

Medical Necessity Guidelines: Noncovered Investigational Services

Effective: July 21, 2021*

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.	
SENIOR Products <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	

*For the purposes of this document, this date refers to the date 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 noncovered 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 the treatment is “under study 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, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and proven is considered investigational (unproven) and therefore not medically necessary and is excluded from coverage.

To determine whether a device, medical treatment, supply 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 are therefore not covered.

Note: ‘No specific code available’ indicates an “unlisted code” or “miscellaneous code.”

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	Investigational	October 1, 2020	June 16, 2021
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Investigational	October 1, 2020	April 21, 2021
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Investigational	January 1, 2021	January 1, 2021
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	April 21, 2021
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Investigational	July 1, 2018	October 21, 2020
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	Investigational	July 1, 2018	November 18, 2020
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Investigational	January 1, 2009	July 21, 2021
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	Investigational	July 1, 2018	October 21, 2020
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	Investigational	January 1, 2009	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score (SLE-key® Rule Out, Veracis Inc, Veracis Inc)	Investigational	October 1, 2018	October 21, 2020
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative (BioPlex 2200 Syphilis Total & RPR Assay, Bio-Rad Laboratories, Bio-Rad Laboratories)	Investigational	October 1, 2018	October 21, 2020
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	Investigational	January 1, 2006	June 16, 2021
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	June 16, 2021
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	Investigational	January 1, 2006	April 21, 2021
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	April 21, 2021
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype (M-Protein Detection and Isotyping by MALDI-TOF Mass Spectrometry, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	Investigational	January 1, 2019	October 21, 2020
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service	Investigational	January 1, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	Investigational	January 1, 2019	October 21, 2020
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility (Accelerate PhenoTest™ BC kit, Accelerate Diagnostics, Inc)	Investigational	July 1, 2019	October 21, 2020
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Investigational	July 1, 2019	October 21, 2020
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 <i>(TNFR1, TNFR2)</i>, and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including <i>APOL1</i> genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD) (KidneyIntelX™, RenalytixAI, RenalytixAI)	Investigational	October 1, 2019	October 21, 2020
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (¹³C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of ¹³CO₂ excretion (13C-Spirulina Gastric Emptying Breath Test (GEBT), Cairn Diagnostics d/b/a Advanced Breath Diagnostics, LLC, Cairn Diagnostics d/b/a Advanced Breath Diagnostics, LLC)	Investigational	October 1, 2019	August 19, 2020
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method (Singulex Clarity C.diff toxins A/B assay, Singulex)	Investigational	October 1, 2019	August 19, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer (TissueCypher® Barrett's Esophagus Assay, Cernostics, Cernostics)	Investigational	October 1, 2019	August 19, 2020
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species <i>(A. fumigatus, A. terreus, A. niger, and A. flavus)</i>, blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species (MYCODART Dual Amplification Real Time PCR Panel for 4 Aspergillus species, RealTime Laboratories, Inc/MycoDART, Inc)	Investigational	October 1, 2019	October 21, 2020
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected (Oral OncolyticAssuranceRX, Firstox Laboratories, LLC, Firstox Laboratories, LLC)	Investigational	October 1, 2019	October 21, 2020
0111U	Oncology (colon cancer), targeted <i>KRAS</i> (codons 12, 13, and 61) and <i>NRAS</i> (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue (Praxis™ Extended RAS Panel, Illumina, Illumina)	Investigational	October 1, 2019	October 21, 2020
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene (MicroGenDX qPCR & NGS For Infection, MicroGenDX, MicroGenDX)	Investigational	October 1, 2019	October 21, 2020
0113U	Oncology (prostate), measurement of <i>PCA3</i> and <i>TMPRSS2-ERG</i> in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score (MiPS (Mi-Prostate Score), MLabs, MLabs)	Investigational	October 1, 2019	April 21, 2021
0114U	Gastroenterology (Barrett's esophagus), <i>VIM</i> and <i>CCNA1</i> methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus (EsoGuard™, Lucid Diagnostics, Lucid Diagnostics)	Investigational	October 1, 2019	August 19, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected (ePlex Respiratory Pathogen (RP) Panel, GenMark Diagnostics, Inc, GenMark Diagnostics, Inc)	Investigational	October 1, 2019	October 21, 2020
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications (Snapshot Oral Fluid Compliance, Ethos Laboratories)	Investigational	October 1, 2019	October 21, 2020
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain (Foundation PI SM , Ethos Laboratories)	Investigational	October 1, 2019	October 21, 2020
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA (Viracor TRAC TM dd-cfDNA, Viracor Eurofins, Viracor Eurofins)	Investigational	October 1, 2019	October 21, 2020
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events (MI-HEART Ceramides, Plasma, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2019	November 18, 2020
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter (Lymph3Cx Lymphoma Molecular Subtyping Assay, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood (Flow Adhesion of Whole Blood on VCAM-1 (FAB-V), Functional Fluidics, Functional Fluidics)	Investigational	October 1, 2019	October 21, 2020
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood (Flow Adhesion of Whole Blood to P-SELECTIN (WB-PSEL), Functional Fluidics, Functional Fluidics)	Investigational	October 1, 2019	October 21, 2020
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling (Mechanical Fragility, RBC by shear stress profiling and spectral analysis, Functional Fluidics, Functional Fluidics)	Investigational	October 1, 2019	October 21, 2020
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure) (+RNAinsight™ for ColoNext®, Ambry Genetics)	Investigational	October 1, 2019	August 19, 2020
0131U	Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure) (+RNAinsight™ for BreastNext®, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020
0132U	Hereditary ovarian cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure) (+RNAinsight™ for OvaNext®, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020
0133U	Hereditary prostate cancer–related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure) (+RNAinsight™ for ProstateNext®, Ambry Genetics)	Investigational	October 1, 2019	April 21, 2021
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure) (+RNAinsight™ for CancerNext®, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure) (+RNAinsight™ for GYNPlus®, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure) (+RNAinsight™ for ATM, Ambry Genetics)	Investigational	October 1, 2019	April 21, 2021
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) (+RNAinsight™ for PALB2, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Investigational	December 18, 2019	October 21, 2020
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Investigational	December 18, 2019	October 21, 2020
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Investigational	December 18, 2019	October 21, 2020
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Investigational	December 18, 2019	October 21, 2020
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	Investigational	December 18, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Investigational	December 18, 2019	October 21, 2020
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents, (LC-MS/MS Targeted Proteomic Assay)	Investigational	July 1, 2020	October 21, 2020
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA), (IBScheck®)	Investigational	July 1, 2020	August 19, 2020
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction, (VeriMAP™Peanut Sensitivity -Bead Based Epitope Assay)	Investigational	July 1, 2020	April 21, 2021
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons (Navigator ABO Sequencing)	Investigational	July 1, 2020	October 21, 2020
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1 (Navigator CO Sequencing)	Investigational	July 1, 2020	October 21, 2020
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10 (Navigator CROM Sequencing)	Investigational	July 1, 2020	October 21, 2020
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19 (Navigator DI Sequencing)	Investigational	July 1, 2020	October 21, 2020
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2 (Navigator DO Sequencing)	Investigational	July 1, 2020	October 21, 2020
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4 (Navigator FUT1 Sequencing)	Investigational	July 1, 2020	October 21, 2020
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2 (Navigator FUT2 Sequencing)	Investigational	July 1, 2020	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2 (Navigator FY Sequencing)	Investigational	July 1, 2020	October 21, 2020
0188U	"Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4 (Navigator GE Sequencing)"	Investigational	July 1, 2020	October 21, 2020
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2 (Navigator GYPA Sequencing)	Investigational	July 1, 2020	July 1, 2020
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3 (Navigator GYPB Sequencing)	Investigational	July 1, 2020	October 21, 2020
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6 (Navigator IN Sequencing)	Investigational	July 1, 2020	October 21, 2020
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9 (Navigator JK Sequencing)	Investigational	July 1, 2020	October 21, 2020
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26 (Navigator JR Sequencing)	Investigational	July 1, 2020	October 21, 2020
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8 (Navigator KEL Sequencing)	Investigational	July 1, 2020	October 21, 2020
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) (Navigator KLF1Sequencing)	Investigational	July 1, 2020	October 21, 2020
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3 (-Navigator LU Sequencing)	Investigational	July 1, 2020	October 21, 2020
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1 (Navigator LW Sequencing)	Investigational	July 1, 2020	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5 (Navigator RHD/CE Sequencing)	Investigational	July 1, 2020	October 21, 2020
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12 (Navigator SC Sequencing)	Investigational	July 1, 2020	October 21, 2020
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3 (Navigator XK Sequencing)	Investigational	July 1, 2020	October 21, 2020
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2 (Navigator YT Sequencing)	Investigational	July 1, 2020	October 21, 2020
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Investigational	October 1, 2020	October 1, 2020
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	Investigational	October 1, 2020	June 16, 2021
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	Investigational	October 1, 2020	March 17, 2021
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Investigational	October 1, 2020	April 21, 2021
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	Investigational	October 1, 2020	October 1, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	Investigational	October 1, 2020	June 16, 2021
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	Investigational	October 1, 2020	October 1, 2020
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Investigational	October 1, 2020	October 1, 2020
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	Investigational	October 1, 2020	October 1, 2020
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Investigational	October 1, 2020	October 1, 2020
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	Investigational	October 1, 2020	October 1, 2020
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	Investigational	October 1, 2020	October 1, 2020
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation (Comprehensive Screen, Aspent Health)	Investigational	January 1, 2021	January 1, 2021
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer (PanGIA Prostate, Genetics Institute of America, Entopsis, LLC)	Investigational	January 1, 2021	April 21, 2021
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements, (Guardant360® CDx)	Investigational	April 1, 2021	April 1, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia, (PIGF Preeclampsia Screen)	Investigational	April 1, 2021	June 16, 2021
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue, (Oncotype MAP Pan-Cancer Tissue test)	Investigational	April 1, 2021	April 1, 2021
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth, (PreTRM®)	Investigational	April 1, 2021	June 16, 2021
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	March 17, 2021
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Investigational	February 28, 2007	July 21, 2021
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Investigational	February 28, 2007	July 21, 2021
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	Investigational	January 1, 2006	April 21, 2021
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	Investigational	January 1, 2006	April 21, 2021
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	April 21, 2021
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	April 21, 2021
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	Investigational	January 1, 2006	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	Investigational	January 1, 2006	July 21, 2021
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Investigational	January 1, 2006	July 21, 2021
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Investigational	January 1, 2006	July 21, 2021
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	February 17, 2021
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	February 17, 2021
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Investigational	January 1, 2009	March 17, 2021
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Investigational	July 1, 2009	July 21, 2021
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Investigational	July 1, 2009	July 21, 2021
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	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0207T	Evacuation of Meibomian glands, automated, using heat and intermittent pressure, unilateral	Investigational	January 1, 2010	March 17, 2021
0208T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	Investigational	January 1, 2010	February 17, 2021
0209T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	Investigational	January 1, 2010	February 17, 2021
0210T	Speech audiometry threshold, automated (includes use of computer-assisted device);	Investigational	January 1, 2010	February 17, 2021
0211T	Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	Investigational	January 1, 2010	February 17, 2021
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	Investigational	January 1, 2010	February 17, 2021
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	October 21, 2020
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	October 21, 2020
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	October 21, 2020
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	October 21, 2020
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	October 21, 2020
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 procedure)	Investigational	January 1, 2010	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
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	July 21, 2021
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	July 21, 2021
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	July 21, 2021
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	July 21, 2021
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Investigational	July 1, 2010	July 21, 2021
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	Investigational	January 1, 2011	October 21, 2020
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	Investigational	January 1, 2011	October 21, 2020
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	Investigational	January 1, 2011	October 21, 2020
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Investigational	January 1, 2011	October 21, 2020
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	Investigational	January 1, 2011	October 21, 2020
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Investigational	January 1, 2011	March 17, 2021
