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## Subject: Investigational Services

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### DESCRIPTION:

Florida Blue uses the following five process/decision variables set forth by the Blue Cross Blue Shield Association for evaluation and assessment of new technologies and applications of existing technologies:

1. The technology must have final approval from the appropriate government regulatory bodies, for example, the U.S. Food and Drug Administration (FDA);
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the investigational setting.

**NOTE:** For Medicare Advantage products, see the Program Exception section of this guideline.

The list below identifies procedures that do not meet the five process/decision variables listed above and are therefore considered **experimental or investigational**. This listing is not all-inclusive and any procedure or device that is not listed below or is not included in a medical coverage guideline and does not meet the five process/decision variables may be considered experimental or investigational.

| Code  | Descriptor/Narrative   |
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| 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments   |
| 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments |

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| 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)   |
| 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling                        |

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| 31242 | Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve  |
| 31243 | Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve   |
| 43252 | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy   |
| 84112 | Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (e.g., placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen |
| 86352 | Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP)  |
| 91132 | Electrogastrography, diagnostic, transcutaneous  |
| 91133 | Electrogastrography, diagnostic, transcutaneous; with provocative testing  |
| 92145 | Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report  |
| 93025 | Microvolt T-wave alternans for assessment of ventricular arrhythmias   |
| 93895 | Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral   |
| 95919 | Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral  |
| 97610 | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day                                   |
| A4542 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist   |
| A4543 | Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month (eg, Sparrow Ascent)  |
| A4544 | Electrode for external lower extremity nerve stimulator for restless legs syndrome (eg, NTX-100 Tonic Motor Activation (TOMAC) System)   |
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each  |
| A4593 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime [eg, Portable Neuromodulation Stimulator (PoNS™)]  |
| A4594 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each [eg, Portable Neuromodulation Stimulator (PoNS™)]   |
| A9291 | Prescription digital cognitive and/ or behavioral therapy, fda cleared, per course of treatment  |
| A9268 | Programmer for transient, orally ingested capsule  |
| A9269 | Programable, transient, orally ingested capsule, for use with external programmer, per month   |
| A9292 | Prescription digital visual therapy, software-only, fda cleared, per course of treatment   |

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| C1735 | Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components  |
| C1736 | Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components  |
| E0715 | Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (eg, Flyte)  |
| E0716 | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (eg, Flyte)   |
| E0721 | Transcutaneous electrical nerve stimulator for nerves in the auricular region   |
| E0732 | Cranial electrotherapy stimulation (ces) system, any type   |
| E0734 | External upper limb tremor stimulator of the peripheral nerves of the wrist   |
| E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories (eg, IpsiHand™ Upper Extremity Rehabilitation System)   |
| E0739 | Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors (eg, Motus Hand and Motus Foot Rehab System)  |
| E0743 | External lower extremity nerve stimulator for restless legs syndrome, each  |
| E0830 | Ambulatory traction device, all types, each   |
| E0849 | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible  |
| E0856 | Cervical traction device, with inflatable air bladder(s)  |
| E1905 | Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software  |
| E3000 | Speech volume modulation system, any type, including all components and accessories   |
| G0428 | Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)   |
| G0552 | Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan  |
| G0553 | First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the dmht device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month |
| G0554 | Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the dmht device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month           |

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| G9147 | Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration |
| K1004 | Low frequency ultrasonic diathermy treatment device for home use<br>[Examples include, but are not limited to sam® Sport; ZTX Ultrasonic Diathermy; JAS Pulse Ultrasound; NanoVibronix PainShield MD]  |
| K1036 | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month   |
| L8608 | Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system  |
| M0076 | Prolotherapy   |
| S2103 | Adrenal tissue transplant to brain   |
| S2107 | Adoptive immunotherapy, i.e., development of specific anti-tumor reactivity (e.g., tumor infiltrating lymphocyte therapy) per course of treatment  |
| S2230 | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear  |
| S2300 | Arthroscopy, shoulder, surgical; with thermally induced capsulorrhaphy   |
| S3900 | Surface electromyography (EMG)   |
| S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient  |
| S9001 | Home uterine monitor with or without associated nursing services   |
| S9056 | Coma stimulation per diem  |
| S9090 | Vertebral axial decompression, per session   |
| T1505 | Electronic medication compliance management device, includes all components and accessories, not otherwise classified  |
| V5095 | Semi-implantable middle ear hearing prosthesis   |
| 0100T | Placement of a subconjunctival retinal prosthesis receiver and pulse generator and implantation of intraocular retinal electrode array, with vitrectomy  |
| 0198T | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report   |
| 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral  |
| 0208T | Pure tone audiometry (threshold), automated (includes use of computer assisted device); air only   |
| 0209T | Pure tone audiometry (threshold), automated (includes use of computer assisted device); air and bone   |
| 0210T | Speech audiometry threshold, automated (includes use of computer assisted device)  |
| 0211T | Speech audiometry threshold, automated (includes use of computer assisted device): with speech recognition   |
| 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer assisted device)   |

