



Health Plan of Washington

MEDICAL POLICY – 10.01.533

Non-covered Experimental/Investigational Services


Effective Date: **Oct. 1, 2024***
Last Revised: Dec. 1, 2024
Replaces: N/A

RELATED MEDICAL POLICIES:
None

*This policy has been revised. View upcoming changes here.

Select a hyperlink below to be directed to that section.

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Introduction

The safety and/or effectiveness of treatments, procedures, equipment, drugs, drug usage, medical devices, or supplies that have not been by a review of established published medical and scientific literature are considered experimental/investigational. This policy lists several services that are considered experimental/investigational.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

This policy addresses those specific services that are determined by the Plan to be experimental/investigational based on the definition in the Plan's benefit contracts.

The services listed below are considered experimental/investigational and, therefore, not covered because the safety and/or effectiveness of these services have not been established by review of the available published peer-reviewed medical and scientific literature.

The list provided below is meant to be a general reference and may not cover all clinical circumstances and is not all-inclusive. The list below does not list services that are determined by the Plan to be experimental/investigational that are contained in a separate medical policy. Codes are reviewed regularly and updated as needed or as the status of a service changes.

Services	Investigational
Services identified in this policy	The following list of services are considered investigational and therefore, not covered.

Note: If there is a difference between the information listed in the table below and the member’s contract, the member’s contract prevails. Coverage is dependent upon the effective date of the member’s contract and the date the service was provided.

Coding

Code	Description
CPT	
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps (PolypDX)
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like) (Decipher Bladder TURBT+G54)
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations



Code	Description
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy (Argus II Retinal Prosthesis System)
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas (BeScreened-CRC test)
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents (LC-MS/MS Targeted Proteomic Assay)
0176U	Cytotoxic distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (i.e., ELISA) (IBSChek)
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons (Navigator ABO Sequencing)
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1 (Navigator CO Sequencing)
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10 (Navigator CROM Sequencing)
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19 (Navigator DI Sequencing)
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2 (Navigator DO Sequencing)
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4 (Navigator FUT1 Sequencing)
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2 (Navigator FUT2 Sequencing)
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2 (Navigator FY Sequencing)
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4 (Navigator GE Sequencing)
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2 (Navigator GYPA Sequencing)
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3 (Navigator GYPB Sequencing)



Code	Description
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6 (Navigator IN Sequencing)
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9 (Navigator JK Sequencing)
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26 (Navigator JR Sequencing)
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8 (Navigator KEL Sequencing)
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (i.e., exon 13) (Navigator KLF1 Sequencing)
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3 (Navigator LU Sequencing)
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1 (Navigator LW Sequencing)
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5 (Navigator RHD/CE Sequencing)
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12 (Navigator SC Sequencing)
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3 (Navigator XK Sequencing)
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2 (Navigator YT Sequencing)
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR) (BioPlex 2200 RPR Assay)
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (i.e., protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility (Sentosa SQ HIV-1 Genotyping Assay)
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score (PreciseDx Breast Cancer Test)



Code	Description
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene (Navigator ABO Blood Group NGS)
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3 (Navigator Rh Blood Group NGS)
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical (NuFix, TruFUSE)
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic (NuFix, TruFUSE)
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar (NuFix, TruFUSE)
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (NuFix, TruFUSE) (List separately in addition to code for primary procedure)
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score (DCISionRT, PreludeDX)
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood (CELLSEARCH Circulating Multiple Myeloma Cell (CMMC) Test)
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood (CELLSEARCH HER2 Circulating Tumor Cell (CTC-HER2) Test)
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline (IMMray PanCan-d)
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH (OWLiver)
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic,



Code	Description
	and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents (DAWN IO)
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [i.e., transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score (OvaWatch)
0395U	Oncology (lung), multi-omics (microbial DNA by shotgun nextgeneration sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease (OncobiotLUNG)
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer (ESOPREDICT Barrett's Esophagus Risk Classifier Assay)
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrode
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations (new code effective 1/1/2024)
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy (effective 1/1/2024)
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index (new code effective 4/1/2024)
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent (new code effective 4/1/2024)
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (e.g., 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



