

Document ID#: 2122376  
Subject: Noncovered Services  
\*Updated: February 1, 2012 for Effective Date of April 1, 2012

Clinical Documentation and Prior Authorization Required		Type of Review - Case Management	
Not Covered	√	Type of Review – Precertification Department	√
		Administrative Process (Internal Use Only)	MD

**Note:** Background, product and disclaimer information is located at the end of this document.

**\*For the purposes of this document, this date refers to when the list was updated with the addition or deletion of items/services. Please see specific item to determine when that item was placed on non-covered status.**

According to the Tufts Health Plan Evidence of Coverage (EOC), a treatment or procedure is considered investigative or unproven “if reliable evidence shows that prevailing opinion among experts regarding the treatment is that more studies or clinical trials are necessary to determine its safety, efficacy, toxicity, maximum tolerated dose, or its efficacy as compared with a standard means of treatment or diagnosis.”

Tufts Health Plan restricts coverage to those devices, treatments, or procedures for which the safety and efficacy have been proven, and which are comparable or superior to conventional therapies. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and proven is considered investigational (unproven) and is excluded from coverage.

To determine whether a device, medical treatment, or procedure is proven safe and effective the following hierarchy of reliable evidence is used:

1. Published formal technology assessments and /or high quality Meta analyses.
2. Well designed randomized studies published in credible, peer-reviewed literature.
3. High quality case-control or cohort studies.
4. Historical – control studies, or case reports and or case series.
5. Reports of expert opinion from national professional medical societies or national medical policy organizations.

With respect to clinical studies, only those reports and articles containing scientifically valid data and published in the referred medical and scientific literature shall be considered reliable evidence. Specifically not included in the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence or personal professional opinions. Also not included is the fact that a provider or a number of providers have elected to adopt a device, medical treatment, or procedure as their personal treatment or procedure of choice or standard of practice.

The following CPT/HCPCS procedure codes are investigational and unproven and therefore not covered.

**\*\*Indicates an “unlisted code” or “miscellaneous code” which can represent one or more services. You must refer to narrative to determine coverage.**

Procedure Code	Description	Exclusion Category	Origination Date
0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy	Investigational	February 28, 2007
0030T	Antiprothrombin (phospholipid cofactor) antibody, each Ig class	Investigational	January 1, 2006
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	Investigational	April 25, 2007
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy ( i.e. Abiocror, etc.)	Investigational	February 1, 2007
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) ( i.e. Abiocror, etc.)	Investigational	February 1, 2007
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit ( i.e. Abiocror, etc.)	Investigational	February 1, 2007
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Investigational	January 1, 2006
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	Investigational	January 1, 2006
0074T	Online evaluation and management service, per encounter, provided by a physician, using the Internet or similar electronic communications network, in response to a patient's request, established patient	Investigational	January 1, 2007
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and	Investigational	January 1, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	interpretation, percutaneous; initial vessel		
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel	Investigational	January 1, 2006
0078T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta, involving visceral branches (superior mesenteric, celiac and/or renal artery(s))	Investigational	January 1, 2006
0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch	Investigational	January 1, 2006
0080T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac and/or renal artery[s]), radiological supervision and interpretation	Investigational	January 1, 2006
0081T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation	Investigational	January 1, 2006
0085T	Breath test for heart transplant rejection	Investigational	January 1, 2006
0087T	Sperm evaluation, Hyaluronan binding assay	Investigational	January 1, 2006
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than decompression); each additional interspace	Investigational	January 1, 2007
0095T	Removal of total disc arthroplasty, anterior approach cervical; each additional interspace	Investigational	January 1, 2007
0098T	Revision of total disc arthroplasty, anterior approach cervical; each additional interspace	Investigational	January 1, 2007
0099T	Implantation of intrastromal corneal ring segments	Investigational	January 18, 2007
0100T	Placement of a subconjunctival	Investigational	January 1, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy		
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Investigational	February 28, 2007
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Investigational	February 28, 2007
0103T	Holotranscobalamin quantitative	Investigational	January 1, 2006
0104T	Inert gas rebreathing for cardiac output measurement; during rest	Investigational	January 1, 2006
0105T	Inert gas rebreathing for cardiac output measurement during exercise	Investigational	January 1, 2006
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Investigational	January 1, 2006
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Investigational	January 1, 2006
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	Investigational	January 1, 2006
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	Investigational	January 1, 2006
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	Investigational	January 1, 2006
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	Investigational	January 1, 2006
0123T	Fistulization of sclera for glaucoma, through ciliary body	Investigational	January 1, 2006
0124T	Conjunctival incision with posterior juxtасcleral placement of pharmacological agent (does not	Investigational	January 1, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	include supply of medication)		
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	Investigational	January 1, 2006
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI	Investigational	January 1, 2006
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace	Investigational	January 1, 2006
0164T	Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace	Investigational	January 1, 2006
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	Investigational	January 1, 2006
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)	Investigational	January 1, 2006
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level (X-STOP)	Investigational	January 1, 2006
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level; each additional level (X-STOP)	Investigational	January 1, 2006
0173T	Monitoring of intraocular pressure during vitrectomy surgery	Investigational	January 1, 2008
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician	Investigational	January 1, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation		
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	Investigational	January 1, 2006
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	Investigational	January 1, 2008
0179T	Electrocardiogram, 64 leads or greater, tracing and graphics only, without interpretation and report	Investigational	January 1, 2008
0180T	Electrocardiogram, 64 leads or greater, interpretation and report only	Investigational	January 1, 2008
0181T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	Investigational	January 1, 2008
0182T	High dose rate electronic brachytherapy, per fraction	Investigational <b>EXCEPT when billed with the following codes, in which case it is covered. 174.0-174.9, 179.0, 180.0, 180.1, 180.8, 180.9, 182.0</b>	January 1, 2008  New Code Coverage effective July 1, 2010
0183T	Low frequency, non-contact, non-thermal ultrasound, including topical application, when performed,, wound assessment and instruction for on going care, per day	Investigational	January 1, 2008
0188T	Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30- 74 minutes	Investigational	July 1, 2008
0189T	Remote real-time interactive videoconferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes	Investigational	July 1, 2008

