

Document ID#: 2122376

Subject: Statement of Non Coverage

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.

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	Category	Origination Date
0016T	Destruction of localized lesion of choroids (e.g., choroidal neovascularization), transpupillary thermotherapy	Investigational	September 1, 2006
0017T	Destruction of macular drusen, photocoagulation	Investigational	January 1, 2006
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
0048T	Implantation of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation	Investigational	January 1, 2006
0050T	Removal of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation	Investigational	January 1, 2006
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	Investigational	January 1, 2006

Procedure Code	Description	Category	Origination Date
	MR guidance; total leiomyomata volume less than 200 cc of tissue		
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 interpretation, percutaneous; initial vessel	Investigational	January 1, 2006
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 of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs), radiological supervision and interpretation	Investigational	January 1, 2006
0081T	Placement of visceral extension prosthesis for endovascular	Investigational	January 1, 2006

Procedure Code	Description	Category	Origination Date
	repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation		
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 retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Investigational	January 1, 2006
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	Investigational	January 1, 2006

Procedure Code	Description	Category	Origination Date
	stimuli to assess large diameter fiber sensation		
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	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 include supply of medication)	Investigational	January 1, 2006
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	Investigational	January 1, 2006
0130T	Validated, statistically reliable, 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	Investigational	January 1, 2006
0140T	Exhaled breath condensate pH	Investigational	January 1, 2006
0144T	Computed tomography, heart, without contrast material, including image post processing and quantitative evaluation of coronary calcium	Investigational	January 1, 2007
0146T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium	Investigational	January 1, 2007

Procedure Code	Description	Category	Origination Date
0147T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium	Investigational	January 1, 2007
0148T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium	Investigational	January 1, 2007
0149T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium	Investigational	January 1, 2007
0155T	Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006
0156T	Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006
0157T	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006
0158T	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e. morbid obesity)	Investigational	September 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
0160T	Therapeutic repetitive transcranial magnetic stimulation treatment planning	Investigational	January 1, 2006
0161T	Therapeutic repetitive	Investigational	January 1, 2006

Procedure Code	Description	Category	Origination Date
	transcranial magnetic stimulation treatment delivery and management, per session		
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
0166T	Transmyocardial transcatheter closure of ventricular septal defect, with implant; without cardiopulmonary bypass	Investigational	January 1, 2006
0167T	Transmyocardial transcatheter closure of ventricular septal defect, with implant; with cardiopulmonary bypass	Investigational	January 1, 2006
0168T	Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral	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	Investigational	January 1, 2008

Procedure Code	Description	Category	Origination Date
	during vitrectomy surgery		
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	Investigational	January 1, 2006
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
0176T	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Investigational	January 1, 2008
0177T	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Investigational	January 1, 2008
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	January 1, 2008
0183T	Low frequency, non-contact, non-thermal ultrasound, including topical application, when performed,, wound assessment and instruction for on going care,	Investigational	January 1, 2008

Procedure Code	Description	Category	Origination Date
	per day		
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 (List separately in addition to code for primary service)	Investigational	July 1, 2008
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
0193T	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Investigational	January 1, 2009
0194T	Procalcitonin (PCT)	Investigational	January 1, 2009
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	Investigational	January 1, 2009

Procedure Code	Description	Category	Origination Date
	therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment		
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 more needles	Investigational	July 1, 2009
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
0203T	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone) and sleep time	Investigational	January 1, 2010
0204T	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)	Investigational	January 1, 2010
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision,	Investigational	January 1, 2010

Procedure Code	Description	Category	Origination Date
	interpretation, and report, each vessel (List separately in addition to code for		
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 ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Investigational	January 1, 2010
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	Investigational	January 1, 2010

Procedure Code	Description	Category	Origination Date
	therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level		
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), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Investigational	January 1, 2010
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	Investigational	January 1, 2007
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	Cosmetic when billed with ICD-9 872.0-872.00 and 872.1-872.10	January 1, 2007
15836	Excision, excessive skin and	Cosmetic	October 1, 2008

Procedure Code	Description	Category	Origination Date
	subcutaneous tissue (includes lipectomy); arm		
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	Cosmetic	October 1, 2008
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	Investigational	January 1, 2009

Procedure Code	Description	Category	Origination Date
	musculoskeletal procedures; with image guidance based on preoperative images (List separately in addition to code for primary procedure)		
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