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	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
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	October 21, 2020
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	Investigational	July 1, 2011	October 21, 2020
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	November 18, 2020
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	November 18, 2020
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	November 18, 2020
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	November 18, 2020
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	November 18, 2020
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	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	Investigational	July 1, 2011	November 18, 2020
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	Investigational	July 1, 2011	November 18, 2020
0274T	Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Investigational	July 1, 2011	July 21, 2021
0275T	Percutaneous laminotomy/laminectomy (interlaminar 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; lumbar	Investigational	July 1, 2011	July 21, 2021
0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	Investigational	January 1, 2012	October 21, 2020
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	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming, (e.g., Maestro vBloc® for weight reduction)	Investigational	January 1, 2013	August 19, 2020
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	Investigational	January 1, 2013	August 19, 2020
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Investigational	January 1, 2013	August 19, 2020
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Investigational	January 1, 2013	August 19, 2020
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Investigational	January 1, 2013	August 19, 2020
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Investigational	January 1, 2013	August 19, 2020
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Investigational	July 1, 2013	March 17, 2021
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Investigational	July 1, 2013	March 17, 2021
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Investigational	July 1, 2013	November 18, 2020
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment, with tomographic SPECT	Investigational	July 1, 2013	November 18, 2020
0333T	Visual evoked potential screening of visual acuity, automated	Investigational	July 1, 2013	March 17, 2021
0335T	Insertion of sinus tarsi implant	Investigational	January 1, 2014	July 21, 2021
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	Investigational	January 1, 2014	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	Investigational	January 1, 2014	November 18, 2020
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Investigational	January 1, 2014	November 18, 2020
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Investigational	July 1, 2014	July 21, 2021
0348T	Radiologic examination, radiostereometric analysis (RSA), spine, (includes, cervical, thoracic and lumbosacral, when performed)	Investigational	July 1, 2014	July 21, 2021
0349T	Radiologic examination, radiostereometric analysis (RSA), upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Investigational	July 1, 2014	July 21, 2021
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) ankle, when performed)	Investigational	July 1, 2014	July 21, 2021
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Investigational	July 1, 2014	February 17, 2021
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Investigational	July 1, 2014	February 17, 2021
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Investigational	July 1, 2014	February 17, 2021
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Investigational	July 1, 2014	February 17, 2021
0355T	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), colon, with interpretation and report (PILLCAM™ COLON 2 SYSTEM)	Investigational	July 1, 2014	August 19, 2020
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	Investigational	July 1, 2014	March 17, 2021
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	Investigational	July 1, 2014	June 16, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	Investigational	January 1, 2015	March 17, 2021
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	Investigational	January 1, 2015	March 17, 2021
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Investigational	January 1, 2016	February 17, 2021
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Investigational	January 1, 2016	February 17, 2021
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	Investigational	January 1, 2016	August 19, 2020
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Investigational	January 1, 2016	April 21, 2021
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	Covered for ICD-10 diagnosis code(s): H18.621-H18.623 for ages 14 through age 64, all others will deny investigational	January 1, 2016	March 17, 2021
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	Investigational	January 1, 2016	June 16, 2021
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	Investigational	January 1, 2016	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	Investigational	January 1, 2016	November 18, 2020
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	Investigational	January 1, 2016	November 18, 2020
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	Investigational	January 1, 2016	November 18, 2020
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Investigational	January 1, 2016	November 18, 2020
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Investigational	January 1, 2016	November 18, 2020
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Investigational	January 1, 2016	November 18, 2020
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Investigational	January 1, 2016	November 18, 2020
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Investigational	January 1, 2016	November 18, 2020
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	Investigational	January 1, 2016	November 18, 2020
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	Investigational	January 1, 2016	November 18, 2020
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Investigational	January 1, 2016	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Investigational	January 1, 2016	February 17, 2021
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	Investigational	January 1, 2016	November 18, 2020
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Investigational	January 1, 2016	May 19, 2021
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Investigational	January 1, 2016	May 19, 2021
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Investigational	January 1, 2016	May 19, 2021
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Investigational	January 1, 2016	May 19, 2021
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Investigational	January 1, 2016	May 19, 2021
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Investigational	January 1, 2016	May 19, 2021
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Investigational	January 1, 2016	May 19, 2021
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Investigational	January 1, 2016	May 19, 2021
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Investigational	January 1, 2016	May 19, 2021
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Investigational	January 1, 2016	May 19, 2021
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Investigational	January 1, 2016	May 19, 2021
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Investigational	January 1, 2016	May 19, 2021
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Investigational	January 1, 2016	May 19, 2021
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)	Investigational	July 1, 2016	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Investigational	July 1, 2016	April 21, 2021
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Investigational	July 1, 2016	April 21, 2021
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Investigational	July 1, 2016	April 21, 2021
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Investigational	July 1, 2016	April 21, 2021
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Investigational	July 1, 2016	March 17, 2021
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Investigational	July 1, 2016	March 17, 2021
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	Investigational	January 1, 2017	June 16, 2021
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Investigational	January 1, 2017	June 16, 2021
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Investigational	January 1, 2017	June 16, 2021
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	Investigational	January 1, 2017	November 18, 2020
0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	Investigational	January 1, 2017	November 18, 2020
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	Investigational	January 1, 2017	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	Investigational	January 1, 2017	November 18, 2020
0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	Investigational	January 1, 2017	November 18, 2020
0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	Investigational	January 1, 2017	November 18, 2020
0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	Investigational	January 1, 2017	November 18, 2020
0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	Investigational	January 1, 2017	November 18, 2020
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	Investigational	January 1, 2017	November 18, 2020
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	Investigational	January 1, 2017	November 18, 2020
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	Investigational	January 1, 2017	November 18, 2020
0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day	Investigational	January 1, 2017	November 18, 2020
0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day	Investigational	January 1, 2017	November 18, 2020
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	Investigational	January 1, 2017	March 17, 2021
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	Investigational	January 1, 2017	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator (e.g., hypoglossal nerve stimulation for treatment of obstructive sleep apnea) (e.g., Inspire® Upper Airway Stimulation device)	Investigational	January 1, 2017	May 19, 2021
0468T	Removal of chest wall respiratory sensor electrode or electrode array (e.g., hypoglossal nerve stimulation for treatment of obstructive sleep apnea)	Investigational	January 1, 2017	May 19, 2021
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	Investigational	July 1, 2017	March 17, 2021
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	Investigational	July 1, 2017	October 21, 2020
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	Investigational	July 1, 2017	October 21, 2020
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Investigational	July 1, 2017	March 17, 2021
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Investigational	July 1, 2017	March 17, 2021
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space (CyPass Micro-Stent)	Investigational	July 1, 2017	March 17, 2021
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Investigational	July 1, 2017	June 16, 2021
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	Investigational	July 1, 2017	June 17, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Investigational	July 1, 2017	June 16, 2021
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	Investigational	July 1, 2017	June 16, 2021
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	Investigational	January 1, 2018	March 17, 2021
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Investigational	January 1, 2018	March 17, 2021
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Investigational	January 1, 2018	July 21, 2021
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed	Investigational	January 1, 2018	November 18, 2020
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Investigational	January 1, 2018	November 18, 2020
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	Investigational	January 1, 2018	February 17, 2021
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	Investigational	January 1, 2018	February 17, 2021
0487T	Biomechanical mapping, transvaginal, with report	Investigational	January 1, 2018	June 16, 2021
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	Investigational	January 1, 2018	June 16, 2021
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	Investigational	January 1, 2018	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Investigational	January 1, 2018	March 17, 2021
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	Investigational	January 1, 2018	March 17, 2021
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Investigational	January 1, 2018	March 17, 2021
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Investigational	January 1, 2018	March 17, 2021
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Investigational	January 1, 2018	October 21, 2020
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Investigational	January 1, 2018	October 21, 2020
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	Investigational	January 1, 2018	October 21, 2020
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	Investigational	January 1, 2018	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	Investigational	January 1, 2018	November 18, 2020
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	Investigational	January 1, 2018	April 21, 2021
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Investigational	January 1, 2018	February 17, 2021
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Investigational	January 1, 2018	February 17, 2021
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Investigational	January 1, 2018	February 17, 2021
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Investigational	January 1, 2018	February 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	Investigational	July 1, 2018	October 21, 2020
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Investigational	July 1, 2018	March 17, 2021
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Investigational	July 1, 2018	March 17, 2021
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	Investigational	July 1, 2018	February 17, 2021
0510T	Removal of sinus tarsi implant	Investigational	January 1, 2019	July 21, 2021
0511T	Removal and reinsertion of sinus tarsi implant	Investigational	January 1, 2019	July 21, 2021
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care, initial wound	Investigational	January 1, 2019	March 17, 2021
0513T	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, 2019	March 17, 2021
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	Investigational	January 1, 2019	November 18, 2020
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	Investigational	January 1, 2019	November 18, 2020
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	Investigational	January 1, 2019	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Investigational	January 1, 2019	November 18, 2020
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Investigational	January 1, 2019	November 18, 2020
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	Investigational	January 1, 2019	November 18, 2020
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	Investigational	January 1, 2019	November 18, 2020
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	Investigational	January 1, 2019	November 18, 2020
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)	Investigational	January 1, 2019	November 18, 2020
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	Investigational	January 1, 2019	October 21, 2020
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	Investigational	January 1, 2019	November 18, 2020
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only	Investigational	January 1, 2019	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only	Investigational	January 1, 2019	November 18, 2020
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Investigational	January 1, 2019	November 18, 2020
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Investigational	January 1, 2019	November 18, 2020
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation, complete system (electrode and implantable monitor)	Investigational	January 1, 2019	November 18, 2020
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation, electrode only	Investigational	January 1, 2019	November 18, 2020
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation, implantable monitor only	Investigational	January 1, 2019	November 18, 2020
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	Investigational	January 1, 2019	April 21, 2021
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	Investigational	January 1, 2019	April 21, 2021
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	Investigational	January 1, 2019	April 21, 2021
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Investigational	January 1, 2019	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	Investigational	January 1, 2019	November 18, 2020
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	Investigational	January 1, 2019	November 18, 2020
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Investigational	July 1, 2019	November 18, 2020
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Investigational	July 1, 2019	November 18, 2020