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| 0219T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), single level; cervical   |
| 0220T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), single level; thoracic   |
| 0221T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), single level; lumbar   |
| 0222T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), each additional vertebral segment (List separately in addition to code for primary procedure)  |
| 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 (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 (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day) |

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| 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 (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day) with programming |
| 0278T | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)   |
| 0308T | Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis   |
| 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  |
| 0338T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral   |
| 0339T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral  |
| 0347T | Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)  |
| 0348T | Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)   |
| 0349T | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)  |
| 0350T | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)  |
| 0351T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative  |
| 0352T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred  |
| 0353T | Optical coherence tomography of breast, surgical cavity; real time intraoperative   |
| 0354T | Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred   |
| 0378T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional  |

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| 0379T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional |
| 0422T | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral  |
| 0443T | Real time spectral analysis of prostate tissue by fluorescence spectroscopy  |
| 0444T | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral   |
| 0445T | Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral   |
| 0472T | Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional                     |
| 0473T | Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional  |
| 0481T | Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed  |
| 0485T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral   |
| 0486T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral  |
| 0489T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells  |
| 0490T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands  |
| 0512T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound  |
| 0513T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (list separately in addition to code for primary procedure)  |
| 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])   |
| 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only   |

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| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only  |
| 0518T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only   |
| 0519T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)  |
| 0520T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only   |
| 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing   |
| 0522T | 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, including review and report, wireless cardiac stimulator for left ventricular pacing  |
| 0525T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)  |
| 0526T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only   |
| 0527T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only   |
| 0528T | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report   |
| 0529T | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report   |
| 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)  |
| 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only   |
| 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only   |
| 0541T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study |



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| 0542T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report                                     |
| 0563T | Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral (e.g., TearCare® System, TearCare® MGX™)  |
| 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed |
| 0572T | Insertion of substernal implantable defibrillator electrode   |
| 0573T | Removal of substernal implantable defibrillator electrode   |
| 0574T | Repositioning of previously implanted substernal implantable defibrillator-pacing electrode   |
| 0575T | Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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                                     |
| 0576T | Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter   |
| 0577T | Electrophysiologic evaluation of implantable cardioverter defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)   |
| 0578T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional   |
| 0579T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results  |
| 0580T | Removal of substernal implantable defibrillator pulse generator only  |
| 0598T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)   |
| 0599T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)   |
| 0602T | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours  |
| 0602T | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent  |

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| 0603T | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours   |
| 0604T | Optical coherence tomography (OCT) of retina, remote, patientinitiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment  |
| 0605T | Optical coherence tomography (OCT) of retina, remote, patientinitiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days   |
| 0606T | Optical coherence tomography (OCT) of retina, remote, patientinitiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days  |
| 0607T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment   |
| 0608T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional |
| 0619T | Cystourethroscopy with transurethral anterior prostatecommissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed   |
| 0621T | Trabeculostomy ab interno by laser   |
| 0622T | Trabeculostomy ab interno by laser; with use of ophthalmic endoscope   |
| 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report  |
| 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission  |
| 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography   |
| 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report   |
| 0627T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level   |

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| 0628T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)      |
| 0629T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level  |
| 0630T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)                |
| 0631T | Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity   |
| 0632T | Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance  |
| 0640T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site  |
| 0643T | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach   |
| 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 |
| 0656T | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments   |
| 0657T | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments   |
| 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach  |
| 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant  |
| 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor  |
| 0665T | Donor hysterectomy (including cold preservation); open, from living donor   |
| 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor  |
| 0667T | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor   |
| 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                   |
| 0669T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each   |
| 0670T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each   |
| 0672T | Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence  |