Procedure Code	Description	Category	Origination Date
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Investigational	January 1, 2007
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
27700	Arthroplasty, ankle	Investigational	July 1, 2008
27702	Arthroplasty, ankle; with implant (total ankle)	Investigational	January 1, 2007
27703	Arthroplasty, ankle; revision, total ankle	Investigational	January 1, 2007
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
29999**	Hip arthroscopy for femoroacetabular impingement (FAI)	Investigational	October 1, 2009
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
33548	Surgical ventricular restoration procedure, includes prosthetic	Investigational	November 20, 2006

Procedure Code	Description	Category	Origination Date
	patch, when performed (e.g., ventricular remodeling, SVR, SAVER, Dor procedures)		
33999**	Prolonged extracorporeal percutaneous transeptal ventricular assist device, greater than 24 hours, each subsequent 24 hour period	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 electrodes, antrum	Investigational	January 1, 2007
43775	Laparoscopy, surgical, gastric restrictive procedure, longitudinal gastrectomy (sleeve gastrectomy)	Investigational	January 1, 2010
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
46707	Repair of anorectal fistula with	Investigational	January 1, 2006

Procedure Code	Description	Category	Origination Date
	plug (e.g., porcine small intestine submucosa)		
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	Investigational	November 20,2006
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Investigational	January 1, 2006
52450	Transurethral incision of prostate	Investigational	January 1, 2007
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
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 sampling	Investigational	January 1, 2006
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	Investigational when billed with the following diagnoses codes: 296.20, 296.21, 296.22, 296.23,	November 20, 2006

Procedure Code	Description	Category	Origination Date
	connection to a single electrode array	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	
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
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	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous discectomy, percutaneous laser discectomy)	Investigational-Laser procedure ONLY	April 25, 2007
64573	Incision for implantation of neurostimulator electrodes; cranial nerve	Investigational when billed with the following diagnoses codes: 296.20, 296.21, 296.22, 296.23,	November 20, 2006

Procedure Code	Description	Category	Origination Date
		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	
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
64999	Electrical percutaneous tibial nerve stimulation for urinary voiding dysfunction	Investigational	July 1, 2009
65710	Keratoplasty (corneal transplant); lamellar	Investigational	January, 1,2007
67221	Photodynamic therapy (includes intravenous therapy)	Investigational when billed with any of these codes: 228.09, 362.16 or 362.41	April 1, 2010
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
74261	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material	Investigational	September 1, 2006
74262	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material including non contrast images, if performed	Investigational	September 1, 2006
74263	Computed tomographic (CT)	Investigational	September 1, 2006

Procedure Code	Description	Category	Origination Date
	colonography, screening, including image post processing		
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present) with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function and evaluation	Investigational	September 1, 2006
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	Investigational	November 20,2006
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
81099**	Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds	Investigational	January 1, 2006
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
84999 **	Lipoprotein, direct measurement, intermediate density lipoproteins (IDL) (remnant lipoproteins)	Investigational	January 1, 2006
84999**	Carbon monoxide, expired gas analysis (e.g., ETCO ₂ /hemolysis breath test)	Investigational	April 25, 2007
86343	Leukocyte histamine release test (LHR)	Investigational	January 1, 2007
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	Investigational	November 20,2006
89240**	Cryopreservation; reproductive tissue, ovarian	Investigational	January 1, 2006
89240**	Cryopreservation; reproductive tissue, oocyte(s)	Investigational	January 1, 2006
89329	Sperm evaluation; hamster	Investigational	November 20, 2006

Procedure Code	Description	Category	Origination Date
	penetration test		
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4 dose schedule when administered to children 2-15 months of age, for intramuscular use	Investigational	January 1, 2010
91037	Multichannel intraluminal impedance testing for GERD	Investigational	January 1, 2010
91038	Multichannel intraluminal impedance testing for GERD	Investigational	January 1, 2010
92512	Nasal function studies	Investigational	October 1, 2009
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	Investigational	January 1, 2007
93740	Temperature gradient studies	Investigational	January 1, 2007
93760	Thermogram; cephalic	Investigational	November 20,2006
93762	Thermogram; peripheral	Investigational	November 20,2006
*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
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
95803	Actigraphy testing, recording, analysis, interpretation, and	Investigational	January 1, 2006

Procedure Code	Description	Category	Origination Date
	report (minimum of 72 hours to 14 consecutive days of recording		
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 visual cortex localization)	Investigational	November 20,2006
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
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	Investigational	October 1, 2007

Procedure Code	Description	Category	Origination Date
	personal or familial history of melanoma		
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
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 photostreening with interpretation and report, bilateral	Investigational	January 1, 2008
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
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	Investigational	January 1, 2007