<b>Procedure Code</b>	<b>Description</b>	<b>Exclusion Category</b>	<b>Origination Date</b>
	(List separately in addition to code for primary service)		
0190T	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)	Investigational	July 1, 2008
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach	Investigational	July 1, 2008
0192T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach	Investigational	July 1, 2008
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace	Investigational	January 1, 2009
0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	Investigational	January 1, 2009
0197T	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Investigational	January 1, 2009
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Investigational	January 1, 2009
0199T	Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (including frequency and amplitude) including interpretation and report	Investigational	July 1, 2009
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), 1 or more needles	Investigational	July 1, 2009
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), 2 or	Investigational	July 1, 2009

Procedure Code	Description	Exclusion Category	Origination Date
	more needles		
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	Investigational	July 1, 2009
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for	Investigational	January 1, 2010
0206T	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report	Investigational	January 1, 2010
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Investigational	January 1, 2010
0208T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	Investigational	January 1, 2010
0209T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	Investigational	January 1, 2010
0210T	Speech audiometry threshold, automated (includes use of computer-assisted device);	Investigational	January 1, 2010
0211T	Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	Investigational	January 1, 2010
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	Investigational	January 1, 2010
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Investigational	January 1, 2010
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with	Investigational	January 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
	ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)		
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary	Investigational	January 1, 2010
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Investigational	January 1, 2010
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Investigational	January 1, 2010
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary proc	Investigational	January 1, 2010
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Investigational	January 1, 2010
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Investigational	January 1, 2010
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Investigational	January 1, 2010
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s),	Investigational	January 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
	single level; each additional vertebral segment (List separately in addition to code for primary procedure)		
0223T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interpretation and report	Investigational	July 1, 2010
0224T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter - AV or VV delays only, with interpretation and report	Investigational	July 1, 2010
0225T	Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter - AV and VV delays, with interpretation and report	Investigational	July 1, 2010
0226T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	Investigational	July 1, 2010
0227T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)	Investigational	July 1, 2010
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	Investigational	July 1, 2010
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	Investigational	July 1, 2010
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	Investigational	July 1, 2010
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for	Investigational	July 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
	primary procedure)		
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Investigational	July 1, 2010
0233T	Skin advanced glycation end products (AGE) measurement by multi-wavelength fluorescent spectroscopy	Investigational	July 1, 2010
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	Investigational	January 1, 2011
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	Investigational	January 1, 2011
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	Investigational	January 1, 2011
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Investigational	January 1, 2011
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	Investigational	January 1, 2011
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs	Investigational	January 1, 2011
0240T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with high resolution esophageal pressure topography	Investigational	January 1, 2011
0241T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during high resolution esophageal pressure	Investigational	January 1, 2011

Procedure Code	Description	Exclusion Category	Origination Date
	topography study (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)		
0242T	Gastrointestinal tract transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Investigational	January 1, 2011
0243T	Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report	Investigational	January 1, 2011
0244T	Continuous measurement of wheeze rate during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation 3 to 24 hours, with interpretation and report	Investigational	January 1, 2011
0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance	Investigational	January 1, 2011
0250T	Airway sizing and insertion of bronchial valve(s), each lobe (List separately in addition to code for primary procedure)	Investigational	January 1, 2011
0251T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Investigational	January 1, 2011
0252T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Investigational	January 1, 2011
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Investigational	January 1, 2011
0254T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;	Investigational	January 1, 2011
0255T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous	Investigational	January 1, 2011

Procedure Code	Description	Exclusion Category	Origination Date
	malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation		
0256T	Implantation of catheter-delivered prosthetic aortic heart valve; endovascular approach	Investigational	January 1, 2011
0257T	Implantation of catheter-delivered prosthetic aortic heart valve; open thoracic approach (e.g., transapical, transventricular)	Investigational	January 1, 2011
0258T	Transthoracic cardiac exposure (e.g., sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; without cardiopulmonary bypass	Investigational	January 1, 2011
0259T	Transthoracic cardiac exposure (e.g., sternotomy, thoracotomy, subxiphoid) for catheter-delivered aortic valve replacement; with cardiopulmonary bypass	Investigational	January 1, 2011
0260T	Total body systemic hypothermia, per day, in the neonate 28 days of age or younger	Investigational	January 1, 2011
0261T	Selective head hypothermia, per day, in the neonate 28 days or younger	Investigational	January 1, 2011
0262T	Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach	Investigational	July 1, 2011
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	Investigational	July 1, 2011
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	Investigational	July 1, 2011
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral	Investigational	July 1, 2011

