormone level; during menopause
	S3652	Saliva test, hormone level; to assess preterm labor risk
	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)
	S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease
	S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical
	S8092	Electron beam computed tomography (also known as ultrafast CT, Cine CT)
	S9024	Paranasal sinus ultrasound

	S9055	Procuren or other growth factor preparation to promote wound healing
	S9090	Vertebral axial decompression, per session
	V5095	Semi-implantable middle ear hearing prosthesis
No Code Available		
		Autologous Fat Grafting of the face
		ChemoFX Genetic Testing
		Endoscopic Fundiplication
		Embrace Wearable Biosensor
		Forsee Home Monitoring Device for Age Related Macular Degeneration
		Genicular nerve block injection
		Prolaris Test for Prediction of Prostate Cancer Progression
		VectraDA Genetic Test
		V-Go Disposable Insulin Pump

Policy History

Origination date: 11/01/2014

Approval(s): Technology Assessment Committee: 07/23/2014 (New Policy), 12/03/2014 (updated for new 2015 CPT codes), 03/25/2015 (Removed CPT 90644, added codes 0232T, 87505, 87506, 87507. HCPCS C9741, L8605, P9020, S2300. Verbal Description only: Thermal Capsulorrhaphy as a Treatment of Joint Instability, V-Go Disposable Insulin Pump, and code 77063 does not require prior authorization for Medicare based plan types) 09/23/2015 (removed code 0191T), 04/01/2016 (updates for 2016 code changes, the policy was not reviewed via TAC for this) 05/01/2016 codes 21743 and 65710 removed (this policy was not reviewed via TAC) 09/15/2016 (removed termed codes) 04/26/2017 (removed termed codes, added codes 31660-31661, 58674, A9597-A9598, C1842), 07/01/2017 (removed codes 61885/61886, policy was not reviewed via TAC), 09/01/2017 (added code 83993 as approved at 07/26/2017 meeting, entire policy not reviewed at that time) 01/01/2018 (code clean up, added code 43210, policy not reviewed at TAC), 03/28/2018 (added codes 33927-33929, 76376-76377 and genicular nerve block injection), 06/01/2018 (codes 31660-31661 were removed via TAC, the whole policy was not reviewed) 12/01/2018 (added code C9750, removed codes 33270-33272 policy as a whole was not reviewed by TAC), 02/27/2019 (added Forsee Home Monitoring, removed termed codes), 06/01/2019 (added code 29868 and Embrace Wearable Biosensor, full policy not reviewed by TAC), 09/01/2019 (removed codes 93260/93261, full policy not reviewed by TAC)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.