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| 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)  |
| 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  |
| 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)  |
| 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   |
| 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)   |
| 0679T | Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function   |
| 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)   |
| 0681T | Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads  |
| 0682T | Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function   |
| 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 |
| 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  |
| 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  |
| 0686T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance  |
| 0692T | Therapeutic ultrafiltration   |

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| 0693T | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report  |
| 0704T | Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment  |
| 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   |
| 0706T | Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month   |
| 0714T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL  |
| 0716T | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score   |
| 0719T | Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment [MOTUS lumbar total joint replacement implant (3Spine) / posterior vertebral joint replacement (3Spine)] |
| 0725T | Vestibular device implantation, unilateral   |
| 0726T | Removal of implanted vestibular device, unilateral   |
| 0727T | Removal and replacement of implanted vestibular device, unilateral   |
| 0728T | Diagnostic analysis of vestibular implant, unilateral; with initial programming  |
| 0729T | Diagnostic analysis of vestibular implant, unilateral; with subsequent programming   |
| 0730T | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance  |
| 0732T | Immunotherapy administration with electroporation, intramuscular   |
| 0733T | Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days   |
| 0734T | Remote real-time, motion capture-based neurorehabilitative 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                            |
| 0748T | Injections of stem cell product into perianal perirectal soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)   |
| 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  |
| 0783T | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment  |
| 0790T | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed   |

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| 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed  |
| 0824T | Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed   |
| 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed  |
| 0826T | 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, leadless pacemaker system in single-cardiac chamber  |
| 0859T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)  |
| 0860T | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities  |
| 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)   |
| 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only   |
| 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only   |
| 0868T | High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report   |
| 0894T | Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion   |
| 0895T | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)  |
| 0896T | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure) |

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| 0933T | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation  |
| 0934T | Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional   |
| 0935T | Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral  |
| 0058U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative  |
| 0059U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative   |
| 0061U | Transcutaneous measurement of five biomarkers (tissue oxygenation [StO <sub>2</sub> ], oxyhemoglobin [ctHbO <sub>2</sub> ], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis  |
| 0067U | Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score  |
| 0260U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping  |
| 0261U | Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score   |
| 0262U | Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin embedded (FFPE), algorithm reported as gene pathway activity score   |
| 0263U | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, $\alpha$ ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD) |
| 0264U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping  |

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| 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                   |
| 0267U | Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing   |
| 0289U | Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score   |
| 0294U | Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score  |
| 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 |

Complementary or alternative medicine diagnostic testing (i.e. nutrient & hormone panel testing) is considered **experimental or investigational** as there is insufficient clinical evidence to support the use of this testing for all indications.

Mesenchymal stem cell therapy is considered **experimental or investigational**, unless performed as part of clinical trial, or unless noted otherwise in another Medical Coverage Guideline. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

Radiofrequency treatment to the nasal valve (e.g., Vivaer) for all indications, including but not limited to the treatment of nasal airway obstruction is considered **experimental or investigational**. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

#### **BILLING/CODING INFORMATION:**

“S” codes are developed by Blue Cross Blue Shield Association and other commercial payers to report drugs, services, and supplies. They may not be used to bill services paid under any Medicare payment program.

#### **REIMBURSEMENT INFORMATION:**

None applicable.

#### **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** This guideline does not apply to Medicare Advantage Products.



If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

## DEFINITIONS:

**American Medical Association Category III Codes:** Temporary codes for emerging technology, services, and procedures. The inclusion of a service or procedure in this code section neither implies nor endorses clinical efficacy, safety or the applicability to clinical practice. The codes in this code section do not conform to the usual requirements for CPT Category I codes established by the CPT Editorial Panel. For Category I codes, the Panel requires that the service/procedure be performed by many health care professionals in clinical practice in multiple locations and the FDA approval, as appropriate, has already been received. The nature of emerging technology, services, and procedures is such that these requirements may not be met.

## RELATED GUIDELINES:

None applicable.

## OTHER:

None applicable.