Code	Description
0473T	Device evaluation and interrogation of intraocular retinal electrode array (e.g., retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
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
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device (PreciceSystem)
0596T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement (inFlow device)
0597T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); replacement (inFlow device)
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., lower extremity) (MolecuLight i:X Wound Imaging Device)
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary procedure) (MolecuLight i:X Wound Imaging Device)
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent (Transdermal GFR system)
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours (Transdermal GFR system)
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment (Notal Home OTC Program)
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance



Code	Description
	center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days (Notal Home OTC Program)
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated 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 (Notal Home OTC Program)
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 (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment (mCor Heart Failure and Arrhythmia Management System)
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 (e.g., 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 (mCor Heart Failure and Arrhythmia Management System)
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs (NOCISCAN Suite)
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis (NOCISCAN Suite)
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs (NOCISCAN Suite)
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report (NOCISCAN Suite)
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed (V-Wave Shunt)
0615T	Eye-movement analysis without spatial calibration, with interpretation and report (EyeBox device)
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed (Optilume system)
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open



Code	Description
	vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed (LimFlow Stent Graft System)
0621T	Trabeculostomy ab interno by laser (ExTra ELT [excimer laser trabeculostomy])
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope (ExTra ELT)
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 (Cleerly Coronary)
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 (Cleerly Coronary)
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 (Cleerly Coronary)
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 (Cleerly Coronary)
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity (HyperView)
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance (TIVUS)
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed (Flowsense)
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence (Viveve)
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance
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)(VisONE)



Code	Description
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 (VisONE)
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) (VisONE)
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 (VisONE)
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) (VisONE)
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function (VisONE)
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) (VisONE)
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads (VisONE)
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function (VisONE)
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 (VisONE)
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 (VisONE)
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 (VisONE)



Code	Description
0686T	Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance (ultrasound ablation)
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (e.g., organ, gland, tissue, target structure)
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
0692T	Therapeutic ultrafiltration
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report
0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative
0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement
0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation
0697T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; multiple organs
0698T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion (Orlucent)
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure) (Orlucent)



Code	Description
0707T	Injection(s), bone-substitute material (e.g., calcium phosphate) into subchondral bone defect (i.e., bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization
0708T	Intradermal cancer immunotherapy; preparation and initial injection
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) (code termed 1/1/2024)
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session (MRCP+)
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) (MRCP+)
0731T	Augmentative AI-based facial phenotype analysis with report (FACE2GENE)



Code	Description
0732T	Immunotherapy administration with electroporation, intramuscular (VGX-3100)
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter (Hygieacare)
0737T	Xenograft implantation into the articular surface (Agili-C implant)
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report (Biomechanical Computed Tomography Analysis)
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (e.g., polyester, ePTFE, bovine pericardium), when performed (VenoValve)
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (e.g., CT, MRI, or myocardial perfusion scan) and electrical data (e.g., 12-lead ECG data), and identification of areas of avoidance (cardiac radioablation)
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan (cardiac radioablation)
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (e.g., removal of setons, fistula curettage, closure of internal openings) (Alofisel)
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; (OsteoApp.ai)
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength



Code	Description
	and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (e.g., low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure) (artificial intelligence)
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (e.g., low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram (artificial intelligence)
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve (NeuraLace Medical, Inc.)
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) (NeuraLace Medical, Inc.)
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve (NeuraLace Medical, Inc.) (code termed 1/1/2024)
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) (NeuraLace Medical, Inc.) (code termed 1/1/2024)
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure) (FloreoTech)
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient aged 5 years or older (FloreoTech)
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or



Code	Description
	consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) (FloreoTech)
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient aged 5 years or older (FloreoTech)
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) (FloreoTech)
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (e.g., vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment (Pro2cool)
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure) (CompuFlo)
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
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography