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Investigational	July 1, 2019	November 18, 2020
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Investigational	July 1, 2019	October 21, 2020
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Investigational	July 1, 2019	June 16, 2021
0548T	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	Investigational	July 1, 2019	April 21, 2021
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	Investigational	July 1, 2019	April 21, 2021
0550T	Transperineal periurethral balloon continence device; removal, each balloon	Investigational	July 1, 2019	April 21, 2021
0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	Investigational	July 1, 2019	April 21, 2021
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Investigational	July 1, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Investigational	July 1, 2019	February 17, 2021
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	Investigational	July 1, 2019	June 16, 2021
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	Investigational	July 1, 2019	June 16, 2021
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	Investigational	July 1, 2019	June 16, 2021
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	Investigational	July 1, 2019	June 16, 2021
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Investigational	July 1, 2019	June 16, 2021
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Investigational	July 1, 2019	February 17, 2021
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	Investigational	July 1, 2019	February 17, 2021
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Investigational	July 1, 2019	February 17, 2021
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	Investigational	July 1, 2019	February 17, 2021
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Investigational	December 18, 2019	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Investigational	December 18, 2019	July 21, 2021
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	Investigational	December 18, 2019	July 21, 2021
0569T	Transcatheter tricuspid valve repair, percutaneous approach, initial prosthesis	Investigational	December 18, 2019	November 18, 2020
0570T	Transcatheter tricuspid valve repair, percutaneous approach, each additional prosthesis during same session (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	November 18, 2020
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Investigational	December 18, 2019	November 18, 2020
0572T	Insertion of substernal implantable defibrillator electrode	Investigational	December 18, 2019	November 18, 2020
0573T	Removal of substernal implantable defibrillator electrode	Investigational	December 18, 2019	November 18, 2020
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Investigational	December 18, 2019	November 18, 2020
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Investigational	December 18, 2019	November 18, 2020
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Investigational	December 18, 2019	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Investigational	December 18, 2019	November 18, 2020
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Investigational	December 18, 2019	November 18, 2020
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Investigational	December 18, 2019	November 18, 2020
0580T	Removal of substernal implantable defibrillator pulse generator only	Investigational	December 18, 2019	November 18, 2020
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Investigational	December 18, 2019	April 21, 2021
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Investigational	December 18, 2019	February 17, 2021
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Investigational	December 18, 2019	April 21, 2021
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Investigational	December 18, 2019	April 21, 2021
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Investigational	December 18, 2019	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Investigational	December 18, 2019	April 21, 2021
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Investigational	July 1, 2020	July 21, 2021
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis), initial insertion, including urethral measurement	Investigational	July 1, 2020	April 21, 2021
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis), replacement	Investigational	July 1, 2020	April 21, 2021
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	Investigational	July 1, 2020	March 17, 2021
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session, each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	Investigational	July 1, 2020	March 17, 2021
0600T	Ablation, irreversible electroporation, 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Investigational	July 1, 2020	October 21, 2020
0601T	Ablation, irreversible electroporation, 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open, (e.g. NanoKnife device)	Investigational	July 1, 2020	October 21, 2020
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Investigational	July 1, 2020	April 21, 2021
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Investigational	July 1, 2020	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	Investigational	July 1, 2020	March 17, 2021
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	Investigational	July 1, 2020	March 17, 2021
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	Investigational	July 1, 2020	March 17, 2021
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Investigational	July 1, 2020	July 1, 2020
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	Investigational	July 1, 2020	July 1, 2020
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar), acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Investigational	July 1, 2020	February 17, 2021
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar), transmission of biomarker data for software analysis	Investigational	July 1, 2020	February 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar), postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Investigational	July 1, 2020	February 17, 2021
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar), interpretation and report	Investigational	July 1, 2020	February 17, 2021
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Investigational	July 1, 2020	July 1, 2020
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Investigational	July 1, 2020	July 1, 2020
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	Investigational	July 1, 2020	April 21, 2021
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Investigational	July 1, 2020	April 21, 2021
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Investigational	January 1, 2021	January 1, 2021
0621T	Trabeculostomy ab interno by laser	Investigational	January 1, 2021	March 17, 2021
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	Investigational	January 1, 2021	March 17, 2021
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	Investigational	January 1, 2021	January 1, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	Investigational	January 1, 2021	January 1, 2021
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	Investigational	January 1, 2021	January 1, 2021
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	Investigational	January 1, 2021	January 1, 2021
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Investigational	January 1, 2021	July 21, 2021
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Investigational	January 1, 2021	July 21, 2021
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Investigational	January 1, 2021	July 21, 2021
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Investigational	January 1, 2021	July 21, 2021
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	Investigational	January 1, 2021	March 17, 2021
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Investigational	January 1, 2021	January 1, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Investigational	January 1, 2021	January 1, 2021
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Investigational	January 1, 2021	January 1, 2021
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Investigational	January 1, 2021	January 1, 2021
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Investigational	January 1, 2021	January 1, 2021
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Investigational	January 1, 2021	January 1, 2021
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Investigational	January 1, 2021	January 1, 2021
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	Investigational	January 1, 2021	April 21, 2021
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Investigational	July 1, 2021	July 1, 2021
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Investigational	July 1, 2021	July 1, 2021
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	Investigational	January 1, 2007	March 17, 2021
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Investigational	December 18, 2019	October 21, 2020
20561	Needle insertion(s) without injection(s); 3 or more muscles	Investigational	December 18, 2019	October 21, 2020
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; imageless (MAKO Surgical Corp® (Stryker), RIO® Robotic Arm)	Investigational	January 1, 2006	July 21, 2021
22505	Manipulation of spine requiring anesthesia, any region	Investigational	November 20, 2006	July 21, 2021
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level (IDET)	Investigational	April 25, 2007	July 21, 2021
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (IDET)	Investigational	April 25, 2007	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Investigational	August 1, 2015	July 21, 2021
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than decompression); single interspace, lumbar	Investigational	January 1, 2007	July 21, 2021
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Investigational	January 1, 2007	July 21, 2021
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Investigational	January 1, 2007	July 21, 2021
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Investigational	February 17, 2017	July 21, 2021
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Investigational	February 17, 2017	July 21, 2021
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Investigational	February 17, 2017	July 21, 2021
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Investigational	February 17, 2017	July 21, 2021
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device, (e.g iFuse Implant System®)	Investigational	January 1, 2015	July 21, 2021
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed.	Considered investigational for treatment of low back pain and SI joint pain/inflammation	November 25, 2013	July 21, 2021
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	Investigational when billed with at least two of these additional CPT codes: 64704, 64708, 64712, 64722	October 1, 2009	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
28446	Open Osteochondral Autograft, talus (includes obtaining graft[s])	Investigational	January 1, 2019	July 21, 2021
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Investigational	February 28, 2007	July 21, 2021
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Investigational	January 1, 2021	February 17, 2021
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Investigational	January 1, 2018	February 17, 2021
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Investigational	January 1, 2019	November 18, 2020
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Investigational	January 1, 2019	November 18, 2020
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Investigational	January 1, 2019	November 18, 2020
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, SAVER, Dor procedures)	Investigational	November 20, 2006	November 18, 2020
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Investigational	January 1, 2018	November 18, 2020
33928	Removal and replacement of total replacement heart system (artificial heart)	Investigational	January 1, 2018	November 18, 2020
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Investigational	January 1, 2018	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	Investigational	December 18, 2019	October 21, 2020
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated (e.g. "Clarivein")	Investigational	January 1, 2017	February 17, 2021
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) (e.g. "Clarivein")	Investigational	January 1, 2017	February 17, 2021
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Investigational	October 1, 2020	February 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Investigational	October 1, 2020	February 17, 2021
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles){e.g., Percutaneous Transcatheter Coil Embolization for Pelvic Congestion Syndrome}	Investigational when billed with the following ICD-10 diagnosis code(s): N83.9, N83.8, N94.19, N94.10, N94.9, N94.89, I86.2, R10.2	April 1, 2018	June 16, 2021
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Investigational	January 1, 2016	February 17, 2021
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Investigational	January 1, 2016	February 17, 2021
37790	Penile venous occlusive procedure	Investigational	November 20, 2006	April 21, 2021
41512	Tongue base suspension, permanent suture technique	Investigational	October 1, 2014	February 17, 2021
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	Investigational	January 1, 2006	February 17, 2021
43206	Esophagoscopy, rigid or flexible, with optical endomicroscopy	Investigational	January 1, 2013	August 19, 2020
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Investigational	January 1, 2016	August 19, 2020
43252	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with optical endomicroscopy	Investigational	January 1, 2013	August 19, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
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, (e.g., Stretta procedure, the Bard® EndoCinch™ Suturing System, Plicator™ and Enteryx™)	Investigational	November 20, 2006	August 19, 2020
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed, (e.g., Linx Reflux Management System)	Investigational	January 1, 2017	August 19, 2020
43285	Removal of esophageal sphincter augmentation device, (e.g., Linx Reflux Management System)	Investigational	January 1, 2017	August 19, 2020
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Investigational	January 1, 2007	August 19, 2020
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Investigational	January 1, 2007	August 19, 2020
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Investigational	January 1, 2007	August 19, 2020
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : A04.71, A04.72	January 1, 2013	August 19, 2020
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Investigational	January 1, 2019	April 21, 2021
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Investigational	January 1, 2006	April 21, 2021
53860	Transurethral, radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Investigational	January 1, 2009	April 21, 2021
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Investigational	January 1, 2021	April 21, 2021
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous	Investigational	May 7, 2007	February 17, 2021
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed	Investigational	May 7, 2007	April 21, 2021
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Investigational	May 7, 2007	February 17, 2021
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family	Investigational	May 7, 2007	February 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family	Investigational	May 7, 2007	February 17, 2021
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	November 20, 2006	April 21, 2021
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection two or more electrode arrays	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis codes : G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	November 20, 2006	April 21, 2021
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	July 21, 2021
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	July 21, 2021
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	April 25, 2007	July 21, 2021
62290	Injection procedure for discography, each level; lumbar	Investigational	April 1, 2018	July 21, 2021
62291	Injection procedure for discography, each level; cervical or thoracic	Investigational	April 1, 2018	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
64405	Injection(s), anesthetic agent(s) and/or steroid, greater occipital nerve	Investigational when billed with the following ICD-10 diagnosis code(s): G43.701, G43.709, G43.711, G43.719	April 1, 2020	April 21, 2021
64505	Injection, anesthetic agent; sphenopalatine ganglion	Investigational	October 1, 2019	April 21, 2021
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	April 1, 2012	April 21, 2021
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) (e.g. SPRINT PNS System (SPR Therapeutics) for Chronic Pain)	Investigational	October 1, 2019	October 21, 2020
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming (e.g., PTNS)	Investigational	July 1, 2009	April 21, 2021
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Investigational	December 18, 2019	July 21, 2021
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Investigational	December 18, 2019	July 21, 2021
64704	Neuroplasty, nerve of hand or foot	Investigational when billed with at least two of these additional codes CPT Code(s) : 28035, 64708, 64712, 64722	October 1, 2009	July 21, 2021