Procedure Code	Description	Exclusion Category	Origination Date
	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)	Investigational	July 1, 2011
0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Investigational	July 1, 2011
0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Investigational	July 1, 2011
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)	Investigational	July 1, 2011
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Investigational	July 1, 2011
0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Investigational	July 1, 2011
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and	Investigational	July 1, 2011

Procedure Code	Description	Exclusion Category	Origination Date
	programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);		
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	Investigational	July 1, 2011
0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Investigational	July 1, 2011
0275T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic, lumbar	Investigational	July 1, 2011
0276T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Investigational	January 1, 2012
0277T	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Investigational	January 1, 2012

<b>Procedure Code</b>	<b>Description</b>	<b>Exclusion Category</b>	<b>Origination Date</b>
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	Investigational	January 1, 2012
0279T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Investigational	January 1, 2012
0280T	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); interpretation and report	Investigational	January 1, 2012
0281T	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	Investigational	January 1, 2012
0282T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period	Investigational	January 1, 2012
0283T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator	Investigational	January 1, 2012
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	Investigational	January 1, 2012
0285T	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed	Investigational	January 1, 2012
0286T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Investigational	January 1, 2012
0287T	Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous	Investigational	January 1, 2012

Procedure Code	Description	Exclusion Category	Origination Date
	vasculature for evaluation of potential access sites and vessel patency		
0288T	Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence)	Investigational	January 1, 2012
0289T	Corneal incisions in the donor cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	Investigational	January 1, 2012
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	Investigational	January 1, 2012
0291T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; initial vessel (List separately in addition to primary procedure)	Investigational	January 1, 2012
0292T	Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to primary procedure)	Investigational	January 1, 2012
0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, radiological supervision and interpretation, and associated injection procedures, when performed	Investigational	January 1, 2012
0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary	Investigational	January 1, 2012

Procedure Code	Description	Exclusion Category	Origination Date
	procedure)		
0295T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Investigational	January 1, 2012
0296T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Investigational	January 1, 2012
0297T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report	Investigational	January 1, 2012
0298T	External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation	Investigational	January 1, 2012
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Investigational	January 1, 2012
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	Investigational	January 1, 2012
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance	Investigational	January 1, 2012
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	Investigational	January 1, 2007
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Cosmetic	October 1, 2008
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)	Cosmetic	October 1, 2008

Procedure Code	Description	Exclusion Category	Origination Date
	(List separately in addition to code for primary procedure)		
19105	Ablation, cryosurgical, of fibroadenoma, breast, including ultrasound guidance, each fibroadenoma	Investigational	January 1, 2007
19499**	Catheter lavage of mammary duct(s) for collection of cytology specimen(s), in high risk individuals (GAIL risk scoring or prior personal history of breast cancer), each breast; single duct	Investigational	September 1, 2006
19499**	Catheter lavage of mammary duct(s) for collection of cytology specimen(s), in high risk individuals (GAIL risk scoring or prior personal history of breast cancer), each breast; each additional duct	Investigational	September 1, 2006
19499**	Destruction/reduction of malignant breast tumor including breast carcinoma cells in the margins, microwave phased array thermotherapy, disposable catheter with combined temperature monitoring probe and microwave sensor, externally applied microwave energy, including interstitial placement of sensor	Investigational	January 1, 2006
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less	Investigational	January 1, 2006
20986	Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on intraoperatively obtained images (e.g., fluoroscopy, ultrasound) (List separately in addition to code for primary procedure)	Investigational	January 1, 2009
20987	Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image guidance based on preoperative images (List separately in addition to code for primary procedure)	Investigational	January 1, 2009
21270	Malar augmentation, prosthetic material	Cosmetic	October 1, 2010
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral	Cosmetic	October 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
	approach		
21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach	Cosmetic	October 1, 2010
21740	Reconstructive repair of pectus excavatum or carinatum; open	Investigational when billed with ICD-9 754.82	January 1, 2007
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Investigational when billed with ICD-9 754.82	January 1, 2007
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Investigational when billed with ICD-9 754.82	January 1, 2007
22505	Manipulation of spine requiring anesthesia, any region	Investigational	November 20, 2006
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level (IDET)	Investigational	April 25, 2007
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (IDET)	Investigational	April 25, 2007
22856	Total disc arthroplasty (artificial disc e.g. ProDisc™-C Total Disc Replacement)), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	Investigational	January 1, 2006
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than decompression); single interspace, lumbar	Investigational	January 1, 2007
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Investigational	January 1, 2007
22862	Revision of total disc arthroplasty, anterior approach; single interspace, lumbar	Investigational	January 1, 2007
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Investigational	January 1, 2007