Code	Description
	(CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies
0811T	Remote multi-day complex uroflowmetry (e.g., calibrated electronic equipment); set-up and patient education on use of equipment (new code effective 1/1/2024)
0812T	Remote multi-day complex uroflowmetry (e.g., calibrated electronic equipment); device supply with automated report generation, up to 10 days (new code effective 1/1/2024)
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral (new code effective 1/1/2024)
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report (new code effective 1/1/2024)
0859T	Noncontact near-infrared spectroscopy (e.g., 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) (new code effective 1/1/2024)
0860T	Noncontact near-infrared spectroscopy (e.g., 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 (new code effective 1/1/2024)
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy (new code effective 1/1/2024)
0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session (new code effective 1/1/2024)
0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL (new code effective 7/1/2024)
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report (new code effective 7/1/2024)



Code	Description
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed (new code effective 7/1/2024)
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed (new code effective 7/1/2024)
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed (new code effective 7/1/2024)
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed (new code effective 7/1/2024)
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed (new code effective 7/1/2024)
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters (new code effective 7/1/2024)
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional (new code effective 7/1/2024)
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging (new code effective 7/1/2024)
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure (new code effective 7/1/2024)
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission (new code effective 7/1/2024)
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report (new code effective 7/1/2024)
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device (new code effective 7/1/2024)
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10



Code	Description
	minutes; initial nerve (List separately in addition to code for primary procedure) (new code effective 7/1/2024)
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure) (new code effective 7/1/2024)
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure) (new code effective 7/1/2024)
0888T	Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance (new code effective 7/1/2024)
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation (new code effective 7/1/2024)
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day (new code effective 7/1/2024)
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day (new code effective 7/1/2024)
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day (new code effective 7/1/2024)
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report (new code effective 7/1/2024)
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion (new code effective 7/1/2024)
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (e.g., perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (new code effective 7/1/2024)
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (e.g.,



Code	Description
	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) (new code effective 7/1/2024)
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report (new code effective 7/1/2024)
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report (new code effective 7/1/2024)
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) (new code effective 7/1/2024)
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) (new code effective 7/1/2024)
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscle
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
HCPCS	
A4468	Exsufflation belt, includes all supplies and accessories (new code effective 1/1/2024)
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome (new code effective 10/1/2024)



Code	Description
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime (new code effective 4/1/2024)
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each (new code effective 4/1/2024)
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical (new code effective 1/1/2024)
A7049	Expiratory positive airway pressure intranasal resistance valve (ULTepap)
C1052	Hemostatic agent, gastrointestinal, topical (Hemospray)
C1761	Catheter, transluminal intravascular lithotripsy, coronary (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)



Code	Description
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed (Shockwave Medical Intravascular Lithotripsy [IVL] System)
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure) (e.g., MiVU)
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed
C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling (code termed 4/1/2024)
C9789	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed
C9790	Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance (code termed 4/1/2024)
C9792	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report (new code effective 1/1/2024)
C9794	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) (new code effective 1/1/2024)
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions (new code effective 1/1/2024)
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height (new code effective 4/1/2024)
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply



Code	Description
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application (new code effective 1/1/2024)
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply (new code effective 1/1/2024)
E0677	Non-pneumatic sequential compression garment, trunk (Koya Dayspring)
E0678	Nonpneumatic sequential compression garment, full leg (new code effective 1/1/2024)
E0679	Nonpneumatic sequential compression garment, half leg (new code effective 1/1/2024)
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure (new code effective 1/1/2024)
E0681	Nonpneumatic compression controller without calibrated gradient pressure (new code effective 1/1/2024)
E0682	Nonpneumatic sequential compression garment, full arm (new code effective 1/1/2024)
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump (new code effective 10/1/2024)
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (new code effective 10/1/2024)
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (new code effective 10/1/2024)
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories (new code effective 4/1/2024)
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors (new code effective 4/1/2024)
E0743	External lower extremity nerve stimulator for restless legs syndrome, each (new code effective 10/1/2024)
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (used to report ReliefBand and PrimaBella)
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories each (new code effective 10/1/2024)
E3000	Speech volume modulation system, any type, including all components and accessories (new code effective 1/1/2024)