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	Investigational when billed with at least two of these additional CPT Code(s) : 28035, 64704, 64712, 64722	October 1, 2009	July 21, 2021
64712	Neuroplasty, sciatic nerve	Investigational when billed with at least two of these additional CPT Code(s) : 28035, 64704, 64708, 64722	October 1, 2009	July 21, 2021
64722	Decompression; unspecified nerve(s) (specify)	Investigational when billed with at least two of these additional codes: CPT Code(s) : 28035, 64704, 64708, 64712	October 1, 2009	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
65710	Keratoplasty (corneal transplant); lamellar	Investigational	January, 1,2007	March 17, 2021
65785	Implantation of intrastromal corneal ring segments	Investigational	January 1, 2016	March 17, 2021
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Investigational	January 1, 2008	March 17, 2021
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Investigational	January 1, 2008	March 17, 2021
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	Investigational	January 1, 2015	March 17, 2021
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Investigational	January 1, 2015	March 17, 2021
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous therapy)	Covered when billed with any of the following ICD-10 diagnosis code(s) : H35.051-H35.059; H35.711-H35.719	April 1, 2010	March 17, 2021
67225	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	Covered when billed with any of the following ICD-10 diagnosis code(s) : H35.051-H35.059; H35.711-H35.719	April 1, 2010	March 17, 2021
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Investigational	January 1, 2021	February 17, 2021
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Investigational	January 1, 2021	February 17, 2021
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Investigational	April 1, 2018	July 21, 2021
72295	Discography, lumbar, radiological supervision and interpretation	Investigational	April 1, 2018	July 21, 2021
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Investigational	January 1, 2007	November 18, 2020
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	October 21, 2020
76391	Magnetic resonance (eg, vibration) elastography	Investigational	February 12, 2019	February 17, 2021
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Investigational	July 1, 2016	February 17, 2021
76981	Ultrasound, elastography, parenchyma (eg, organ)	Investigational	February 12, 2019	February 17, 2021
76982	Ultrasound, elastography, first target lesion	Investigational	February 12, 2019	February 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
76983	Ultrasound, elastography, each additional target lesion (List separately in addition to code for primary procedure)	Investigational	February 12, 2019	February 17, 2021
77401	Radiation treatment delivery, superficial and/or ortho voltage ,per day	Investigational when billed with any of the following ICD-10 diagnosis code(s): C44.01, C44.02, C44.111, C44.1121, C44.1122, C44.1191, C44.1192 C44.121, C44.1221- C44.1292, C44.211- C44.229, C44.310- C44.329 C44.41, C44.42, C44.510- C44.529, C44.611- C44.629, C44.711- C44.729, C44.81, C44.82, C44.91, C44.92	October 1, 2018	October 21, 2020
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	November 18, 2020
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	Investigational- for Breast Imaging only	July 1, 2011	February 17, 2021
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	Investigational- For Breast Imaging only	July 1, 2011	February 17, 2021
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Investigational	January 1, 2019	October 21, 2020
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	Investigational	January 1, 2019	August 19, 2020
82777	Galectin-3	Investigational	January 1, 2013	November 18, 2020
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	Investigational	January 1, 2015	November 18, 2020
83037	Glycosylated (A1C) by device cleared by FDA for home use (e.g., A1CNow+®)	Investigational	April 1, 2009	June 16, 2021
83631	Lactoferrin, fecal, quantitative	Investigational	November 20, 2006	August 19, 2020
83987	pH; exhaled breath condensate	Investigational	January 1, 2006	August 19, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
83993	Calprotectin, fecal	Investigational	April 1, 2018	August 19, 2020
84145	Procalcitonin (PCT)	Investigational	January 1, 2009	October 21, 2020
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	Investigational	October 6, 2015	November 18, 2020
86343	Leukocyte histamine release test (LHR)	Investigational	January 1, 2007	April 21, 2021
86677	Antibody; Helicobacter pylori	Investigational	February 12, 2016	August 19, 2020
86711	Antibody; JC (John Cunningham) virus	Investigational	January 1, 2013	April 21, 2021
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Investigational	January 1, 2013	August 19, 2020
89329	Sperm evaluation; hamster penetration test	Investigational	November 20, 2006	April 21, 2021
89335	Cryopreservation, reproductive tissue, testicular	Investigational	January 12, 2016	May 19, 2021
89344	Storage, (per year); reproductive tissue, testicular/ovarian	Investigational	January 12, 2016	May 19, 2021
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Investigational	January 12, 2016	May 19, 2021
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Covered with PA for ICD-10 diagnosis code(s): F32.2, F33.2. All other diagnoses considered investigational.	January 1, 2013	October 21, 2020
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Covered with PA for ICD-10 diagnosis code(s): F32.2, F33.2. All other diagnoses considered investigational.	January 1, 2013	October 21, 2020
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Covered with PA for ICD-10 diagnosis code(s): F32.2, F33.2. All other diagnoses considered investigational.	January 1, 2013	October 21, 2020
91037	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation, (e.g., multichannel intraluminal impedance testing)	Investigational	January 1, 2010	August 19, 2020
91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours), (e.g., multichannel intraluminal impedance testing)	Investigational	January 1, 2010	August 19, 2020
91065	Breath hydrogen or methane test (e.g., for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	Investigational; Covered when billed with ICD-10 diagnosis code(s): K90.49, K90.89	April 1, 2014	August 19, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Investigational	January 1, 2013	August 19, 2020
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral	Investigational	April 1, 2010	March 17, 2021
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Investigational	January 1, 2015	March 17, 2021
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	Investigational	January 1, 2020	March 17, 2021
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	Investigational	January 1, 2021	March 17, 2021
92512	Nasal function studies	Investigational	October 1, 2009	April 21, 2021
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	Investigational	January 1, 2021	February 17, 2021
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	Investigational	January 1, 2021	February 17, 2021
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	Investigational	January 1, 2021	February 17, 2021
92548	Computerized dynamic posturography	Investigational	October 1, 2010	October 21, 2020
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	Investigational	December 18, 2019	October 21, 2020
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive, (e.g., SphygmoCor System)	Investigational	January 1, 2016	November 18, 2020
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Investigational	January 1, 2019	November 18, 2020
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	Investigational	January 1, 2007	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	Investigational	December 18, 2019	November 18, 2020
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Investigational	January 1, 2015	November 18, 2020
93740	Temperature gradient studies	Investigational	January 1, 2007	February 17, 2021
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	Investigational	January 1, 2015	November 18, 2020
94669	Mechanical chest wall oscillation to facilitate lung function, per session	Investigational; Covered when billed with ICD-10 diagnosis code(s): E84.0, E84.11, E84.19, E84.8, E84.9	January 1, 2014	October 21, 2020
95060	Ophthalmic mucous membrane tests	Investigational	November 20, 2006	April 21, 2021
95065	Direct nasal mucous membrane test	Investigational	November 20, 2006	April 21, 2021
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Investigational	January 1, 2006	May 19, 2021
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)	Investigational; Covered when billed with ICD-10 diagnosis code(s): G40.311, G40.319, G40.A11, G40.A19, G40.B11, G40.B19, G40.411, G40.419, G40.803, G40.804, G40.813, G40.814, G40.823, G40.824, G40.911, G40.919	November 20, 2006	April 21, 2021
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)	Investigational; Covered when billed with ICD-10 diagnosis code(s): G40.311, G40.319, G40.A11, G40.A19, G40.B11, G40.B19, G40.411, G40.419, G40.803, G40.804, G40.813, G40.814, G40.823, G40.824, G40.911, G40.919	November 20, 2006	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization)	Investigational; Covered when billed with ICD-10 diagnosis code(s): G40.311, G40.319, G40.A11, G40.A19, G40.B11, G40.B19, G40.411, G40.419, G40.803, G40.804, G40.813, G40.814, G40.823, G40.824, G40.911, G40.919	November 20, 2006	April 21, 2021
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis codes: G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	January 1, 2019	April 21, 2021
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis codes: G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	January 1, 2019	April 21, 2021
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis codes: G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	January 1, 2019	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis codes: G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	January 1, 2019	April 21, 2021
96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics	Investigational	July 1, 2007	October 21, 2020
96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics; with dynamic plantar pressure measurements during walking	Investigational	July 1, 2007	October 21, 2020
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Investigational	July 1, 2007	October 21, 2020
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Investigational	July 1, 2007	October 21, 2020
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	October 21, 2020
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 the following: ICD-10 diagnosis Code(s): L73.9, L70.0-L70.1; L70.3-L70.9; L73.0	November 20, 2006	October 21, 2020
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 (e.g., MelaFind®)	Investigational	October 1, 2007	October 21, 2020
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Investigational	January 1, 2016	October 21, 2020
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Investigational	January 1, 2016	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Investigational	January 1, 2016	October 21, 2020
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Investigational	January 1, 2016	October 21, 2020
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Investigational	January 1, 2016	October 21, 2020
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Investigational	January 1, 2016	October 21, 2020
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	Covered with PA for ICD-10 diagnosis code(s): F84.0, F84.2, F84.3, F84.5, F84.8, F84.9 All other diagnoses considered investigational.	November 20, 2006	October 21, 2020
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Investigational	January 1, 2014	March 17, 2021
A4575	Topical hyperbaric oxygen chamber, disposable	Investigational	December 27, 2010	March 17, 2021
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Investigational	November 20, 2006	March 17, 2021
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Investigational	January 1, 2019	March 17, 2021
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Investigational	January 1, 2019	March 17, 2021
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each, (e.g., PICO™ Single Use Negative Pressure Wound Therapy System) (NPWT)	Investigational	March 12, 2014	March 17, 2021
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Investigational for (commercial Plans only)	January 1, 2019	October 21, 2020
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Investigational	January 1, 2021	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
C1749	Endoscope, retrograde imaging illumination colonoscope device (implantable)	Investigational	October 1, 2010	August 19, 2020
C1818	Integrated keratoprosthesis	Investigational	January 1, 2007	March 17, 2021
C1821	Interspinous process distraction device (implantable)	Investigational	January 1, 2007	July 21, 2021
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Investigational	January 1, 2019	April 21, 2021
C1824	Generator, cardiac contractility modulation (implantable)	Investigational	December 18, 2019	November 18, 2020
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Investigational	January 1, 2021	January 1, 2021
C1841	Retinal prosthesis, includes all internal and external components	Investigational	October 1, 2013	March 17, 2021
C1849	Skin substitute, synthetic, resorbable, per sq cm	Investigational	July 1, 2020	March 17, 2021
C1878	Material for vocal cord medialization, synthetic (implantable), (e.g., Radiesse® /Prolaryn™)	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : J38.01, J38.02	January 1, 2016	February 17, 2021
C2596	Probe, image guided, robotic, waterjet ablation	Investigational	December 18, 2019	April 21, 2021
C2614	Probe, percutaneous lumbar discectomy	Investigational	January 1, 2007	July 21, 2021
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components (e.g., CardioMEMS™ HF System)	Investigational	July 1, 2016	November 18, 2020
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	Investigational	July 24, 2015	March 17, 2021
C9727	Insertion of implants into the soft palate; minimum of three implants (Pillar Procedure)	Investigational	January 1, 2007	February 17, 2021
C9733	Nonophthalmic fluorescent vascular angiography, (e.g. SPY Portable Handheld Imaging System (SPY-PHI) (Stryker)	Investigational	April 1, 2012	October 21, 2020
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic resonance (MR) guidance	Investigational	April 1, 2013	October 21, 2020
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	Investigational	July 1, 2017	February 17, 2021
C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance	Investigational	July 1, 2017	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	Investigational	January 1, 2019	October 21, 2020
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Investigational	January 1, 2019	October 21, 2020
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Investigational	January 1, 2019	October 21, 2020
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	Investigational	July 1, 2019	June 16, 2021
C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Investigational	December 18, 2019	November 18, 2020
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	Investigational	July 1, 2020	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure, transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Investigational	July 1, 2020	November 18, 2020
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Investigational	July 1, 2020	November 18, 2020
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s), with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Investigational	July 1, 2020	November 18, 2020
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s), with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Investigational	July 1, 2020	November 18, 2020
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s), with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Investigational	July 1, 2020	November 18, 2020
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	Investigational	January 1, 2021	March 17, 2021
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Investigational	January 1, 2021	February 17, 2021
E0218	Water circulating cold pad with pump	Investigational	November 20, 2006	July 21, 2021
E0221	Infrared heating pad system	Investigational	October 1, 2008	July 21, 2021
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	March 17, 2021
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	Investigational	October 1, 2008	March 17, 2021
E0236	Pump for water circulating pad	Investigational	November 20, 2006	July 21, 2021
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies	Not a covered benefit	January 1, 2011	March 17, 2021
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Investigational when billed with the following ICD-10 diagnosis code (s) : G47.33	January 1, 2016	May 19, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
E0480	Percussor, electric or pneumatic, home model, (The Frequencer™)	Investigational	April 1, 2010	October 21, 2020
E0481	Intrapulmonary percussive ventilation system and related accessories	Investigational	January 1, 2017	October 21, 2020