## REFERENCES:

1. American Medical Association CPT.
2. Blue Cross Blue Shield Association Evidence Positioning System®.
3. St. Anthony HCPCS.
4. U.S. Food & Drug Administration; located at [fda.gov](http://fda.gov).

## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 12/08/23.

## GUIDELINE UPDATE INFORMATION:

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| 01/01/03 | New Medical Coverage Guideline (MCG) documenting existing BCBSF investigational services and new 2003 CPT Codes.   |
| 02/15/03 | CPT Codes 73542, 93720, 93721, 93722, 94014, 94015, and 94016, E0761, G0251, G0252, G0253, G0254, G0255, G0279, G0280, S1040, and S3650 was added for consistency with existing coverage. Unlisted services: In vitro chemoresistance and chemosensitivity, Partial left ventriculectomy, Sensory stimulation for coma patients, and Ultrasound spine scan added for consistency with existing coverage. CPT Codes 96000, 96001, 96002, 96003, and 96004 coverage changed from non-covered to investigational. Investigational |

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|          | status deleted for code S8040 and the following Unlisted services: Cranial Electrotherapy Stimulation, and Tidal Knee irrigation.  |
| 04/01/03 | Added: 76800, K0600, S2103, and S2300 (HCPCS update).  |
| 08/15/03 | Added: 43843, 43847, A4639, E0221, S2090, S2091, S3852, V5095, and 0045T.<br>Deleted: 32655, 48160, 52327, 65760, 65765, and 65771, G0185, G0187, S2112, and S8049.  |
| 09/15/03 | Added: K0606, K0607, K0608, and K0609.   |
| 10/01/03 | Added: S2230.  |
| 10/15/03 | Added: S2213, S9476.<br>Deleted: 43847, 72159, 72198, and 73225, S8915, S8916, and S8917.  |
| 11/15/03 | Added: G0296.<br>Deleted: G0252, G0253, G0254, and kyphoplasty (unlisted).   |
| 01/01/04 | Annual HCPCS coding update: added 0054T, 0055T, 0056T, 0057T, 0058T, 0059T, 0060T, 0061T, G0302, G0303, G0304, and G0305.<br>Deleted: 0002T, kyphoplasty (unlisted).   |
| 02/15/04 | Added: E0675<br>Deleted: 47370, 47380, and 47382.  |
| 03/15/04 | Added: 20982<br>Deleted: herniography, intradialytic parenteral nutrition, intraperitoneal nutrition (unlisted).   |
| 05/15/04 | Added: 0046T, and 0047T.<br>Deleted: G0290, G0291, and G0296.  |
| 07/15/04 | Deleted: 76800.  |
| 10/15/04 | Added: 0051T, 0052T, 0053T, E0830, G0339, G0340, and S8948.<br>Deleted: 93784, 93786, 93788, and 93790.  |
| 12/15/04 | Deleted: 73542, G0259, and G0260.  |
| 01/01/04 | Annual HCPCS coding update: added 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, and 0088T.<br>Deleted: 0001T, 0005T, 0006T, 0007T, 0014T, and 0057T.<br>Revised: 0055T. |
| 03/15/05 | Added: L5856, and L5857.<br>Deleted: 20982, 86301, 93720, 93721, and 93722. Also, revision of unlisted code section, with transfer of appropriate items to code section.   |
| 06/15/05 | Added: 43645, and 43845.<br>Deleted: 73725, and S9476.   |
| 07/01/05 | HCPCS coding changes<br>Added: 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0109T, 0110T, and 0111T.<br>Revised: 0019T, and 0078T.  |
| 09/15/05 | Added: E0617, and 62287.   |