Code	Description
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only (new code effective 10/1/2024)
H0051	Traditional healing service (new code effective 4/1/2024)
K1009	Speech volume modulation system, any type, including all components and accessories (SpeechVive Device) (code termed 1/1/2024)
K1021	Exsufflation belt, includes all supplies and accessories (code termed 1/1/2024)
K1024	Nonpneumatic compression controller with sequential calibrated gradient pressure (code termed 1/1/2024)
K1025	Nonpneumatic sequential compression garment, full arm (code termed 1/1/2024)
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical (Alzair) (code termed 1/1/2024)
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application (eXciteOSA Control Unit) (code termed 1/1/2024)
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply (eXciteOSA disposable mouthpiece) (code termed 1/1/2024)
K1031	Nonpneumatic compression controller without calibrated gradient pressure (code termed 1/1/2024)
K1032	Nonpneumatic sequential compression garment, full leg (code termed 1/1/2024)
K1033	Nonpneumatic sequential compression garment, half leg (code termed 1/1/2024)
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg (new code effective 10/1/2024)
L8721	Receptor sole for use with l8720, replacement, each (new code effective 10/1/2024)
P9027	Red blood cells, leukocytes reduced, oxygen/ carbon dioxide reduced, each unit (new code effective 10/1/2024)
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).



Definition of Terms

The following is a summary of the definition of the terms experimental/investigational found in most benefit contracts. Please consult the applicable health benefit plan contract for the specific definition of experimental/investigational.

Experimental or Investigational

Experimental or investigational services include a treatment, procedure, equipment, drug, drug usage, medical device, or supply that meets one or more of the following criteria:

- A drug or device that cannot be lawfully marketed without the approval of the US Food and Drug Administration and has not been granted such approval on the date the service is provided.
- The service is subject to oversight by an Institutional Review Board.
- No reliable evidence demonstrates that the service is effective in clinical diagnosis, evaluation, management, or treatment of the condition.
- The service is the subject of ongoing clinical trials to determine its maximum tolerated dose, toxicity, safety, or efficacy.
- Evaluation of reliable evidence indicates that additional research is necessary before the service can be classified as equally or more effective than conventional therapies.

Reliable evidence includes but is not limited to reports and articles published in authoritative peer-reviewed medical and scientific literature and assessments and coverage recommendations published by the Blue Cross and Blue Shield Center for Clinical Effectiveness.



Date	Comments
08/01/21	New policy, approved July 13, 2021, effective November 5, 2021, following 90-day notification. The listed services are investigational.
10/01/21	Coding update, added HCPCS codes S2300 and K1026.
12/01/21	Coding update, Removed CPT code 0561T.
01/01/22	Coding update, Added terminated date of 1/1/2022 to HCPC codes C9752 and C9753. Added new HCPC codes 0295U, 0672T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0700T, 0701T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, K1027, 33267, 33268, 33269, 61736, 61737 effective 1/1/2022.
03/01/22	Coding update. Added CPT codes 0002U and 0163U.
03/13/22	Coding update, removed CPT code 0042T effective March 13, 2022. Added CPT codes 0489T and 0490T.
04/01/22	Correction Coding update CPT codes 0489T and 0490T effective 4/1/22. Added HCPC codes K1028 and K1029.
05/01/22	Annual Review, approved April 25, 2022. Policy reviewed. Removed CPT codes 61736 and 61737 as they are now on policy 7.01.170. Removed HCPCS codes C9752 and C9753.
06/01/22	Coding update. Added HCPCS codes C1832 and C1833. Added CPT code 0673T. Removed CPT codes 0206U and 0207U.
07/01/22	Coding update. Added CPT codes 0721T, 0722T, 0723T, 0724T, 0731T, 0732T, 0733T, 0734T, 0736T and 0737T. Removed HCPCS codes K1016 and K1017.
09/01/22	Coding update. Added HCPCS code K1021.
10/01/22	Coding update. Removed HCPCS code K1018 and K1019.
11/01/22	Coding update. Removed CPT codes 33267, 33268 and 33269. Added CPT codes 0337U, 0338U, 0342U and 0344U.
01/01/23	Coding update. Added term date to CPT codes 0470T, 0471T, & 0487T. Added term date to HCPC codes C1841, C1842. Added new CPT codes 0357U, 0743T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0775T, 0776T, 0777T, 0778T, 0781T, 0782T.
02/01/23	Coding update. Removed CPT code 0775T.
04/01/23	Coding update. Added new CPT codes 0365U, 0366U, 0367U, 0375U and 0376U. Added CPT code C9757. Added new HCPC codes A7049 and E0677. Removed HCPC code K1004 as this now applies to policy 7.01.174.
05/01/23	Coding update. Removed HCPC code C9757 as this now applies to policy 7.01.551.
06/08/23	Coding update. Added HCPCS code K1024, K1025, K1031, K1032 and K1033.