E0740	Non-implanted pelvic floor electrical stimulator, complete system	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0744	Neuromuscular stimulator for scoliosis	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0745	Neuromuscular stimulator, electronic shock unit	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0746	Electromyography (EMG), biofeedback device	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0749	Osteogenesis stimulator, electrical, surgically implanted	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Investigational. applicable to Tufts Health Plan Together and Rhode Island Together products only	January 1, 2019	October 21, 2020
E0782	Terbutaline therapy via subcutaneous infusion pump for pre-term labor	Investigational	July 1, 2009	October 21, 2020
E0783	Terbutaline therapy via subcutaneous infusion pump for pre-term labor	Investigational	July 1, 2009	October 21, 2020
E1700	Jaw motion rehabilitation system	Investigational EXCEPT when billed with : trismus diagnosis, ICD-10 code: R25.2	January 1, 2017	October 21, 2020
E1701	Replacement cushions for jaw motion rehabilitation system	Investigational EXCEPT when billed with : trismus diagnosis, ICD-10 code: R25.2	January 1, 2017	October 21, 2020
E1702	Replacement measuring scales for jaw motion rehabilitation system	Investigational EXCEPT when billed with : trismus diagnosis, ICD-10 code: R25.2	January 1, 2017	October 21, 2020
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Investigational	July 1, 2008	February 17, 2021
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Investigational	November 1, 2011	October 21, 2020
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	Investigational	June 8, 2016	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Investigational	January 1, 2007	April 21, 2021
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care	Investigational	November 20, 2006	March 17, 2021
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Investigational	November 20, 2006	March 17, 2021
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	March 17, 2021
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Investigational	January 1, 2011	July 21, 2021
G0455	Preparation with Instillation of fecal microbiota by any method, including assessment of donor specimen	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : A04.71, A04.72	January 1, 2013	August 19, 2020
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Investigational	July 1, 2013	March 17, 2021
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, non-covered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	Investigational	January 1, 2019	October 21, 2020
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis codes: H18.621- H18.623 for ages 14 through age 64	January 1, 2019	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Investigational EXCEPT when submitted with diabetic macular edema diagnosis. Refer to MNG: ILUVIEN® (Fluocinolone Acetonide Intravitreal Implant) for Treatment of Diabetic Macular Edema.	June 19, 2019	March 17, 2021
J7402	Mometasone furoate sinus implant, (Sinuva), 10 mcg	Investigational	April 1, 2021	April 1, 2021
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Investigational	October 1, 2020	October 1, 2020
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Investigational	October 1, 2020	October 1, 2020
K1009	Speech volume modulation system, any type, including all components and accessories	Investigational	October 1, 2020	October 1, 2020
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Investigational	April 1, 2021	April 1, 2021
K1017	Monthly supplies for use of device coded at K1016	Investigational	April 1, 2021	April 1, 2021
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Investigational	April 1, 2021	April 1, 2021
K1019	Monthly supplies for use of device coded at K1018	Investigational	April 1, 2021	April 1, 2021
K1020	Noninvasive vagus nerve stimulator	Investigational	April 1, 2021	April 1, 2021
L1945** **Will deny investigational when submitted for IDEO and ExoSym Energy Storing AFO and other exoskeletal devices	IDEO and ExoSym Energy Storing AFO	Investigational	June 8, 2016	October 21, 2020
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Investigational	December 18, 2019	October 21, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
L2755** **Will deny investigational when submitted for IDEO and ExoSymb Energy Storing AFO and other exoskeletal devices	IDEO and ExoSymb Energy Storing AFO	Investigational	June 8, 2016	October 21, 2020
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	Investigational	December 10, 2014	October 21, 2020
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Investigational	October 1, 2019	October 21, 2020
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Investigational	October 1, 2019	October 21, 2020
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Investigational	January 1, 2015	October 21, 2020
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Investigational	January 1, 2012	October 21, 2020
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Investigational	January 1, 2012	October 21, 2020
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies, e.g., SOLESTA® (hyaluronicacid/dextranomer)	Investigational	November 28, 2012	August 19, 2020
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Investigational	January 1, 2016	February 17, 2021
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	Investigational	January 1, 2019	March 17, 2021
L8658	Interphalangeal joint spacer, silicone or equal, each	Investigational	July 1, 2007	July 21, 2021
L8679	Implantable neurostimulator, 9'; p-pulse generator, any type	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	January 1, 2014	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
L8680	Implantable neurostimulator electrode, each	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G21.4, G24.1, G25.0-G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	November 20, 2006	April 21, 2021
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G21.4, G24.1, G25.0-G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	November 20, 2006	April 21, 2021
L8682	Implantable neurostimulator radiofrequency receiver	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	April 1, 2012	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	April 1, 2012	April 21, 2021
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	April 1, 2012	April 21, 2021
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	April 1, 2012	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G20, G21.4, G24.1, G25.0- G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19, G89.28-G89.29 G90.511-G90.519 G90.521-G90.529 G90.59 G57.70-G57.73 G56.40-G56.43 I20.8-I20.9	April 1, 2012	April 21, 2021
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s): G20, G21.4, G24.1, G25.0-G25.2, G40.011-G40.019; G40.111-G40.119; G40.211-G40.219, G40.311-G40.319, G40.813, G40.814, G40.A11, G40.A19	April 1, 2012	April 21, 2021
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	Investigational	January 1, 2019	November 18, 2020
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Investigational	January 1, 2019	October 21, 2020
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Investigational	January 1, 2019	October 21, 2020
M0076	Prolotherapy	Investigational	November 20, 2006	July 21, 2021
M0300	IV chelation therapy (chemical endarterectomy)	Investigational	January 1, 2007	October 21, 2020
No Specific Code Available	"CJ" User Volume Adjustable Socket	Investigational	July 11, 2012	October 21, 2020
No Specific Code Available	AccuBoost for breast cancer (Non-invasive image-guided breast brachytherapy)	Investigational	October 1, 2017	February 17, 2021
No Specific Code Available	Acoustic heart sound recording, computer analysis only	Investigational	January 1, 2010	November 18, 2020
No Specific Code Available	Acoustic heart sound recording, computer analysis with interpretation and report	Investigational	January 1, 2010	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Acoustic heart sound recording, interpretation and report only	Investigational	January 1, 2010	November 18, 2020
No Specific Code Available	Active Specific Immunotherapy with Therapeutic Melanoma Vaccines	Investigational	April 1, 2011	October 21, 2020
No Specific Code Available	Agile Patency Capsule (except when used for 'patency capsule' trial before a planned video capsule when the request is suspected Crohn's disease)	Investigational	February 8, 2012	August 19, 2020
No Specific Code Available	Amniotic Allografts for Tendon and Ligament Injuries	Investigational	November 14, 2018	July 21, 2021
No Specific Code Available	Amniotic fluid epidural injections in the management of patients with LBP	Investigational	April 17, 2019	July 21, 2021
No Specific Code Available	Amniotic membrane tissue (e.g. tissue graft, injection) for treatment of orthopedic conditions (e.g. spinal, tendon/ligament injury/inflammation, osteoarthritis, cartilage restoration)	Investigational	August 19, 2020	July 21, 2021
No Specific Code Available	Amplatzer Cardiac Plug (ACP) and Amplatzer Amulet devices in left atrial appendage closure to reduce risk of stroke in adult patients with NVA	Investigational	June 13, 2018	November 18, 2020
No Specific Code Available	Ancillary Hyaluronic-Hyaluronidase testing for bladder cancer screening and detection	Investigational	July 1, 2009	April 21, 2021
No Specific Code Available	Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence)	Investigational	January 1, 2017	August 19, 2020
No Specific Code Available	Antiprothrombin (phospholipid cofactor) antibody, each Ig class	Investigational	January 1, 2006	June 16, 2021
No Specific Code Available	Apollo Overstitch™ Endoscopic Suturing System for bariatric applications	Investigational	January 9, 2019	January 9, 2019
No Specific Code Available	Apple Watch Irregular Rhythm Notification Feature (Apple Inc.) for Detection of Atrial Fibrillation	Investigational	April 17, 2019	November 18, 2020
No Specific Code Available	AQUACEL Ag Advantage (ConvaTec) for Wound Care	Investigational	April 17, 2019	March 17, 2021
No Specific Code Available	ArthroFLEX Decellularized Dermal Allograft	Investigational	April 21, 2021	July 21, 2021
No Specific Code Available	Arthrographic Hydrodilatation for Adhesive Capsulitis	Investigational	September 12, 2012	July 21, 2021
No Specific Code Available	Arthroscopic Microdiscectomy (AMD)	Investigational	September 12, 2012	July 21, 2021
No Specific Code Available	Asynchronous texting including but not limited to depression and anxiety.	Investigational	August 14, 2019	October 21, 2020
No Specific Code Available	ATI Neurostimulation System (Autonomic Technologies Inc.) for Electrical Stimulation of the Sphenopalatine Ganglion (SPG) for Headache	Investigational	July 25, 2014	April 21, 2021
No Specific Code Available	Autologous micro-fragmented adipose tissue (MFAT) injection for treatment of degenerative joint disease	Investigational	December 18, 2019	July 21, 2021
No Specific Code Available	Autologous Stem Cell Transplantation (ASCT) for Crohn's Disease (CD)	Investigational	September 9, 2015	August 19, 2020
No Specific Code Available	BBDRisk Dx (Silbiotech Inc.)	Investigational	January 9, 2019	October 21, 2020
No Specific Code Available	BioCartilage for orthopedic indications	Investigational	April 21, 2021	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	BioDDryFlex® human amniotic allograft	Investigational	June 13, 2018	March 17, 2021
No Specific Code Available	BioDFence® G3 human amniotic allograft	Investigational	June 13, 2018	March 17, 2021
No Specific Code Available	Bioidentical Hormone Replacement Therapy for Menopause (BHRT)	Investigational	November 28, 2012	June 16, 2021
No Specific Code Available	Bone substitute injection for subchondral bone cysts	Investigational	December 16, 2020	July 21, 2021
No Specific Code Available	Bioness H200 Wireless Hand Rehabilitation System (Bioness) in Patients with Traumatic Brain Injury	Investigational	June 8, 2016	October 21, 2020
No Specific Code Available	BioZorb 3D Bioabsorbable Marker (Focal Therapeutics)	Investigational	February 20, 2019	October 21, 2020
No Specific Code Available	Bovine Collagen Implants for the Treatment of Rotator Cuff Injuries (REGENETEN bioinductive implant)	Investigational	November 14, 2018	July 21, 2021
No Specific Code Available	Burst -frequency spinal cord stimulation	Investigational	April 17, 2019	October 21, 2020
No Specific Code Available	Carbon monoxide, expired gas analysis (e.g., ETCOc/hemolysis breath test)	Investigational	April 25, 2007	October 21, 2020
No Specific Code Available	CardioMag MCG System (MagnetoCardioGraphy; CardioMag Imaging Inc.)	Investigational	April 1, 2012	November 18, 2020
No Specific Code Available	Cartiva synthetic cartilage implant	Investigational	April 26, 2019	July 21, 2021
No Specific Code Available	Cartilage transfer surgery (OATS and mosaicplasty) for joints other than knee and ankle	Investigational	January 1, 2019	July 21, 2021
No Specific Code Available	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	October 21, 2020
No Specific Code Available	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	October 21, 2020
No Specific Code Available	C-Brace Orthotronic Mobility System (Ottobock)	Investigational	December 10, 2014	October 21, 2020
No Specific Code Available	Chiropractic Biophysics (CBP) for Segmented Somatic Dysfunction of Spinal Regions	Investigational	June 19, 2019	June 19, 2019
No Specific Code Available	Clarifix (Cryotherapy using ClariFix for Treatment of Chronic Rhinitis)	Investigational	April 17, 2019	February 17, 2021
No Specific Code Available	CMI Magnetocardiograph Model 2409 (CardioMag Imaging Inc.) for Diagnosis of Acute Chest Pain	Investigational	February 13, 2013	November 18, 2020
No Specific Code Available	Coated VICRYL* Plus Antibacterial (polyglactin 910) Suture	Investigational	July 11, 2012	March 17, 2021
No Specific Code Available	Combination Heat/Ice Devices for Use After Knee Surgery	Investigational	June 13, 2018	July 21, 2021
No Specific Code Available	Combined Cardiac Panel (GeneDx)	Investigational	October 11, 2017	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	COMPASS; COMPASS is an assessment of bone marrow and/or blood workups that uses several technologies to provide results to a team of experts	Investigational	December 14, 2016	October 21, 2020
No Specific Code Available	Computer-Assisted Semen Analysis (CASA) for Infertility	Investigational	April 10, 2013	May 19, 2021
No Specific Code Available	Computerized Neurocognitive Testing (CNT), e.g. ImPACT™, for Sports-Related Head Injury	Investigational	July 25, 2014	April 21, 2021
No Specific Code Available	Conductive Keratoplasty for Treatment of Keratoconus	Investigational	August 10, 2016	March 17, 2021
No Specific Code Available	Constant Therapy	Investigational	July 23, 2015	April 21, 2021
No Specific Code Available	Coolief Cooled Radiofrequency (RF) System (Halyard Health) for Knee and Hip Pain	Investigational	August 10, 2016	July 21, 2021
No Specific Code Available	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, 2017	March 17, 2021
No Specific Code Available	Coronary Artery Calcium Scoring to Assess the Risk of Coronary Artery Disease in Asymptomatic Adults	Investigational	April 1, 2012	November 18, 2020
No Specific Code Available	Cranial electrical stimulation (CES) for the treatment of migraine/headaches	Investigational for THP Together and THP RITogether	January 9, 2019	May 20, 2020
No Specific Code Available	Cranial electrical stimulation (CES) for treatment of chronic pain (e.g. fibromyalgia, chronic pain from SCI)	Investigational for THP Together and THP RITogether	January 9, 2019	June 17, 2020
No Specific Code Available	Craniosacral Therapy	Investigational	January 1, 2010	October 21, 2020
No Specific Code Available	DeNovo NT Natural Tissue Graft (Zimmer Inc.) for Articular Cartilage Repair	Investigational	December 14, 2016	July 21, 2021
No Specific Code Available	dermaPACE system (Sanuwave Inc) extracorporeal shock-wave system for treatment of chronic full thickness diabetic foot ulcers	Investigational	August 22, 2018	March 17, 2021
No Specific Code Available	Destruction of localized lesion of choroids (e.g., choroidal neovascularization), transpupillary thermotherapy	Investigational	September 1, 2006	March 17, 2021
No Specific Code Available	Destruction of macular drusen, photocoagulation	Investigational	January 1, 2006	March 17, 2021
No Specific Code Available	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	February 17, 2021
No Specific Code Available	Diabetes Sentry Nocturnal Hypoglycemia Alarm	Investigational	August 9, 2017	June 16, 2021
No Specific Code Available	Digital Fluoroscopic Grid System (HipGrid) for Total Hip Arthroplasty	Investigational	February 17, 2021	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Discseel	Investigational	February 17, 2021	July 21, 2021
No Specific Code Available	Dorsal root ganglion stimulation	Investigational	April 1, 2019	October 21, 2020
No Specific Code Available	Dry Needling	Investigational	January 1, 2018	October 21, 2020
No Specific Code Available	Dual energy x-ray absorptiometry (DEXA), body composition study, one or more sites	Investigational	January 1, 2006	June 16, 2021
No Specific Code Available	Ear Popper™	Investigational	February 8, 2012	February 17, 2021
No Specific Code Available	EDX110 nitrous oxide emitting dressing	Investigational	August 22, 2018	March 17, 2021
No Specific Code Available	Electrical impedance scan of the breast, bilateral (risk assessment device for breast cancer)	Investigational	January 1, 2006	October 21, 2020
No Specific Code Available	Electromagnetic Hearing Aids	Investigational	February 8, 2012	February 17, 2021
No Specific Code Available	Electric cell signaling treatment (EST) (Sanexas neoGEN-Series System)	Investigational	June 17, 2020	October 21, 2020