Procedure Code	Description	Exclusion Category	Origination Date
22865	Removal of disc arthroplasty, anterior approach; single interspace, lumbar	Investigational	January 1, 2007
*22899	Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; single level	Investigational	January 1, 2010
*22899	Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance;	Investigational	January 1, 2010
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	This code is considered investigational when billed with at least two of these additional codes: 64704, 64708, 64712, 64722	October 1, 2009
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving plantar fascia	Investigational	February 28, 2007
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Investigational	September 1, 2006
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Investigational	October 1, 2009 (New Code effective January 2011)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)	Investigational	October 1, 2009 (new code effective January 2011)
30999*	Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral	Investigational	January 1, 2006
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (e.g., balloon dilation), transnasal or via canine fossa	Investigational	January 1, 2011
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (e.g., balloon dilation)	Investigational	January 1, 2011
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (e.g., balloon dilation)	Investigational	January 1, 2011
31626	Bronchoscopy, with placement of fiducial markers, single or multiple	Investigational	February 1, 2010
31627	Bronchoscopy, with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Investigational	February 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, SAVER, Dor procedures)	Investigational	November 20,2006
33999*	Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass	Investigational	January 1, 2006
33999*	Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass	Investigational	January 1, 2006
33999**	Prolonged extracorporeal percutaneous transseptal ventricular assist device, greater than 24 hours, each subsequent 24 hour period	Investigational	January 1, 2006
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation and instrument calibration and collection of pressure data	Investigational	January 1, 2006
37250	Intravascular ultrasound (IVUS) for assessment of peripheral artery disease (PAD) of lower extremities (diagnosis codes 440.20-440.29, 443.9)	Investigational	January 1, 2010
37251	Intravascular ultrasound (IVUS) for assessment of peripheral artery disease (PAD) of lower extremities (diagnosis codes 440.20-440.29, 443.9)	Investigational	January 1, 2010
37790	Penile venous occlusive procedure	Investigational	November 20,2006
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	Investigational	January 1, 2006
43257	Upper Gastrointestinal Endoscopy with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Investigational	November 20,2006
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Investigational	January 1,2007
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator	Investigational	January 1, 2007

Procedure Code	Description	Exclusion Category	Origination Date
	electrodes, antrum		
43659*	Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006
43659*	Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Investigational	November 1, 2006
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Investigational	January 1, 2007
43999*	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006
43999*	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e. morbid obesity)	Investigational	September 1, 2006
46707	Repair of anorectal fistula with plug (e.g., porcine small intestine submucosa)	Investigational	January 1, 2006
53853	Transurethral destruction of prostate tissue by water-induced thermotherapy	Investigational	January 1, 2007
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Investigational	January 1, 2006
53860	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Investigational	January 1, 2009 (New code effective January 2011)
53899**	Treatment(s) for incontinence, pulsed magnetic neuromodulation, per day	Investigational	January 1, 2006
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Investigational	January 1, 2006
58999**	Speculoscopy	Investigational	January 1, 2006
58999**	Speculoscopy, with directed	Investigational	January 1, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	sampling		
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous	Investigational	May 7,2007
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed	Investigational	May 7,2007
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Investigational	May 7,2007
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family	Investigational	May 7,2007
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family	Investigational	May 7,2007
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Investigational when billed with the following diagnoses codes: 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 300.4, 309.1, & 311	November 20, 2006
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection two or more electrode arrays	Investigational when billed with the following diagnoses codes: 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 300.4, 309.1, & 311	November 20, 2006
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Investigational when billed with the following diagnoses codes: 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36, 300.4, 309.1, & 311	November 20, 2006
62263	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Investigational	July 1, 2008

Procedure Code	Description	Exclusion Category	Origination Date
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Investigational	July 1, 2008
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Investigational-Laser procedure ONLY	April 25, 2007
64566	Electrical percutaneous tibial nerve stimulation for urinary voiding dysfunction	Investigational	July 1, 2009
64704	Neuroplasty, nerve of hand or foot	This code is considered investigational when billed with at least two of these additional codes: 28035, 64708, 64712, 64722	October 1, 2009
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	This code is considered investigational when billed with at least two of these additional codes: 28035, 64704, 64712, 64722	October 1, 2009
64712	Neuroplasty, sciatic nerve	This code is considered investigational when billed with at least two of these additional codes: 28035, 64704, 64708, 64722	October 1, 2009
64722	Decompression; unspecified nerve(s) (specify)	This code is considered investigational when billed with at least two of these additional codes: 28035, 64704, 64708, 64712	October 1, 2009
65710	Keratoplasty (corneal transplant); lamellar	Investigational	January, 1,2007
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Investigational	January 1, 2008
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Investigational	January 1, 2008
67221	Photodynamic therapy (includes	Investigational when billed	April 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
	intravenous therapy)	with any of these codes: 228.09, 362.16 or 362.41	
67225	Photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	Investigational when billed with any of these codes: 228.09, 362.16 or 362.41	April 1, 2010
67299*	Destruction of localized lesion of choroids (e.g., choroidal neovascularization), transpupillary thermotherapy	Investigational	September 1, 2006
67299*	Destruction of macular drusen, photocoagulation	Investigational	January 1, 2006
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Investigational	January 1, 2007
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Investigational	January 1, 2010
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Investigational	January 1, 2007
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Investigational	January 1, 2007
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Investigational	January 1, 2007
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic	Investigational	November 20, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	disruption), radiological supervision and interpretation		
76499**	Dual energy x-ray absorptiometry (DEXA), body composition study, one or more sites	Investigational	January 1, 2006
76499**	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)	Investigational	January 1, 2006
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	<b>Investigational-for Breast Imaging only</b>	July 1, 2011
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	<b>Investigational-For Breast Imaging only</b>	July 1, 2011
81099**	Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds	Investigational	January 1, 2006
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Investigational	January 1, 2012
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	Investigational	January 1, 2012
83037	Glycosylated (A1C) by device cleared by FDA for home use (e.g. A1CNow+ ®)	Investigational	April 1, 2009
83631	Lactoferrin, fecal, quantitative	Investigational	November 20,2006
83987	pH; exhaled breath condensate	Investigational	January 1, 2006
84145	Procalcitonin (PCT)	Investigational	January 1, 2009
84999 **	Lipoprotein, direct measurement, intermediate density lipoproteins (IDL) (remnant lipoproteins)	Investigational	January 1, 2006
84999**	Carbon monoxide, expired gas analysis (e.g., ETCO <sub>c</sub> /hemolysis breath test)	Investigational	April 25, 2007
86343	Leukocyte histamine release test (LHR)	Investigational	January 1, 2007
86999**	Platelet rich plasma Infusion	Investigational	July 1, 2010
89240**	Cryopreservation; reproductive tissue, ovarian	Investigational	January 1, 2006
89240**	Cryopreservation; reproductive tissue, oocyte(s)	Investigational	January 1, 2006