Procedure Code	Description	Category	Origination Date
	plication in the gastric cardia using endoscopic plication system (EPS); includes endoscopy		
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
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
E0480	The Frequenter™ (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
E0935	Continuous passive motion exercise device for use on knee only (CAMOPED)	Investigational	November 20,2006
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Investigational	July 1, 2008
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Investigational	January 1, 2007
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care	Investigational	November 20,2006

Procedure Code	Description	Category	Origination Date
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
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
S0345	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, analysis, and physician review and interpretation; per 24-hour period (Cardionet ® mobile outpatient cardiac telemetry or HEARTLink™system)	Investigational	January 1, 2007
S0346	Electrocardiographic monitoring utilizing a home computerized	Investigational	January 1, 2007

Procedure Code	Description	Category	Origination Date
	telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including recording, monitoring, receipt of transmissions, and analysis; per 24-hour period (Cardionet ® mobile outpatient cardiac telemetry or HEARTLink™system)		
S0347	Electrocardiographic monitoring utilizing a home computerized telemetry station with automatic activation and real-time notification of monitoring station, 24-hour attended monitoring, including physician review and interpretation; 24-hour period (Cardionet ® mobile outpatient cardiac telemetry or HEARTLink™system)	Investigational	January 1, 2007
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Investigational	January 1, 2008
S2118	Metal-on-metal total hip re-surfacing, including acetabular and femoral components	Experimental	October 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

Procedure Code	Description	Category	Origination Date
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
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
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
V5095	Semi-implantable middle ear	Investigational	November 20, 2006

Procedure Code	Description	Category	Origination Date
	hearing prosthesis		
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 pharmacogenetic assay of medication sensitivity	Investigational	July 1, 2008
No Code Available	Macular Translocation Surgery	Investigational	July 1, 2007
No Code Available	Recombinant Bone Morphogenic Protein *PLEASE NOTE* Recombinant Bone Morphogenic Protein WILL be covered when used in conjunction with spinal cord procedure CPT 22558 only; Please see spinal procedure MNG.	Investigational	July 1, 2007
No Code Available	RedPath's Pathfinder TG®; Topographic Genotyping	Investigational	July 1, 2008
No Code Available	Vizilite Oral Screening System	Investigational	October 1, 2007
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
No Code Available	Genetic Testing for Narcolepsy	Investigational	January 1, 2009
No Code Available	Transvaginal and transurethral radiofrequency tissue remodeling for urinary stress incontinence	Investigational	January 1, 2009
No Code Available	Glucowatch™	Investigational	November 20, 2006
No Code Available	Ancillary Hyaluronic-Hyaluronidase testing for bladder cancer screening and detection	Investigational	July 1, 2009
No Code Available	Non invasive methods to assess skin cholesterol (e.g. PREVU™)	Investigational	July 1, 2009

Procedure Code	Description	Category	Origination Date
	Point of Care Skin Test)		
No Code Available	ImPACT™ Concussion Management Test	Investigational	April 1, 2009
No Code Available	Mindstreams® Cognitive Health Assessment (e.g. NeuroTrax®)	Investigational	July 1, 2009
No Code Available	Nebulized antibiotic therapy (Except for the treatment of cystic fibrosis)	Investigational	October 1, 2009
No Code Available	Sublingual immunotherapy for the treatment of allergies and asthma	Investigational	October 1, 2009
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	In vitro chemosensitivity testing for prediction of response to chemotherapy (i.e. ChemoFx® Assay by Precision Therapeutics)	Investigational	October 1, 2009
No Code Available	Platelet Rich Plasma (PRP) for bone healing and fusion	Investigational	January 1, 2010
No Code Available	Craniosacral Therapy	Investigational	January 1, 2010
No Code Available	Endoscopic Laser Assisted discectomy for cervical disc herniation	Investigational	January 1, 2010
No Code Available	Tissue of Origin test (Pathworks®)	Investigational	January 1, 2010
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	Wireless capsule for measuring gastric emptying (SmartPill GI Monitoring System®)	Investigational	January 1, 2010
No Code Available	Urinary Microsatellite Analysis	Investigational	January 1, 2010
No Code Available	OVA1™ Test (Vermillion, Inc.)	Investigational	April 1, 2010
No Code Available	Sclerotherapy for re-anastomosis after bariatric surgery	Investigational	April 1, 2010
No Code Available	Fibrinet® Autologous Fibrin and Platelet System	Investigational	April 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

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 CareLinkSM.

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.