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| 10/15/05 | Added: E2120, G0282, G0295, K0670, S2082, S2083, S2215, S2348, S3890, S8940, 37215, 37216, 43257, 89251, 91035, 92625, and 93745.<br>Deleted: G0302, G0303, G0304, G0305, G0339, G0340, S2370, S2371, 32491, and 76390.  |
| 01/01/06 | Annual HCPCS coding update: added: 0120T, 0123T, 0124T, 0126T, 0133T, 0135T, 0137T, 28890, 33548, 43770, 43771, 43772, 43773, 43774, 50250, 50592, 61630, 61635, 61640, 61641, 61642, 83695, 83701, 83704, 87900, 95251, E0762, and E0764.<br>Revised: 95250.<br>Deleted: 0020T, 0023T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, G0279, G0280, K0600, K0670, S2082, S2090, S2091, S2215, and 83716. |
| 02/15/06 | Added: 0140T, 0144T, 0146T, 0147T, 0148T, 0149T, L5858, S3854, and 37500.<br>Deleted: 0099T, E0675, S9024, 47371, and 47381.   |
| 04/15/06 | Deleted: 0078T, 0079T, 0080T, 0081T, 37500, 43770, 43771, 43772, 43773, 43774, 43845, E2120, and S8093.  |
| 05/15/06 | Deleted: G0186, and S1040.   |
| 06/15/06 | Added: 0145T, 0150T, 0151T, G0330, and G0331.<br>Deleted: K0606, K0607, K0608, K0609, 37215, 37216, 93745, 96920, 96921, and 96922.  |
| 07/15/06 | Deleted: A4634, E0203, and 86141.  |
| 08/15/06 | Deleted: S2083, and 91035.   |
| 09/15/06 | Deleted: 0067T.  |
| 10/15/06 | Deleted: S2205, S2206, S2207, S2208, and S2209.  |
| 11/15/06 | Added S8190, 89346, and 89356.   |
| 01/01/07 | Annual HCPCS coding update: added: 0153T, 0154T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0176T, 0177T, and S2344.<br>Deleted: All codes with associated MCGs.   |
| 07/01/07 | HCPCS Update: added codes 0178T, 0179T, 0180T, 0181T, 0182T and S3905.   |
| 01/01/08 | Annual HCPCS coding update: added 0183T, 0184T, 0186T, 0187T 34806, and 93982.<br>Revised: 0068T, 0069T, 0070T, and 0087T.<br>Deleted: 0153T, and 0154T.   |
| 07/01/08 | HCPCS Update: code 0124T descriptor updated.<br>Deleted codes 0171T, and 0172T as they are now listed in the new MCG: 02-20000-36 – Interspinous Process Distraction Devices (Spacers).<br>Also removed codes 61630, 61635, 61640, 61641, and 61642 as they are now listed in the new MCG: 02-61000-35 – Percutaneous Transluminal Intracranial Angioplasty and Stenting.  |
| 10/22/08 | Deleted code 0073T.  |
| 01/01/09 | Annual HCPCS coding update: added codes 0194T, 0197T, 0198T, 65756, 65757, 95803, & S2117; updated descriptor for codes 0184T & 34806; deleted codes 0041T, 0043T, 0061T, 0089T, and 0137T.  |
| 04/01/09 | 2 <sup>nd</sup> quarter HCPCS update: added codes S3865, S3866, S3870.   |
| 05/15/09 | 2 <sup>nd</sup> quarter HCPCS update: deleted code 0184T; updated descriptor for 0182T.  |
| 07/01/09 | 3 <sup>rd</sup> quarter HCPCS update. Consisting of add code 0202T.  |
| 11/15/09 | 4 <sup>th</sup> quarter HCPCS update. Consisting of deleting code 0202T.   |