<b>Procedure Code</b>	<b>Description</b>	<b>Exclusion Category</b>	<b>Origination Date</b>
89329	Sperm evaluation; hamster penetration test	Investigational	November 20, 2006
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use	Investigational	January 1, 2010
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Investigational	January 1, 2006
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Investigational	January 1, 2006
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Investigational	January 1, 2012
91037	Multichannel intraluminal impedance testing for GERD	Investigational	January 1, 2010
91038	Multichannel intraluminal impedance testing for GERD	Investigational	January 1, 2010
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral	Experimental	April 1, 2010
92227	Remote imaging for detection of retinal disease (e.g. retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	Investigational	January 2011
92228	Remote imaging for monitoring and management of active retinal disease (e.g. diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Investigational	January 2011
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Investigational	January 1, 2012
92512	Nasal function studies	Investigational	October 1, 2009
92548	Computerized dynamic posturography	Investigational	October 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
93228	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report (MCOT)	Not essential to treat injury or illness	July 1, 2011
93229	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports (MCOT)	Not essential to treat injury or illness	July 1, 2011
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	Investigational	January 1, 2007
93740	Temperature gradient studies	Investigational	January 1, 2007
*93799	Acoustic heart sound recording, computer analysis with interpretation and report	Investigational	January 1, 2010
*93799	Acoustic heart sound recording, computer analysis only	Investigational	January 1, 2010
*93799	Acoustic heart sound recording, interpretation and report only	Investigational	January 1, 2010
*93799	Left ventricular filling pressure, indirect measurement by computerized calibration of the arterial waveform response to Valsalva measurement	Investigational	January 1, 2010
93982	Non invasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Investigational	January 2006
*94799	Spectroscopy, expired gas analysis	Investigational	January 1, 2010
95012	Nitric oxide expired gas determination	Investigational	October 1, 2007

Procedure Code	Description	Exclusion Category	Origination Date
95060	Ophthalmic mucous membrane tests	Investigational	November 20,2006
95065	Direct nasal mucous membrane test	Investigational	November 20,2006
95078	Non covered Allergy Testing and Treatments	Investigational	January 1, 2009
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	Drugs, medicines, materials or supplies for use outside the hospital or any other facility  Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.	October 1, 2010
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	Drugs, medicines, materials or supplies for use outside the hospital or any other facility  Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.	October 1, 2010
95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	Drugs, medicines, materials or supplies for use outside the hospital or any other facility  Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or	October 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
		as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.	
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	<p>Drugs, medicines, materials or supplies for use outside the hospital or any other facility</p> <p>Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.</p>	October 1, 2010
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	<p>Drugs, medicines, materials or supplies for use outside the hospital or any other facility</p> <p>Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.</p>	October 1, 2010
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	<p>Drugs, medicines, materials or supplies for use outside the hospital or any other facility</p> <p>Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or</p>	October 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
		use by means other than subcutaneous injection is not covered.	
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	Drugs, medicines, materials or supplies for use outside the hospital or any other facility  Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.	October 1, 2010
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	Drugs, medicines, materials or supplies for use outside the hospital or any other facility  Services are only covered when the resulting formulation is intended to be provided under direct provider supervision, by subcutaneous injection, either in one single dose or as multiple doses. Non-provider-supervised use or use by means other than subcutaneous injection is not covered.	October 1, 2010
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Investigational	January 1, 2006
95930	Visual Evoked Potentials for Early Infant Amblyopia Screening in the Office	Investigational	April 1, 2010
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)	Investigational	November 20, 2006
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or	Investigational	November 20, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	visual cortex localization)		
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization)	Investigational	November 20,2006
96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics	Investigational	July 1, 2007
96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking	Investigational	July 1, 2007
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Investigational	July 1, 2007
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Investigational	July 1, 2007
96004	Physician review and interpretation 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	Investigational	July 1, 2007
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session	Investigational when billed with diagnosis code 706.1	November 20,2006
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Investigational	October 1, 2007
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	Investigational	November 20,2006
99174	Ocular photoscreening with interpretation and report, bilateral	Investigational	January 1, 2008
99199*	Validated, statistically reliable,	Investigational	January 1, 2006