No Specific Code Available	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed	Investigational	January 1, 2017	October 21, 2020
No Specific Code Available	Embrace 2: Physiological Signal Based Seizure Monitoring System	Investigational	April 17, 2019	April 21, 2021
No Specific Code Available	Embryonic Stem Cell Transplants	Investigational	October 1, 2010	October 21, 2020
No Specific Code Available	Endolumenal Functional Lumen Imaging Probe (EndoFLIP; Medtronic Inc.)	Investigational	November 20, 2019	August 19, 2020
No Specific Code Available	Endoscopic Laser Assisted discectomy for cervical disc herniation	Investigational	January 1, 2010	July 21, 2021
No Specific Code Available	EsophyX® (transoral incisionless fundoplication)	Investigational	January 1, 2012	August 19, 2020
No Specific Code Available	Esteem Totally Implantable Hearing System for Treatment of Moderate to Severe Sensoneural Hearing Loss in Adults	Investigational	February 13, 2013	February 17, 2021
No Specific Code Available	Esteem® Hearing Implant	Investigational	February 8, 2012	February 17, 2021
No Specific Code Available	Estradiol Implantation of Estradiol Pellets for Post-menopausal Disorders	Investigational	November 28, 2012	June 16, 2021
No Specific Code Available	E-tegrity® Test (Hologic Inc.; distributed by Sepal Reproductive Devices) for Evaluation of Uterine Receptivity	Investigational	April 10, 2013	May 19, 2021
No Specific Code Available	EyeBOX to aid in diagnosis of concussion	Investigational	February 17, 2021	February 17, 2021
No Specific Code Available	eXciteOSA	Investigational	April 21, 2021	April 21, 2021
No Specific Code Available	Extracorporeal Magnetic Stimulation for Urinary Incontinence	Investigational	November 1, 2011	April 21, 2021
No Specific Code Available	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy	Investigational	January 1, 2017	October 21, 2020
No Specific Code Available	Extracranial vein Angioplasty for Treatment of Multiple Sclerosis	Investigational	June 13, 2018	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	FerriScan® – MRI measurement of liver iron concentration	Investigational	July 1, 2016	February 17, 2021
No Specific Code Available	FiberNet® autologous fibrin and platelet system	Investigational	November 1, 2010	October 21, 2020
No Specific Code Available	Fluid status monitoring (i.e., OptiVol™, Medtronic)	Investigational	July 1, 2011	November 18, 2020
No Specific Code Available	Freedom Spinal Cord Stimulator (SCS) System	Investigational	February 19, 2020	February 19, 2020
No Specific Code Available	GammaTile™ Therapy for the Treatment of Recurrent Intracranial Tumors	Investigational	August 14, 2019	February 17, 2021
No Specific Code Available	Ganglion Impar Block or Radiofrequency Thermocoagulation for the Treatment of Chronic Coccydynia	Investigational	February 20, 2019	October 21, 2020
No Specific Code Available	Genetic testing for Inflammatory Bowel Disease	Investigational	August 22, 2018	August 19, 2020
No Specific Code Available	Genicular Nerve Blocks for Knee Pain	Investigational	April 17, 2019	July 21, 2021
No Specific Code Available	GlucoWatch™	Investigational	November 20, 2006	June 16, 2021
No Specific Code Available	HeartFlow® FFR _{CT} for Noninvasive Identification of Hemodynamically Significant Coronary Artery Stenosis	Investigational	April 13, 2016	November 18, 2020
No Specific Code Available	Hematopoietic Stem Cell for autoimmune disorders	Investigational	March 16, 2007	October 21, 2020
No Specific Code Available	Hematopoietic Stem Cell for ovarian cancer	Investigational	March 16, 2007	October 21, 2020
No Specific Code Available	Hematopoietic Stem Cell for renal cell carcinoma	Investigational	March 16, 2007	October 21, 2020
No Specific Code Available	High power laser therapy for musculoskeletal disorders	Investigational	November 1, 2010	July 21, 2021
No Specific Code Available	HipGrid with PhantomMSK for use in total hip arthroplasty	Investigational	December 18, 2019	July 21, 2021
No Specific Code Available	HIRREM (High-resolution, relational, resonance-based, electroencephalic mirroring) for Post-Concussion Syndrome	Investigational	February 10, 2016	April 21, 2021
No Specific Code Available	HLA-DQ2/DQ8 Genotyping for celiac disease (various patient groups)	Investigational	November 14, 2018	August 19, 2020
No Specific Code Available	Holmium Laser Endopyelotomy for Ureteropelvic Junction Obstruction in Adults	Investigational	October 10, 2012	April 21, 2021
No Specific Code Available	Hydrodissection in the treatment of neuropathic pain	Investigational	February 19, 2020	July 21, 2021
No Specific Code Available	Igenomix Endometrial Receptivity Analysis (ERA)	Investigational	October 11, 2017	May 19, 2021
No Specific Code Available	Image-Guided Intranasal Sphenopalatine Ganglion (SPG) Block for Treatment of Migraine Headaches	Investigational	August 9, 2017	April 21, 2021
No Specific Code Available	IMPACT™ Concussion Management Test	Investigational	April 1, 2009	April 21, 2021
No Specific Code Available	Implantable Insulin Pump	Investigational	January 1, 2012	June 16, 2021
No Specific Code Available	Inert gas rebreathing for cardiac output measurement during exercise	Investigational	January 1, 2006	November 18, 2020
No Specific Code Available	Inert gas rebreathing for cardiac output measurement; during rest	Investigational	January 1, 2006	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Injectable Amniotic Tissue-Derived Allografts for Treatment of Chronic Plantar Fasciitis	Investigational	December 14, 2016	July 21, 2021
No Specific Code Available	Intellijoint Hip System (Intellijoint Surgical)	Investigational	April 17, 2019	July 21, 2021
No Specific Code Available	Intense Pulsed Light Therapy for the Treatment of Dry Eye Disease	Investigational	June 8, 2016	March 17, 2021
No Specific Code Available	INTRACEPT® Intraosseous Nerve Ablation System	Investigational	November 14, 2018	October 21, 2020
No Specific Code Available	Intragastric Balloons for Treatment of Obesity (e.g. ReShape Integrated Dual Balloon System, Orbera Intragastric Balloon System)	Investigational	August 22, 2018	October 21, 2020
No Specific Code Available	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, 2017	November 18, 2020
No Specific Code Available	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, 2017	November 18, 2020
No Specific Code Available	Intravascular Ultrasound (IVUS) for guidance of percutaneous coronary interventions	Investigational	July 1, 2011	November 18, 2020
No Specific Code Available	Intravenous Vitamin C for the Treatment of Cancer	Investigational	December 10, 2014	October 21, 2020
No Specific Code Available	Iontophoretic Drug Delivery for the Treatment of Axillary Hyperhidrosis	Investigational	August 14, 2019	October 21, 2020
No Specific Code Available	Iontophoretic Drug Delivery for the Treatment of Primary Palmoplantar Hyperhidrosis	Investigational	August 14, 2019	October 21, 2020
No Specific Code Available	iovera® system for the treatment of knee pain- Ablation, percutaneous, cryoablation, includes imaging guidance	Investigational	January 9, 2019	July 21, 2021
No Specific Code Available	JACO Assistive Robotic Arm device for patients with neuromuscular diseases	Investigational	June 17, 2020	October 21, 2020
No Specific Code Available	Laparoscopy, surgical, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006	August 19, 2020
No Specific Code Available	Laparoscopy, surgical, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006	August 19, 2020
No Specific Code Available	Laparotomy, implantation or replacement of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006	August 19, 2020
No Specific Code Available	Laparotomy, revision or removal of gastric stimulation electrodes, lesser curvature (i.e., morbid obesity)	Investigational	September 1, 2006	August 19, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Lariat Suture Delivery Device in left atrial appendage closure to reduce the risk of stroke in adult patients with NVAF	Investigational	June 13, 2018	November 18, 2020
No Specific Code Available	Laser Hair Removal for Prevention of Pilonidal Sinus Recurrence	Investigational	April 13, 2016	March 17, 2021
No Specific Code Available	Laser Interstitial Thermal Therapy (LITT), (e.g. NeuroBlate System)	Investigational	December 14, 2016	February 17, 2021
No Specific Code Available	LDEX® U400 BIS Extracellular Fluid Analysis	Investigational	April 1, 2011	October 21, 2020
No Specific Code Available	Left ventricular filling pressure, indirect measurement by computerized calibration of the arterial waveform response to Valsalva measurement	Investigational	January 1, 2010	November 18, 2020
No Specific Code Available	LipiScan Dynamic Meibomian Imager for the evaluation of meibomian gland dysfunction	Investigational	August 22, 2018	March 17, 2021
No Specific Code Available	Lipoprotein Subclass Quantification Using NMR LipoProfile® Test (LipoScience Inc.) for Atherosclerosis /Coronary Heart Disease (CHD)	Investigational	July 25, 2014	November 18, 2020
No Specific Code Available	Lipoprotein, direct measurement, intermediate density lipoproteins (IDL) (remnant lipoproteins)	Investigational	January 1, 2006	November 18, 2020
No Specific Code Available	Lokomat driven gait orthosis (DGO)	Investigational	August 12, 2015	October 21, 2020
No Specific Code Available	LUKE Arm (Mobius Bionics LLC)	Investigational	October 21, 2020	October 21, 2020
No Specific Code Available	Macular Translocation Surgery	Investigational	July 1, 2007	March 17, 2021
No Specific Code Available	Magnetic Resonance Elastography for Detecting and Staging Liver Fibrosis.	Investigational	May 14, 2014	February 17, 2021
No Specific Code Available	Magnetically controlled growing rods (MCGRs) for the treatment of early-onset scoliosis (EOS) in children	Investigational	June 19, 2019	July 21, 2021
No Specific Code Available	Medicinal honey wound care dressings (i.e., Medihoney™)	Investigational	November 1, 2010	June 17, 2020
No Specific Code Available	Medtronic METRx™ Microdiscectomy System for lumbar disc herniation	Investigational	July 11, 2012	July 21, 2021
No Specific Code Available	Meniett Low-Pressure Pulse Generator for Treatment of Meniere's Disease	Investigational	February 13, 2013	February 17, 2021
No Specific Code Available	Mesenchymal Stem cell therapy for treatment of orthopedic indications	Investigational	June 13, 2018	July 21, 2021
No Specific Code Available	MI Profile test	Investigational	October 21, 2020	October 21, 2020
No Specific Code Available	Microcurrent electrical therapy (MET) for the treatment of musculoskeletal pain and the treatment of postoperative pain	Investigational for THP Together and THP RITogether	February 20, 2019	October 21, 2020
No Specific Code Available	Microsurgery (e.g., transplanting lymph node(s) for preventing lymphedema, during surgery, for breast cancer	Investigational	April 1, 2018	October 21, 2020
No Specific Code Available	Microwave thermal ablation of tumors	Investigational	June 19, 2019	August 19, 2020
No Specific Code Available	Migraine Headaches - Surgical Treatment	Investigational	September 12, 2012	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Mild® Minimally Invasive Lumbar Decompression for Lumbar Spinal Stenosis	Investigational	September 12, 2012	July 21, 2021
No Specific Code Available	Mindstreams® Cognitive Health Assessment (e.g., NeuroTrax®)	Investigational	July 1, 2009	April 21, 2021
No Specific Code Available	Minimally Invasive Deformity Correction (MID-C) system for the treatment of adolescent idiopathic scoliosis	Investigational	February 17, 2021	July 21, 2021
No Specific Code Available	Minimally invasive sacroiliac joint (SIJ) fusion with cylindrical threaded implants	Investigational	December 16, 2020	July 21, 2021
No Specific Code Available	miraDry® (Miramar Labs®, Inc.) for the treatment of hyperhidrosis	Investigational	June 14, 2017	October 21, 2020
No Specific Code Available	MIRE Therapy (Monochromatic Infrared Energy) for Peripheral Neuropathy	Investigational	June 13, 2018	April 21, 2021
No Specific Code Available	MIRE Therapy (Monochromatic Infrared Energy) for Treatment of Wounds	Investigational	June 13, 2018	March 17, 2021
No Specific Code Available	Monarch external Trigeminal Nerve Stimulation (eTNS) System (NeuroSigma Inc.) for the treatment of attention-deficit/hyperactivity disorder (ADHD)	Investigational for THP Together and THP RITogether	August 14, 2019	October 21, 2020
No Specific Code Available	MRI-Guided Laser Ablation using Visualase (Visualase Inc.) for Treatment of Seizures	Investigational	July 25, 2014	April 21, 2021
No Specific Code Available	Myoelectric orthosis — a custom orthosis that uses myoelectric signals to control brace function, providing assistive motion for joint function	Investigational	September 11, 2013	October 21, 2020
No Specific Code Available	MyoPro upper extremity orthosis for all indications including muscle weakness, neurological disorders or neuro-muscular damage from conditions including, spinal cord injury, traumatic brain injury, amyotrophic lateral sclerosis, multiple sclerosis and other upper limb neuromuscular disorders	Investigational	August 19, 2020	August 19, 2020
No Specific Code Available	Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency	Investigational	January 1, 2017	October 21, 2020
No Specific Code Available	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Investigational	January 1, 2017	March 17, 2021
No Specific Code Available	Nebulized antibiotic therapy (Except for the treatment of cystic fibrosis)	Investigational	October 1, 2009	October 21, 2020
No Specific Code Available	Nervio Migra® Device	Investigational for THP Together and THP RITogether	August 14, 2019	October 21, 2020
No Specific Code Available	Noninvasive Cardiac Radioablation for Ventricular Tachycardia	Investigational	November 14, 2018	November 18, 2020
No Specific Code Available	Noninvasive methods to assess skin cholesterol (e.g., PREVU™ Point of Care Skin Test)	Investigational	July 1, 2009	November 18, 2020

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Norditropin for Female Infertility	Investigational	April 10, 2013	May 19, 2021
No Specific Code Available	Oasis® Wound Matrix (Q4102) for lower extremity ulcers	Investigational	July 11, 2012	March 17, 2021
No Specific Code Available	Occipital nerve stimulation (ONS) for treatment of cluster headache	Investigational	December 16, 2020	April 21, 2021
No Specific Code Available	Occupational Therapy treatment programs for children with attention deficit hyperactivity disorder (ADHD) (e.g., skill-enhancing training such as motor-perceptual training, cognitive-perceptual training, handwriting training, self-care training, and social skills training)	Investigational	July 1, 2016	October 21, 2020
No Specific Code Available	Office based minimally invasive joint arthroscopy (e.g. mi-eye 2, VisionScope®)	Investigational	June 10, 2015	July 21, 2021
No Specific Code Available	One Touch Via disposable insulin delivery system	Investigational	June 14, 2017	June 16, 2021
No Specific Code Available	Osseointegrated Prostheses	Investigational	November 14, 2018	October 21, 2020
No Specific Code Available	PAP-NAP	Investigational	November 28, 2012	May 19, 2021
No Specific Code Available	PAULA's Test (Protein Assays Utilizing Lung Cancer Analytes; Genesys Biolabs) for Early Detection of Lung Cancer	Investigational	December 13, 2017	October 21, 2020
No Specific Code Available	Percepta Genomic Sequencing Classifier (GSC)	Investigational	June 17, 2020	October 21, 2020
No Specific Code Available	Percutaneous Cervical Disc Decompression for Cervical Herniation	Investigational	September 9, 2015	July 21, 2021
No Specific Code Available	Percutaneous mechanical thrombectomy for acute limb ischemia with AngioJet® Rheolytic Thrombectomy system (Possis Medical, Inc)	Investigational	January 1, 2010	October 21, 2020
No Specific Code Available	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, or for permanent implantation, with implantation of a pulse generator. Revision or removal of related pulse generator and/or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	Investigational	January 1, 2017	October 21, 2020
No Specific Code Available	Percutaneous Transcatheter Coil Embolization for Pelvic Congestion Syndrome (PCS)	Investigational	March 7, 2012	June 16, 2021
No Specific Code Available	Per-oral endoscopic myotomy (POEM)	Investigational	April 13, 2016	August 19, 2020
No Specific Code Available	Plasma proteins predict conversion to dementia from prodromal disease	Investigational	July 23, 2015	April 21, 2021
No Specific Code Available	Platelet Rich Plasma (PRP) for bone healing and fusion	Investigational	January 1, 2010	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Positional adaptive spinal cord stimulation	Investigational	April 17, 2019	October 21, 2020
No Specific Code Available	Powered Exoskeletal Mobility Device, (e.g. Rewalk)	Investigational	December 10, 2014	October 21, 2020
No Specific Code Available	Previvo uterine embryo lavage catheter	Investigational	June 10, 2015	May 19, 2021
No Specific Code Available	Processed nerve allografts (Avance Nerve Graft) for repair of peripheral nerve discontinuities	Investigational	June 17, 2020	April 21, 2021
No Specific Code Available	Prostatic Artery Embolization for BPH	Investigational	April 11, 2018	April 21, 2021
No Specific Code Available	Proteus® Ingestible Event Marker (IEM)	Investigational	August 14, 2013	August 19, 2020
No Specific Code Available	Provent Sleep Apnea Therapy	Investigational	February 8, 2012	May 19, 2021