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| 12/15/09 | Added position statement regarding complementary or alternative medicine diagnostic testing.  |
| 01/01/10 | Annual HCPCS coding update: added codes 0205T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 46707, 84145, 86352, and G9143; deleted codes 0068T, 0069T, 0070T, 0077T, 0086T, 0087T, 0170T, and 0194T. |
| 01/27/10 | Added code 0190T.   |
| 02/15/10 | Deleted code 0197T.   |
| 03/15/10 | Removed codes G9143, 0195T, and 0196T.  |
| 04/15/10 | Deleted CPT codes 0182T, 65756, and 65757.  |
| 05/15/10 | Deleted CPT code 92065.   |
| 07/01/10 | 3 <sup>rd</sup> quarter HCPCS coding update: added codes 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T and 0233T.   |
| 12/15/10 | Revision: deleted codes S3865, S3866 and S3870 (the codes were added to the Genetic Testing guideline).   |
| 01/01/11 | Annual HCPCS coding update. Added 0240T, 0241T, 66174, and 66175; deleted 0104T, 0105T, 0176T, 0177T, 0187T.  |
| 01/15/11 | Deleted codes 0223T, 0224T, 0225T, and 46707 (codes included in other active guidelines).   |
| 07/01/11 | 3 <sup>rd</sup> quarter HCPCS coding update. Added 0262T – 0275T.   |
| 01/01/12 | Annual HCPCS coding update. Added codes 0278T-0301T; revised codes 0240T, 0241T, and deleted codes 0166T-0168T.   |
| 02/20/12 | Updated description section.  |
| 04/01/12 | Quarterly HCPCS update. Added code S3721.   |
| 05/15/12 | Deleted codes 0226T and 0227T (new MCG developed for these services).   |
| 05/23/12 | Deleted code 0042T.   |
| 07/01/12 | Quarterly HCPCS update. Added codes 0302T-0308T.  |
| 09/15/12 | Removed code S2117 (new MCG developed) and codes 0228T-0231T (added to the Epidural Injections MCG).  |
| 10/15/12 | Removed code S3721 (added to the Genetic Testing guideline); removed code 0301T (included in the Microwave Thermotherapy for Breast Cancer MCG).  |
| 01/01/13 | Annual HCPCS update. Added codes G0455, 44075, 0319T-0328T; deleted code 0030T.   |
| 02/15/13 | Revision, codes 0181T, 0262T-0265T, 0274T, 0275T, 0302T-0307T updated (* removed).  |
| 05/15/13 | Added code S8930.   |
| 07/01/13 | Quarterly HCPCS update. Added codes 0329T, 0330T, 0331T, 0332T and 0334T.   |
| 10/15/13 | Revision; codes 0213T, 0214T, 0215T, 0216T, 0217T and 0218T deleted (added to 02-61000-30, Facet Joint Injections).   |
| 01/01/14 | Annual HCPCS update. Added codes A4555, E0766, 97610, 0336T, 0337T, 0338T, 0339T, 0343T-0346T; deleted codes 0124T, 0183T, 0186T. Description and program exception sections updated (all * removed)  |
| 03/15/14 | Revision; deleted code 0334T (added to Minimally Invasive Fusion Techniques)  |
| 07/01/14 | Quarterly HCPCS update. Added codes 0347T-0356T.  |
| 07/15/14 | Removed codes 66174 and 66175 (added to Viscocanalostomy and Canalopty MCG)   |

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| 08/15/14 | Revision; deleted codes 44705 and G0455 (added to 02-40000-24, Fecal Microbiota Transplantation)   |
| 11/15/14 | Removed code 0336T (added to Laparoscopic and Percutaneous Techniques for the Treatment of Uterine MCG).   |
| 01/01/15 | Annual CPT/HCPCS update. Added codes 33418, 33419, 91200, 92145, 93895, 0377T, & 0381T-0391T; deleted codes 0181T, 0343T, 0344T.   |
| 02/18/15 | Deleted code 91200 [Fibroscan].  |
| 04/15/15 | Deleted code 0262T.  |
| 05/20/15 | Deleted codes 0274T, 0275T, & 0377T; codes included in other guidelines.   |
| 11/01/15 | Revision: ICD-9 Code references deleted.   |
| 12/15/15 | Revision; added codes 33265, 33266.  |
| 01/01/16 | Annual CPT/HCPCS update. Added codes 43210; 0396T; 0398T, 0402T-0418T, 0421T, 0422T and 0423T-0436T; revised code 0308T; deleted codes 0123T, 0233T, 0240T, 0241T.   |
| 01/15/16 | Deleted codes A4555 and E0766 (added to Tumor Treatment Fields Therapy for Glioblastoma).  |
| 04/15/16 | Deleted code 0281T (added to Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation).   |
| 06/15/16 | Deleted code 43210. (See MCG 01-91000-03, Minimally Invasive Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) and Dysphagia).  |
| 07/01/16 | Quarterly CPT/HCPCS update. Added codes 0443T, 0444T and 0445T.  |
| 09/15/16 | Deleted codes 33418, 33419, & 0345T (see policy 02-33000-35, Transcatheter Mitral Valve Repair (TMVR))   |
| 11/15/16 | Added code S2103, 91132, 91133 and S9001.  |
| 12/15/16 | Deleted code 95803; added to policy 01-95828-01 Sleep Testing.   |
| 01/01/17 | Annual CPT/HCPCS update. Added 0466T-0468T; deleted 0169T, 0281T-0286T, 0291T, 0292T.  |
| 04/15/17 | Revision; Codes 43252, 82610, 83880, 85384, 85385 added.   |
| 07/01/17 | Quarterly CPT/HCPCS update. Added codes 0470T and 0471T.   |
| 07/15/17 | Revision; code 83880 removed.  |
| 08/01/17 | Coding update: Added codes 0006U & 0011U.  |
| 10/01/17 | Quarterly CPT/HCPCS update. Codes 0019U-0022U added.   |
| 11/15/17 | Revision; Removed codes 0466T-0468T (refer to medical policy 02-40000-16) and 0398T. Added codes G9147, M0076, S9056.  |
| 01/01/18 | Annual CPT/HCPCS update. Added codes 64912, 64913, 0479T-0481T, 0483T-0493T, 0499T; revised code 0384T; deleted codes 93982, 0178T-0180T, 0293T-0300T, 0302T-0307T. Code 0020U deleted; see MCG 05-82000-28. |
| 03/15/18 | Added codes 90875, 90876.  |
| 05/15/18 | Deleted code 0402T; refer to MCG 02-65000-15 Keratoplasty and Keratectomy.   |
| 06/15/18 | Added code 0207T. Deleted codes 85384, 85385; and 0470T & 0471T (refer to MCG 01-96900-03).  |
| 07/01/18 | Quarterly CPT/HCPCS update. Added codes 0051U, 0054U-0059U, 0061U.   |
| 10/01/18 | Quarterly HCPCS/CPT update. Added code 0067U.  |