Procedure Code	Description	Exclusion Category	Origination Date
	randomized, controlled, single-patient clinical investigation of FDA approved chronic care drugs, provided by a pharmacist, interpretation and report to the prescribing health care professional		
99605	Medication therapy management services provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	Investigational	January 1, 2006
99606	Medication therapy management services provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	Investigational	January 1, 2006
99607	Medication therapy management services provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (list separate)	Investigational	January 1, 2006
A4639	Replacement pad for infrared heating pad system, each	Investigational	January 1, 2008
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Investigational	November 20,2006
C1749	Endoscope, retrograde imaging illumination colonoscope device (implantable)	Investigational	October 1, 2010
C1818	Integrated keratoprosthesis	Investigational	January 1, 2007
C1821	Interspinous process distraction device (implantable)	Investigational	January 1, 2007
C2614	Probe, percutaneous lumbar discectomy	Investigational	January 1, 2007
C9724	Endoscopic full-thickness plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy	Investigational	January 1, 2007
C9727	Insertion of implants into the soft palate; minimum of three implants ( Pillar Procedure)	Investigational	January 1, 2007
E0218	Water circulating cold pad with pump	Investigational	November 20,2006
E0221	Infrared heating pad system	Investigational	October 1, 2008
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Investigational	October 1, 2008

Procedure Code	Description	Exclusion Category	Origination Date
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Investigational	October 1, 2008
E0236	Pump for water circulating pad	Investigational	November 20,2006
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies	Not a covered benefit	January 2011
E0480	The Frequencer™ (percussor electric and/or pneumatic)	Investigational	April 1, 2010
E0762	Transcutaneous electrical joint stimulation device system-PES (e.g. BioniCare® Knee Device)	Investigational	July 1, 2009
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Investigational	January 1, 2008
E0782	Terbutaline therapy via subcutaneous infusion pump for pre-term labor	Investigational	July 1, 2009
E0783	Terbutaline therapy via subcutaneous infusion pump for pre-term labor	Investigational	July 1, 2009
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Investigational	July 1, 2008
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Not the least intensive level of service	January 1, 2011
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Not the least intensive level of service	January 1, 2011
E2511	Speech generating software program, for personal computer or personal digital assistant	Not the least intensive level of service	January 1, 2011
E2512	Accessory for speech generating device, mounting system	Not the least intensive level of service	January 1, 2011
E2599	Accessory for speech generating device, not otherwise classified	Not a covered benefit	January 1, 2011
G0176	(Activity therapy, such as music, dance, art or play therapies)	Investigational	November 1, 2011
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Investigational	January 1, 2007
G0282	Electrical stimulation, (unattended),	Investigational	November 20,2006

Procedure Code	Description	Exclusion Category	Origination Date
	to one or more areas, for wound care		
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Investigational	November 20,2006
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Investigational	November 20,2006
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Cosmetic when used with diagnosis code 706.1	January 1, 2008
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Cosmetic when billed with 96567, 96570 and 96571	July 1, 2009
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Investigational	April 1, 2010
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Investigational	January 1, 2012
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Investigational	Janauy 1, 2012
L8658	Interphalangeal joint spacer, silicone or equal, each	Investigational	July 1, 2007
L8680	Implantable neurostimulator electrode, each	Investigational when billed with diagnosis codes: 296.20 – 296.26, 296.30-296.36, 300.4, 309.1 and 311.	November 20, 2006
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	Investigational when billed with diagnosis codes: 296.20 – 296.26, 296.30-296.36, 300.4, 309.1 and 311.	November 20, 2006
M0076	Prolotherapy	Investigational	November 20, 2006
M0300	IV chelation therapy (chemical endarterectomy)	Investigational	January 1, 2007
P2031	Hair analysis (excluding arsenic)	Investigational	January 1, 2007

Procedure Code	Description	Exclusion Category	Origination Date
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Investigational	January 1, 2008
S2225	Myringotomy, laser-assisted	Investigational	January 1, 2007
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Investigational	July 1, 2007
S2344	Nasal/sinus endoscopy, surgical; with enlargement of sinus ostium opening using inflatable device (i.e. balloon sinuplasty)	Investigational	July 1, 2007
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Investigational	November 20,2006
S3650	Saliva test, hormone level; during menopause	Investigational	January 1, 2007
S3652	Saliva test, hormone level; to assess preterm labor risk	Investigational	November 20,2006
S3711	Circulating tumor cell test (Microchip™)	Investigational	January 1, 2009
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Investigational	October 1, 2007
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Investigational	November 20,2006
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene	Investigational	July 1, 2007
S3890	DNA analysis, fecal, for colorectal cancer screening	Investigational	November 20, 2006
S3900	Surface electromyography (EMG)	Investigational	July 1, 2007
S3905	Non-Invasive electrodiagnostic testing w/ auto computerized hand device to stimulate and measure neuromuscular signals in diagnosing neuropathies (NC STAT)	Investigational	April 1, 2007
S8049	Intraoperative radiation therapy (single administration) for the treatment of breast, colorectal and pancreatic cancers	Investigational	April 1, 2012
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	Investigational	November 20,2006
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	Investigational	November 20, 2006
S9001	Home uterine monitor with or without associated nursing services	Investigational	January 1, 2009
S9024	Paranasal sinus ultrasound	Investigational	November 20, 2006