No Specific Code Available	Pulsed radiofrequency treatment of complex regional pain syndrome of the lumbar region	Investigational	December 16, 2021	December 16, 2021
No Specific Code Available	Radiofrequency Ablation of the Sural Nerve for Ankle Pain specialty	Investigational	January 1, 2019	April 21, 2021
No Specific Code Available	Radiofrequency Nerve Ablation for Treatment of Plantar Fasciitis	Investigational	February 14, 2018	October 21, 2020
No Specific Code Available	Radiofrequency Neurotomy for Headaches	Investigational	September 12, 2012	April 21, 2021
No Specific Code Available	Relieva Balloon Sinuplasty (Acclarent Inc.) for Chronic Sinusitis in children	Investigational	February 26, 2013	February 17, 2021
No Specific Code Available	Remote Temperature Monitoring Telemetry Device for the Prevention Device of Diabetic Foot Ulcers (Podometrics Remote Temperature Monitoring and Visual Footcare Technologies TempStat™ring System)	Investigational	July 21, 2021	July 21, 2021
No Specific Code Available	ReStore Soft Exo-Suit™	Investigational	October 21, 2020	October 21, 2020
No Specific Code Available	Rhinophototherapy, intranasal application of ultraviolet and visible light, bilateral	Investigational	January 1, 2006	April 21, 2021
No Specific Code Available	Robotic Rehabilitation of Upper Extremities in Patients with Degenerative Neurological Conditions	Investigational	August 14, 2019	October 21, 2020
No Specific Code Available	Sclerotherapy for re-anastomosis after bariatric surgery	Investigational	April 1, 2010	October 21, 2020
No Specific Code Available	Serum autoantibody tests for diagnosis of autoimmune epilepsy (Athena Diagnostics)	Investigational	June 14, 2017	April 21, 2021
No Specific Code Available	Single anastomosis duodenal switch	Investigational	January 9, 2019	December 16, 2020
No Specific Code Available	Single-pulse transcranial magnetic stimulation [sTMS] device for treatment of acute migraines	Investigational	December 10, 2014	April 21, 2021
No Specific Code Available	SNaP® Wound Care System	Investigational	July 11, 2012	March 17, 2021
No Specific Code Available	SoundBite Hearing System (Sonitus Medical, Inc.)	Investigational	February 26, 2013	February 17, 2021
No Specific Code Available	Spectroscopy, expired gas analysis	Investigational	January 1, 2010	October 21, 2020
No Specific Code Available	Speculoscopy	Investigational	January 1, 2006	June 16, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Speculoscopy, with directed sampling	Investigational	January 1, 2006	June 16, 2021
No Specific Code Available	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, 2017	April 21, 2021
No Specific Code Available	Stereotaxis Niobe Magnetic Navigation System (Stereotaxis Inc.) for Percutaneous Coronary Intervention in Coronary Artery Disease	Investigational	February 13, 2013	November 18, 2020
No Specific Code Available	Stretta Procedure (Mederi Therapeutics) for Gastroesophageal Reflux Disease (GERD)>(Stretta Radiofrequency Endoscopic Anti-reflux Procedure) (e.g., Stretta, Esophyx)	Investigational	November 25, 2013	August 19, 2020
No Specific Code Available	Subchondral calcium phosphate (SCP) injections, knee	Investigational	October 21, 2020	July 21, 2021
No Specific Code Available	Subcutaneous insertion of estradiol pellets for post-menopausal disorders	Investigational	July 1, 2011	June 16, 2021
No Specific Code Available	Sublingual immunotherapy for the treatment of allergies and asthma (Except the following: Oralair, Grastek, Ragwitek and Odactra)	Investigational	October 1, 2009	April 21, 2021
No Specific Code Available	Surgical Treatment of Lymphedema	Investigational	October 1, 2018	March 17, 2021
No Specific Code Available	Telcare Glucose Monitor	Investigational	February 1, 2012	June 16, 2021
No Specific Code Available	Tenex Health Tx Procedure for tendon pain.	Investigational	December 9, 2015	July 21, 2021
No Specific Code Available	The Morning Repositioner (SomnoMed) to Restore Proper Mandibular Alignment After Use of Overnight Sleep Apnea Appliance	Investigational	August 22, 2018	May 19, 2021
No Specific Code Available	The TransPyloric Shuttle (BAROnova Inc.)	Investigational	June 19, 2019	December 16, 2020
No Specific Code Available	The Use of Information Communication Technology (ICT) to Improve Treatment Adherence in Patients with Diabetes	Investigational	October 14, 2015	June 16, 2021
No Specific Code Available	Thermal Shrinkage	Investigational	October 8, 2014	July 21, 2021
No Specific Code Available	Tinnitus Treatment/Rehabilitation (e.g., Neuromonics® and other programs)	Investigational	October 1, 2010	February 17, 2021
No Specific Code Available	Topaz® MicroDebrider (ArthroCare Corp.) for Treatment of Tendon Disorders of the Lower Extremities	Investigational	July 25, 2014	July 21, 2021
No Specific Code Available	Transcutaneous Electrical Nerve Stimulation for Knee Osteoarthritis	Investigational for THP Together and THP RITogether	April 17, 2019	October 21, 2020
No Specific Code Available	Transpalatal Advancement Pharyngoplasty for Sleep Apnea	Investigational	February 26, 2013	February 17, 2021
No Specific Code Available	Transcatheter pulmonary valve implantation, percutaneous approach (Edward SAPEIN Valve)	Investigational	April 17, 2019	November 18, 2020
No Specific Code Available	Transvascular Autonomic Modulation (TVAM)	Investigational	March 15, 2017	April 21, 2021
No Specific Code Available	Treatment(s) for incontinence, pulsed magnetic neuromodulation, per day	Investigational	January 1, 2006	April 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds	Investigational	January 1, 2006	April 21, 2021
No Specific Code Available	Use of Anser IFX and Anser ADA to Monitor Treatment in Patients with Inflammatory Bowel Disease	Investigational	September 9, 2015	August 19, 2020
No Specific Code Available	Use of Anti-Infliximab Antibody Levels to monitor treatment in patients with Inflammatory Bowel Disease (IBD)	Investigational	November 25, 2013	August 19, 2020
No Specific Code Available	Use of Fractional CO2 laser therapy (e.g. Monalisa Touch®), radiofrequency technology (e.g. THERMIVA®), and ER YAG laser therapy for vaginal rejuvenation and vaginal tightening	Investigational	February 14, 2018	June 16, 2021
No Specific Code Available	Uterine Transplantation for Uterine Factor Infertility	Investigational	July 20, 2016	May 19, 2021
No Specific Code Available	Vercise Directional Deep Brain Stimulation (DBS) System (Boston Scientific) for Parkinson's Disease	Investigational	April 17, 2019	April 21, 2021
No Specific Code Available	Vertebral Body Tethering for Adolescent Idiopathic Scoliosis	Investigational	June 19, 2019	July 21, 2021
No Specific Code Available	Vertebral Motion Analysis for Assessment of Spinal Instability	Investigational	February 14, 2018	February 17, 2021
No Specific Code Available	Vestibular Evoked Myogenic Potential (VEMP) Auditory Testing	Investigational	October 14, 2015	February 17, 2021
No Specific Code Available	Video Head Impulse testing (vHIT) for evaluation of vestibular disorders	Investigational	March 15, 2017	February 17, 2021
No Specific Code Available	Vizilite Oral Screening System	Investigational	October 1, 2007	October 21, 2020
No Specific Code Available	Whole Body Vibration for Promotion of Bone Growth in Postmenopausal Women	Investigational	September 11, 2013	June 16, 2021
No Specific Code Available	Wide-Area Transepithelial Sampling (WATS 3D) Biopsy for the Detection of Barrett's Esophagus or Esophageal Dysplasia	Investigational	October 21, 2020	October 21, 2020
No Specific Code Available	Wireless capsule for measuring gastric emptying (SmartPill GI Monitoring System®)	Investigational	January 1, 2010	August 19, 2020
No Specific Code Available	Zio Patch (iRhythm Technologies Inc.) Long-Term Ambulatory Cardiac Rhythm Monitoring	Investigational ONLY for use in asymptomatic adults who are at risk of developing an arrhythmia and/or for children (aged ≤ 18 years)	October 1, 2019	November 18, 2020
P2031	Hair analysis (excluding arsenic)	Investigational	January 1, 2007	October 21, 2020
Q2026	Injection, Radiesse, 0.1 ml (Radiesse® for glottic insufficiency)	Investigational EXCEPT when billed with any of the following ICD-10 diagnosis code(s) : J38.01, J38.02	October 1, 2014	February 17, 2021
Q4121	Theraskin, per square centimeter	Investigational	July 24, 2015	March 17, 2021
Q4134	hMatrix, per sq cm	Investigational	January 1, 2013	March 17, 2021
Q4135	Mediskin, per sq cm	Investigational	January 1, 2013	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
Q4136	E-Z Derm, per sq cm	Investigational	January 1, 2013	March 17, 2021
Q4140	BioDFence® and BioDFence® G3 human amniotic allograft products	Investigational	August 22, 2018	March 17, 2021
Q4148	NEOX 1k, per square centimeter	Investigational	February 1, 2015	March 17, 2021
Q4150	Allowrap DS or dry, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4152	Dermapure, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4153	Dermavest, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4154	Biovance, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4155	Neoxflo or clarixflo 1 mg	Investigational	January 1, 2015	March 17, 2021
Q4156	Neox 100, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4157	Revitalon, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4158	Kerecis Omega3, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4159	Affinity, per sq cm	Investigational	January 1, 2015	March 17, 2021
Q4160	Nushield, per square centimeter	Investigational	January 1, 2015	March 17, 2021
Q4161	Bio-ConneKt wound matrix, per sq cm	Investigational	January 1, 2016	March 17, 2021
Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc	Investigational	January 1, 2016	March 17, 2021
Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm	Investigational	January 1, 2016	March 17, 2021
Q4164	Helicoll, per sq cm	Investigational	January 1, 2016	March 17, 2021
Q4165	Keramatrix, per sq cm	Investigational	January 1, 2016	March 17, 2021
Q4166	Cytal, per square centimeter	Investigational	January 1, 2017	March 17, 2021
Q4167	Truskin, per square centimeter	Investigational	January 1, 2017	March 17, 2021
Q4169	Artacent wound, per square centimeter	Investigational	January 1, 2017	March 17, 2021
Q4170	Cygnus, per square centimeter	Investigational	January 1, 2017	March 17, 2021
Q4171	Interfyl, 1 mg	Investigational	January 1, 2017	March 17, 2021
Q4173	Palingen or palingen xplus, per square centimeter	Investigational	January 1, 2017	March 17, 2021
Q4174	Palingen or promatrix, 0.36 mg per 0.25 cc	Investigational	January 1, 2017	March 17, 2021
Q4175	Miroderm, per square centimeter	Investigational	January 1, 2017	March 17, 2021
Q4176	NeoPatch, per sq cm	Investigational	January 1, 2018	March 17, 2021
Q4177	FlowerAmnioFlo, 0.1 cc	Investigational	January 1, 2018	March 17, 2021
Q4178	FlowerAmnioPatch, per sq cm	Investigational	January 1, 2018	March 17, 2021
Q4179	FlowerDerm, per sq cm	Investigational	January 1, 2018	March 17, 2021
Q4180	Revita, per sq cm	Investigational	January 1, 2018	March 17, 2021
Q4181	Amnio Wound, per sq cm	Investigational	January 1, 2018	March 17, 2021
Q4183	Surgigraft, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4184	Cellesta, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Investigational	January 1, 2019	March 17, 2021
Q4188	AmnioArmor, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4189	Artacent AC, 1 mg	Investigational	January 1, 2019	March 17, 2021
Q4190	Artacent AC, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4191	Restorigin, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4192	Restorigin, 1 cc	Investigational	January 1, 2019	March 17, 2021
Q4193	Coll-e-Derm, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4194	Novachor, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4195	PuraPly, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4196	PuraPly AM, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4197	PuraPly XT, per sq cm	Investigational	January 1, 2019	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
Q4198	Genesis Amniotic Membrane, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4200	SkinTE, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4201	Matrion, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4202	Keroxx (2.5 g/cc), 1 cc	Investigational	January 1, 2019	March 17, 2021
Q4203	Derma-Gide, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4204	XWRAP, per sq cm	Investigational	January 1, 2019	March 17, 2021
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4206	Fluid Flow or Fluid GF, 1 cc	Investigational	October 1, 2019	March 17, 2021
Q4208	Novafix, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4209	SurGraft, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4212	AlloGen, per cc	Investigational	October 1, 2019	March 17, 2021
Q4213	Ascent, 0.5 mg	Investigational	October 1, 2019	March 17, 2021
Q4214	Cellesta Cord, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Investigational	October 1, 2019	March 17, 2021
Q4216	Artacent Cord, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4218	SurgiCORD, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4219	SurgiGRAFT-DUAL, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4220	BellaCell HD or Surederm, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4221	Amnio Wrap2, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4222	ProgenaMatrix, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Investigational	October 1, 2019	March 17, 2021
Q4227	AmnioCoreTM, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4228	BioNextPATCH, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4229	Cogenex Amniotic Membrane, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Investigational	July 1, 2020	March 17, 2021
Q4231	Corplex P, per cc	Investigational	July 1, 2020	March 17, 2021
Q4232	Corplex, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4233	SurFactor or NuDyn, per 0.5 cc	Investigational	July 1, 2020	March 17, 2021
Q4234	XCellerate, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4236	carePATCH, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4237	Cryo-Cord, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4238	Derm-Maxx, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4240	CoreCyte, for topical use only, per 0.5 cc	Investigational	July 1, 2020	March 17, 2021
Q4241	PolyCyte, for topical use only, per 0.5 cc	Investigational	July 1, 2020	March 17, 2021
Q4242	AmnioCyte Plus, per 0.5 cc	Investigational	July 1, 2020	March 17, 2021
Q4244	Procenta, per 200 mg	Investigational	July 1, 2020	March 17, 2021
Q4245	AmnioText, per cc	Investigational	July 1, 2020	March 17, 2021
Q4246	CoreText or ProText, per cc	Investigational	July 1, 2020	March 17, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
Q4247	Amniotext patch, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Investigational	July 1, 2020	March 17, 2021
Q4249	AMNIPLY, for topical use only, per sq cm	Investigational	October 1, 2020	October 1, 2020
Q4250	AmnioAmp-MP, per sq cm	Investigational	October 1, 2020	October 1, 2020
Q4254	Novafix DL, per sq cm	Investigational	October 1, 2020	October 1, 2020
Q4255	REGUARD, for topical use only, per sq cm	Investigational	October 1, 2020	October 1, 2020
S0596	Phakic intraocular lens for correction of refractive error	Investigational	April 1, 2012	March 17, 2021
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	Investigational	October 1, 2017	June 16, 2021
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	Investigational	October 1, 2017	June 16, 2021
S1090	Mometasone furoate sinus implant, 370 micrograms	Investigational	September 22, 2015	February 17, 2021
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	Investigational	April 1, 2021	April 1, 2021
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Investigational	January 1, 2008	February 17, 2021
S2225	Myringotomy, laser-assisted	Investigational	January 1, 2007	February 17, 2021
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Investigational	July 1, 2007	July 21, 2021
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Investigational	November 20, 2006	July 21, 2021
S3650	Saliva test, hormone level; during menopause	Investigational	January 1, 2007	June 16, 2021
S3652	Saliva test, hormone level; to assess preterm labor risk	Investigational	November 20, 2006	June 16, 2021
S3900	Surface electromyography (EMG)	Investigational	July 1, 2007	July 21, 2021
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	Investigational	November 20, 2006	February 17, 2021
S8092	Electron beam computed tomography (also known as ultrafast CT, Cine CT)	Investigational	November 20, 2006	February 17, 2021
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient (e.g., P-STIM™)	Investigational	April 1, 2012	October 21, 2020
S9024	Paranasal sinus ultrasound	Investigational	November 20, 2006	February 17, 2021
S9055	Procuren or other growth factor preparation to promote wound healing	Investigational	November 20, 2006	March 17, 2021
S9090	Vertebral axial decompression, per session	Investigational	October 1, 2007	July 21, 2021

Procedure Code	Description	Exclusion Category	Origination Date	Last Review Date
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	June 16, 2021
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	June 16, 2021
T1505	Electronic medication compliance device, includes all components	Investigational	January 1, 2011	October 21, 2020
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra -large, each	Investigational	January 1, 2014	April 15, 2020

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

Note: 'No Specific Code Available' indicates an "unlisted code" or "miscellaneous code."