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| 11/15/18 | Added codes 93025, 97533, 0206T, E0830, E0849, E0856, S2230, S2300, S3900, S9090, and V5095. Deleted codes 0263T, 0264T, and 0265T (refer to MCG 02-38240-02).   |
| 12/15/18 | Deleted code 0021U (refer to policy 05-82000-28); deleted code 0055U (refer to policy 05-86000-24).  |
| 01/01/19 | Annual CPT/HCPCS coding update. Added codes A4563, C1823, L8608, 33274, 33275, 0512T, 0513T, 0515T-0522T, 0525T-0536T, 0541T, 0542T, 0080U, 0082U, 0083U; deleted codes 0190T, 0337T, 0346T, 0387T-0391T.                    |
| 02/15/19 | Deleted codes C1823 & 0424T-0436T (refer to policy 02-40000-16); deleted code 0022U.   |
| 03/15/19 | Added codes 0263T, 0264T, 0265T.   |
| 04/15/19 | Added codes 0472T, 0473T.  |
| 05/15/19 | Deleted code 0080U (refer to policy 05-86000-22).  |
| 07/01/19 | Quarterly CPT/HCPCS update. Added code 0093U; deleted code 0057U.  |
| 08/15/19 | Added code 38308; removed codes 33274 & 33275.   |
| 10/01/19 | Removed code 0011U (refer to policy 05-86000-32).  |
| 11/15/19 | Added code T1505.  |
| 01/01/20 | Annual CPT/HCPCS coding update. Added codes K1002, 0571T-0580T, 0139U, 0143U-0150U; deleted codes 0205T & 0206T.<br>Removed code 0019U (refer to MCG 05-86000-22).   |
| 02/15/20 | Removed codes 0006U, 0051U, 0054U, 0082U, 0093U (refer to MCG 05-86000-32).  |
| 04/15/20 | Deleted codes 0479T and 0480T.   |
| 06/15/20 | Added codes 84112 & 0066U.   |
| 07/01/20 | Quarterly CPT/HCPCS coding update. Added codes 0598T-0619T; revised code 0577T.  |
| 07/15/20 | Added code G0428; deleted codes 33265, 33266, & 82610.   |
| 08/15/20 | Added code T1505.  |
| 09/15/20 | Deleted codes 64912 and 64913  |
| 10/01/20 | Deleted code 97533.  |
| 01/01/21 | Annual CPT/HCPCS coding update. Codes 30468, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T added; code 0577T revised; codes 0126T, 0381T-0396T deleted.                                 |
| 04/15/21 | Added codes 0378T, 0379T.  |
| 06/15/21 | Code 84145 removed.  |
| 7/01/21  | Quarterly CPT/HCPCS update. Codes 0640T-0643T, 0646T, 0656T-0657T, 0660T, 0661T & 0664T-0670T added; code 0493T revised.   |
| 08/15/21 | Codes 0408T-0418T removed (refer to policy 02-33000-34).   |
| 09/15/21 | Added position statement regarding mesenchymal stem cell therapy.  |
| 10/01/21 | Quarterly CPT/HCPCS update. Codes 0260U-0267U, K1023 added; code 0139U deleted.  |
| 01/01/22 | Annual CPT/HCPCS coding update. Codes 68841, 0672T, 0674T-0686T, 0692T, 0693T, 0702T-0706T, 0289U, 0294U added; codes 0512T and 0513T revised; codes 0356T and 0423T deleted. Code 38308 deleted (refer to MCG 02-12000-18). |
| 02/15/22 | Code 68841 removed.  |
| 04/01/22 | Quarterly CPT/HCPCS update. Added codes A9291, K1031, K1032, K1033.<br>Added code K1004.   |