<b>Procedure Code</b>	<b>Description</b>	<b>Exclusion Category</b>	<b>Origination Date</b>
S9055	Procuren or other growth factor preparation to promote wound healing	Investigational	November 20, 2006
S9090	Vertebral axial decompression, per session	Investigational	October 1, 2007
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Investigational	January 1, 2009
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Investigational	January 1, 2009
T1505	Electronic medication compliance device, includes all components	Investigational	January 1, 2011
V5095	Semi-implantable middle ear hearing prosthesis	Investigational	November 20, 2006
No Code Available	3D Mammography	Investigational	October 1, 2011
No Code Available	Active Specific Immunotherapy with Therapeutic Melanoma Vaccines	Investigational	April 1, 2011
No Code Available	Allomap® Noninvasive discrimination of rejection in cardiac allograft recipients using gene expression profiling	Investigational	July 1, 2008
No Code Available	AmpliChip™ Cytochrome P450 (CYP450) Test for pharmacogenic assay of medication sensitivity	Investigational	July 1, 2008
No Code Available	Ancillary Hyaluronic-Hyaluronidase testing for bladder cancer screening and detection	Investigational	July 1, 2009
No Code Available	Bronchial Thermoplasty (Alair®)	Investigational	July 1, 2011
No Code Available	Cancer TYPE ID® (bioTheranostics Inc.)	Investigational	April 1, 2012
No Code Available	CardioMag MCG System (MagnetoCardioGraphy; CardioMag	Investigational	April 1, 2012

Procedure Code	Description	Exclusion Category	Origination Date
	Imaging Inc)		
No Code Available	Chromosomal Microarray Analysis-Mitochondrial/Metabolic (MitoMet®) Testing	Investigational	July 1, 2010
No Code Available	Coronary Artery Calcium Scoring to Assess the Risk of Coronary Artery Disease in Asymptomatic Adults	Investigational	April 1, 2012
No Code Available	Craniosacral Therapy	Investigational	January 1, 2010
No Code Available	Embryonic Stem Cell Transplants	Investigational	October 1, 2010
No Code Available	Endoscopic Laser Assisted discectomy for cervical disc herniation	Investigational	January 1, 2010
No Code Available	Epidermal Nerve Fiber Density Test for diagnosing neuropathy	Investigational	October 1, 2010
No Code Available	EsophyX® (transoral incisionless fundoplication )	Investigational	January 1, 2012
No Code Available	Extracorporeal Magnetic Stimulation for Urinary Incontinence	Investigational	November 1, 2011
No Code Available	FiberNet® autologous fibrin and platelet system	Investigational	November 1, 2010
No Code Available	Fluid status monitoring( i.e. OptiVol™, Medtronic)	Investigational	July 1, 2011
No Code Available	Genetic Testing for Narcolepsy	Investigational	January 1, 2009
No Code Available	Genetic Testing for: Alzheimer's Disease (Athena Labs)	Investigational	July 1, 2010
No Code Available	Genetic Testing for: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) for Ventricular Tachycardia (various manufacturers)	Investigational	July 1, 2010
No Code Available	Genetic Testing for: Melanoma, CDKN2A (various manufacturers including Myriad)	Investigational	July 1, 2010
No Code Available	GlucoWatch™	Investigational	November 20, 2006
No Code Available	H.P. Athcar®Gel for West Syndrome	Investigational	November 1, 2010
No Code Available	Hematopoietic Stem Cell for autoimmune disorders	Investigational	March 16, 2007
No Code Available	Hematopoietic Stem Cell for breast cancer	Investigational	March 16, 2007
No Code Available	Hematopoietic Stem Cell for ovarian cancer	Investigational	March 16, 2007
No Code Available	Hematopoietic Stem Cell for renal cell carcinoma	Investigational	March 16, 2007

Procedure Code	Description	Exclusion Category	Origination Date
No Code Available	High intensity focused ultrasound for the treatment of prostate cancer	Investigational	November 1, 2010
No Code Available	High power laser therapy for musculoskeletal disorders	Investigational	November 1, 2010
No Code Available	ImPACT™ Concussion Management Test	Investigational	April 1, 2009
No Code Available	Implantable Insulin Pump	Investigational	January 1, 2012
No Code Available	In vitro chemosensitivity testing for prediction of response to chemotherapy (i.e. ChemoFx® Assay by Precision Therapeutics)	Investigational	October 1, 2009
No Code Available	Inhaled Nitrous Oxide for acute respiratory distress in adults	Investigational	November 1, 2010
No Code Available	Intravascular Ultrasound (IVUS) for guidance of percutaneous coronary interventions	Investigational	July 1, 2011
No Code Available	Know Error system for prostate biopsies (Diagnostic ID, LLC)	Investigational	November 1, 2011
No Code Available	LDEX® U400 BIS Extracellular Fluid Analysis	Investigational	April 1, 2011
No Code Available	Macular Translocation Surgery	Investigational	July 1, 2007
No Code Available	MaterniT21™ Noninvasive Prenatal Test for Trisomy 21 (Down Syndrome)	Investigational	April 1, 2012
No Code Available	Medicinal honey wound care dressings (i.e. Medihoney™)	Investigational	November 1, 2010
No Code Available	Mindstreams® Cognitive Health Assessment (e.g. NeuroTrax®)	Investigational	July 1, 2009
No Code Available	Mobile Cardiac Outpatient Telemetry (MCOT) (CardioNet Ambulatory ECG Monitor; CardioNet Inc.) for Home Monitoring of Cardiac Patients.	Investigational	April 1, 2012
No Code Available	Nebulized antibiotic therapy ( <b>Except</b> for the treatment of cystic fibrosis)	Investigational	October 1, 2009
No Code Available	NOD2/CARD15 gene testing for Crohn's Disease	Investigational	January 1, 2012
No Code Available	Non invasive methods to assess skin cholesterol (e.g. PREVU™ Point of Care Skin Test)	Investigational	July 1, 2009
No Code Available	Oncotype DX® Colon Cancer Test (Genomic Health)	Investigational	July 1, 2010
No Code Available	OncoVue® (InterGenetics Inc.) for Breast Cancer Risk Assessment	Investigational	April 1, 2012
No Code Available	OVA1™ Test (Vermillion, Inc.)	Investigational	April 1, 2010
No Code	Pathfinder TG®; Topographic	Investigational	July 1, 2008