Date	Comments
07/01/23	Coding update. Added new CPT codes 0393U, 0395U, 0398U, 0793T, 0794T, 0795T, 0796T, 0797T, 0801T, 0802T, 0803T, 0807T, 0808T, 0810T, and new HCPCS codes C9785, C9787.
08/01/23	Coding update. Added CPT code 0715T and removed codes 0795T-0803T.
08/03/23	Coding correction. Added CPT codes 0795T-0803T as they were inadvertently removed from the policy.
09/01/23	Coding update. Removed CPT codes 0365U, 0366U and 0367U and moved to new policy 2.04.520. Removed CPT codes 0795T-0803T and moved to policy 2.02.515.
10/01/23	Coding update. Added new CPT codes 0019M and 0404U. Added HCPCS codes C9789, C9790, C9792, E0490, E0491 and L5991.
12/01/23	Annual Review, approved November 6, 2023. Policy reviewed. Removed HCPCS code C8785 as this is on policy 7.01.516 and was added to this policy in error. Removed HCPCS code C1832 as it is on policy 7.01.113. Removed CPT code group 0704T-0706T as they are on 13.01.500 and CPT code 0358T as it is on 6.01.528. Added test names to numerous codes to assist with reviews.
01/01/24	Coding update. Removed termed CPT codes 0715T, 0768T and 0769T. Added CPT codes 0408T, 0435U, 0436U, 0811T, 0812T, 0814T, 0858T, 0859T, 0860T, 0864T, 0865T, 0866T and HCPCS codes A4468, A7023, E0492, E0493, E0678, E0679, E0680, E0681, E0682 and E3000. Added term dates to HCPCS codes K1009, K1021, K1024, K1025, K1026, K1027, K1028, K1029, & K1031-K1033.
03/01/24	Coding update. Removed CPT codes 0479T, 0687T, 0688T, 27278, 88305 and 88312 as they are also on other policies.
04/01/24	Coding update. HCPCS code K1027 removed from policy. This code was moved from E&I policy to AIM managed 10/31/2023 and was missed in removing from policy. Added new CPT codes 0441U-0443U and 0445U. Added new HCPCS codes A4593, A4594, E0152, E0738, E0739 and H0021.
05/01/24	Coding update. Added HCPCS code C9781 to policy. Moved HCPCS codes 0393U, 0443U and 0445U to policy 2.04.521.
05/16/24	Minor clerical update made to coding table.
07/01/24	Coding update. Added new CPT codes 0867T-0875T, 0877T-0883T, 0887T-0900T and 93895. Added termination date to HCPCS codes C9787 and C9790.
10/01/24	Annual Review, approved September 9, 2024. No changes to policy statements. Added new HCPCS codes A4544, A4545, E0683, E0715, E0716, E0737, E0743, E0767, E3200, L8720, L8721, P9027 effective 10/1/2024. Added HCPCS code E0736.
11/01/24	Coding update. HCPCS codes A4545, E0736 and E0737 moved to policy 1.01.507 Electrical Stimulation Devices. Also added HCPCS code E0765.
12/01/24	Coding update. Removed HCPCS 0376U from this policy and added to 2.04.520 – Laboratory Testing Investigational Services.



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