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| 07/01/22 | Quarterly CPT/HCPCS update. Added codes 0714T, 0716T, 0725T, 0726T, 0727T, 0728T, 0729T, 0730T, 0732T, 0733T, 0734T, 0328U.  |
| 09/15/22 | Codes K1018 and K1019 added.   |
| 10/01/22 | Added position statement regarding radiofrequency treatment to the nasal valve. Quarterly CPT/HCPCS update. Code (A9291, K1002, K1019) revised.  |
| 11/15/22 | Deleted code 0421T.  |
| 12/15/22 | Code review 30468. Deleted codes K1031, K1032, K1033 (Refer to MCG 09-E0000-31 Pneumatic Compression Devices).   |
| 01/01/23 | Annual CPT/HCPCS coding update. Codes 30469, 95919, 0748T, 0778T, 0783T added; codes 0733T, 0734T revised; codes 0487T, 0491T-0493T, 0499T, 0702T, 0703T deleted. Deleted 90875, 90876 (refer to MCG 01-90900-01 Biofeedback).   |
| 03/15/23 | Codes K1018 and K1019 (Cala Trio) reviewed.  |
| 04/01/23 | Quarterly CPT/HCPCS coding update. Code E1905 added; code K1019 revised.   |
| 07/01/23 | Quarterly CPT/HCPCS coding update. Codes 0143U-0150U deleted. Code 0083U removed (see policy 05-86000-11).   |
| 10/01/23 | Quarterly CPT/HCPCS coding update. Codes A9268, A9269, A9292, K1036 added; code K1004 revised; code 0066U deleted. Code 30469 (Vivaer) reviewed.   |
| 01/01/24 | Existing position statements and coding maintained. Annual CPT/HCPCS coding update. Codes 22836-22838, 31242, 31243, 0790T, 0859T-0864T, 0823T-0826T, A4540, A4542, E0732, E0734, E3000 added; codes 0517T-0520T, 0640T, 0656T, 0657T revised; codes 0533T- 0536T, 0641T, 0642T, K1002, K1018, K1019, K1023 deleted. |
| 02/07/24 | Program exception and references updated.  |
| 04/01/24 | Quarterly CPT/HCPCS coding update. Added A4593, A4594, E0738, E0739.   |
| 07/01/24 | Quarterly CPT/HCPCS coding update. Codes 0456U, 0894T, 0895T, 0896T added; code 0714T revised.   |
| 07/15/24 | Added code S2107.  |
| 10/01/24 | Quarterly CPT/HCPCS coding update. Codes A4543, A4544, E0715, E0716, E0721, E0743 added; code E0739 revised.   |
| 10/15/24 | Code 30469 (Vivaer) reviewed. Code 0719T added. Codes 0483T, 0484T removed (refer to policy 02-33000-35).  |
| 11/15/24 | Deleted code A4540 (refer to policy 02-61000-03).  |
| 01/01/24 | Annual CPT/HCPCS Coding Update: Codes 0933T, 0934T, 0935T, C1735, C1736, G0552, G0553, G0554 added. Codes 0616T-0618T, 0456U deleted.  |
| 04/15/25 | Codes 0563T (TearCare® System), 0607T, 0608T (µ-Cor™ Heart Failure and Arrhythmia Management System), and 0868T (Gastric Alimetry Electrogastrography System) reviewed. Added codes 0563T, 0607T, 0608T, 0868T.  |