<b>Procedure Code</b>	<b>Description</b>	<b>Exclusion Category</b>	<b>Origination Date</b>
Available	Genotyping (RedPath)		
No Code Available	Percutaneous mechanical thrombectomy for acute limb ischemia with AngioJet® Rheolytic Thrombectomy system (Possis Medical, Inc)	Investigational	January 1, 2010
No Code Available	Percutaneous Transcatheter Coil Embolization for Pelvic Congestion Syndrome (PCS)	Investigational	April 1, 2012
No Code Available	Pharmacogenetic testing for Warfarin responsiveness	Investigational	July 1, 2010
No Code Available	Platelet Rich Plasma (PRP) for bone healing and fusion	Investigational	January 1, 2010
No Code Available	PreDx® Diabetes Risk Sc	Investigational	January 1, 2012
No Code Available	Previstage™ GCC Colorectal Cancer Staging Test	Investigational	January 1, 2012
No Code Available	Prostate Cancer Prognostic Testing (i.e. Prostate Px™ by Aureon Biosciences®)	Investigational	November 1, 2010
No Code Available	Quantitative CT for Bone Mineral Density	Investigational	April 1, 2012
No Code Available	Radiesse® for glottic insufficiency	Investigational	October 1, 2011
No Code Available	Sclerotherapy for re-anastomosis after bariatric surgery	Investigational	April 1, 2010
No Code Available	SensiGene Fetal RHD Genotyping for Rh Incompatibility (Sequenom Center for Molecular Medicine)	Investigational	April 1, 2011
No Code Available	SensiGene Fetal Sex Determination Testing (Sequenom Center for Molecular Medicine)	Investigational	April 1, 2011
No Code Available	Subcutaneous insertion of estradiol pellets for post menopausal disorders	Investigational	July 1, 2011
No Code Available	Sublingual immunotherapy for the treatment of allergies and asthma	Investigational	October 1, 2009
No Code Available	TargetNow® Molecular Profiling Test (Caris™Life Sciences)	Investigational	April 1, 2012
No Code Available	Tinnitus Treatment/Rehabilitation (e.g. Neuromonics® and other programs)	Investigational	October 1, 2010
No Code Available	Tissue of Origin test (Pathworks®)	Investigational	January 1, 2010
No Code Available	Torn Earlobe Repair	Cosmetic	January 1,2007
No Code Available	Transvaginal and transurethral radiofrequency tissue remodeling for urinary stress incontinence	Investigational	January 1, 2009
No Code	Urinary Microsatellite Analysis	Investigational	January 1, 2010

Procedure Code	Description	Exclusion Category	Origination Date
Available			
No Code Available	Urine based ancillary tests designed to detect molecular changes (Tests may include, but are not limited to surviving, telomerase; Ancillary UroVysion™ aka FISH testing)	Investigational	October 1, 2009
No Code Available	Vizilite Oral Screening System	Investigational	October 1, 2007
No Code Available	Wireless capsule for measuring gastric emptying (SmartPill GI Monitoring System®)	Investigational	January 1, 2010

## Approval History

Reviewed by the Medical Affairs Medical Policy Committee on September 24, 2007.

Subsequent Endorsement Date(s) and Changes Made:

- April 2008: Coding updates.
- July 2008: Coding updates.
- October 2008: Coding updates
- January 2009: Coding updates
- April 2009: Coding Updates
- July 2009: Coding Updates
- October 2009: Coding Updates
- January 2010: Coding Updates
- April 2010: Coding Changes
- July 2010: Coding Changes
- October 2010: Coding Changes
- November 1, 2010: Coding Changes
- January 1, 2011: Coding Changes
- April 1, 2011; Coding Changes
- July 2011: Coding Changes.
- October 2011: Coding Changes.
- December 14, 2011: Reviewed by Integrated Medical Policy Advisory Committee, additional items added to list, coding changes made.
- January 18, 2012: Reviewed by Integrated Medical Policy Advisory Committee, document title changed from Statement of Non Covered to Noncovered Services, and items removed and added to the list, effective April 1, 2012.

## **Background, Product and Disclaimer Information**

Medical Necessity Guidelines are developed to determine coverage for Tufts Health Plan benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. Tufts Health Plan makes coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan revises and updates Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to all fully insured Tufts Health Plan products unless otherwise noted in this guideline or the Member's benefit document. This guideline does not apply to Tufts Health Plan Medicare Preferred or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates will take precedence. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLink<sup>SM</sup>.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.