Genetic Testing:

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 (GPIIb)) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	Investigational	January 1, 2018	September 16, 2020
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein 1b [platelet], alpha polypeptide [GpIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion pupura), gene analysis, common variant, HPA-2a/b (T145M)	Investigational	January 1, 2018	September 16, 2020
81230	CYP3A5 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *22)	Investigational	January 1, 2018	September 16, 2020
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Investigational	January 1, 2018	September 16, 2020
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5 fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Investigational	January 1, 2018	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; full gene sequence	Investigational	January 1, 2013	February 17, 2021
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; known familial variants	Investigational	January 1, 2013	February 17, 2021
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Investigational	January 1, 2013	February 17, 2021
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Investigational	December 18, 2019	September 16, 2020
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Investigational	January 1, 2019	September 16, 2020
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis, characterization of alleles (eg, expanded size)	Investigational	January 1, 2019	September 16, 2020
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Investigational	January 1, 2019	September 16, 2020
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis, known familial variant(s)	Investigational	January 1, 2019	September 16, 2020
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (e.g., hereditary hypercoagulability) gene analysis, common variants (e.g., 677T, 1298C)	Investigational	January 1, 2012	October 21, 2020
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Investigational	January 1, 2019	September 16, 2020
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Investigational	January 1, 2019	September 16, 2020
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (e.g., prostate cancer)	Investigational	January 1, 2015	April 21, 2021
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis (Epi proColon (Epigenomics Inc.))	Investigational	November 28, 2012	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Investigational	January 1, 2018	September 16, 2020
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Investigational	January 1, 2018	September 16, 2020
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Investigational	January 1, 2018	September 16, 2020
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (e.g., warfarin metabolism), gene analysis, common variants (e.g., -1639/3673)	Investigational	January 1, 2012	October 21, 2020
81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	Investigational	January 1, 2015	September 16, 2020
81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	Investigational	January 1, 2015	September 16, 2020
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)	Investigational	January 1, 2015	September 16, 2020
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Investigational	January 1, 2021	April 21, 2021
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (e.g., DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Investigational	January 1, 2017	June 16, 2021
81425	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	Investigational	January 1, 2015	September 16, 2020
81426	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	Investigational	January 1, 2015	September 16, 2020
81427	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (e.g., updated knowledge or unrelated condition/syndrome)	Investigational	January 1, 2015	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81430	Hearing loss (e.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Investigational	January 1, 2015	February 17, 2021
81431	Hearing loss (e.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Investigational	January 1, 2015	February 17, 2021
81432	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	Investigational	January 1, 2016	October 21, 2020
81433	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Investigational	January 1, 2016	October 21, 2020
81440	Nuclear encoded mitochondrial genes (e.g., neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	Investigational	January 1, 2015	September 16, 2020
81442	Noonan spectrum disorders (e.g., Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Investigational	January 1, 2016	November 18, 2020
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Investigational	January 1, 2018	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Investigational	January 1, 2015	October 21, 2020
81460	Whole mitochondrial genome (e.g., Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Investigational	January 1, 2015	September 16, 2020
81465	Whole mitochondrial genome large deletion analysis panel (e.g., Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Investigational	January 1, 2015	September 16, 2020
81470	X-linked intellectual disability (XLID) (e.g., syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Investigational	January 1, 2015	September 16, 2020
81471	X-linked intellectual disability (XLID) (e.g., syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Investigational	January 1, 2015	September 16, 2020
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score, (e.g., Vectra® DA)	Investigational	January 1, 2016	October 21, 2020
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score, (e.g., Corus® CAD)	Investigational	January 1, 2016	November 18, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score, (e.g., Risk of Ovarian Malignancy Algorithm (ROMA™))	Investigational	January 1, 2013	October 21, 2020
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin and pre-albumin), utilizing serum, algorithm reported as a risk score (OVA1™, Vermillion, Inc.)	Investigational	January 1, 2013	October 21, 2020
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score, (e.g., PreDx™ Diabetes Risk Score)	Investigational	January 1, 2013	June 16, 2021
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score (Prosigna® Breast Cancer Assay, NanoString Technologies, Inc.)	Investigational	January 1, 2018	October 21, 2020
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Investigational	December 18, 2019	April 21, 2021
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score, (Oncotype DX® Colon Cancer Assay, Genomic Health)	Investigational	January 1, 2016	October 21, 2020
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Investigational	January 1, 2021	January 1, 2021
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination, (ChemoFx, Helomics)	Investigational	January 1, 2016	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure), (ChemoFx, Helomics)	Investigational	January 1, 2016	October 21, 2020
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival, (VeriStrat, Biodesix, Inc.)	Investigational	January 1, 2016	October 21, 2020
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score (e.g., OPKO 4Kscore [®] Blood Test)	Investigational	July 23, 2015	April 21, 2021
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Investigational	December 18, 2019	October 21, 2020
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy (ConfirmMDx [®] for Prostate Cancer, MDxHealth Inc.)	Investigational	January 1, 2018	April 21, 2021
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Investigational	December 18, 2019	October 21, 2020
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Investigational	January 1, 2021	January 1, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score, (e.g., AlloMap®)	Investigational	January 1, 2016	October 21, 2020
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	Investigational	January 1, 2015	November 18, 2020
86152	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); (e.g., CellSearch Circulating Tumor Cell (CTC) Kit for monitoring Metastatic Breast Cancer)	Investigational	January 1, 2013	October 21, 2020
86153	Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); physician interpretation and report, when required, (e.g., CellSearch Circulating Tumor Cell (CTC) Kit for monitoring Metastatic Breast Cancer)	Investigational	January 1, 2013	October 21, 2020
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Investigational	April 1, 2020	August 19, 2020
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported (PreciseType® HEA Test)	Investigational	February 1, 2017	October 21, 2020
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps (PolypDX™)	Investigational	February 1, 2017	August 19, 2020
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score (Overa (OVA1 Next Generation))	Investigational	February 1, 2017	June 16, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score (ExoDx® Prostate (IntelliScore), Exosome Diagnostics)	Investigational	May 1, 2017	April 21, 2021
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service (ToxProtect, Genotox Laboratories LTD)	Investigational	August 1, 2017	October 21, 2020
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline and rifabutin (AmHPR Helicobacter pylori Antibiotic Resistance Next Generation Sequencing Panel, American Molecular Laboratories, Inc.)	Investigational	August 1, 2017	August 19, 2020
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified (DEPArray™ HER2)	Investigational	August 1, 2017	October 21, 2020
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate (Bacterial Typing by Whole Genome Sequencing, Mayo Clinic)	Investigational	August 1, 2017	October 21, 2020
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites (Cordant CORE™)	Investigational	August 1, 2017	October 21, 2020
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s) (MatePair Targeted Rearrangements, Congenital)	Investigational	August 1, 2017	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s) (MatePair Targeted Rearrangements, Oncology)	Investigational	August 1, 2017	October 21, 2020
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s) (MatePair Targeted Rearrangements, Hematologic)	Investigational	August 1, 2017	October 21, 2020
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy (ThyraMIR)	Investigational	October 1, 2017	December 16, 2020
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents (OncoTarget/ OncoTreat)	Investigational	October 1, 2017	September 16, 2020
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score (Apifyn®)	Investigational	October 1, 2017	December 16, 2020
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative (GlycA)	Investigational	January 1, 2018	September 16, 2020
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative (UrSure Tenofovir Quantification Test)	Investigational	January 1, 2018	September 16, 2020
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823) (Focused Pharmacogenomics Panel)	Investigational	January 1, 2018	October 21, 2020
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823) (Warfarin Response Genotype)	Investigational	January 1, 2018	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7) (Cytochrome P450 1A2 Genotype)	Investigational	January 1, 2018	October 21, 2020
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant (Catechol-O-Methyltransferase (COMT) Genotype)	Investigational	January 1, 2018	September 16, 2020
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G]) (Serotonin Receptor Genotype (HTR2A and HTR2C))	Investigational	January 1, 2018	September 16, 2020
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) (Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping)	Investigational	January 1, 2018	September 16, 2020
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative (e.g., Real-time quaking-induced conversion for prion detection (RT-QulC); National Prion Disease Pathology Surveillance Center)	Investigational	April 1, 2018	April 21, 2021
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses (e.g., EXaCT-1 Whole Exome Testing; Wiell Cornell Medicine-Clinical Genomics Laboratory)	Investigational	April 1, 2018	October 21, 2020
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden (e.g., FoundationOne CDx™ (F1CDx); Foundation Medicine, Inc.)	Investigational	April 1, 2018	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity (e.g., Anti-dsDNA, High Salt/Avidity; University of Washington, Department of Laboratory Medicine)	Investigational	April 1, 2018	October 21, 2020
0040U	BCR/ABL1 (t(9,22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative (e.g., MRDx BCR-ABL Test; MolecularMD)	Investigational	April 1, 2018	October 21, 2020
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM (e.g., Lyme ImmunoBlot Igm; IGeneX Inc)	Investigational	April 1, 2018	October 21, 2020
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG (e.g., Lyme ImmunoBlot IgG; IGeneX Inc)	Investigational	April 1, 2018	October 21, 2020
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM (e.g., Tick-Borne Relapsing Fever (TBRF) Borrelia ImmunoBlots Igm Test; IGeneX Inc)	Investigational	April 1, 2018	October 21, 2020
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG (e.g., Tick-Borne Relapsing Fever (TBRF) Borrelia ImmunoBlots IgG Test; IGeneX Inc)	Investigational	April 1, 2018	October 21, 2020
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score (Oncotype DX Breast DCIS Score test (Genomic Health))	Investigational	July 1, 2018	October 21, 2020
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score (Oncotype DX Genomic Prostate Score Genomic Health, Inc.)	Investigational	July 1, 2018	April 21, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s) (MSK-IMPACT (Integrated Mutation Profiling of Actionable Cancer Targets) Memorial Sloan Kettering Cancer Center)	Investigational	July 1, 2018	October 21, 2020
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements (MyAML NGS Panel LabPMM LLC, an Invivoscribe Technologies, Inc. Company)	Investigational	July 1, 2018	October 21, 2020
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade (Prostate Cancer Risk Panel Mayo Clinic Laboratory Developed Test (related tests on NCIS))	Investigational	July 1, 2018	April 21, 2021
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma (myTAIHEART TAI Diagnostics, Inc.)	Investigational	July 1, 2018	October 21, 2020
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s) (MatePair Acute Myeloid Leukemia Panel Mayo Clinic Laboratory Developed Test)	Investigational	July 1, 2018	October 21, 2020
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank	Investigational	July 1, 2018	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative (Merkel SmT Oncoprotein Antibody Titer University of Washington, Department of Laboratory Medicine)	Investigational	July 1, 2018	October 21, 2020
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative (Merkel Virus VP1 Capsid Antibody University of Washington, Department of Laboratory Medicine)	Investigational	July 1, 2018	October 21, 2020
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood (Twins Zygosity PLA Natera, Inc.)	Investigational	July 1, 2018	June 16, 2021
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis (Transcutaneous multispectral measurement of tissue oxygenation and hemoglobin using Spatial Frequency Domain Imaging (SFDI) Modulated Imaging, Inc.)	Investigational	July 1, 2018	March 17, 2021
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder (NPDx ASD ADM Panel I, Stemina Biomarker Discovery, Inc, Stemina Biomarker Discovery, Inc d/b/a NeuroPointDX)	Investigational	October 1, 2018	October 21, 2020
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score (BBDRisk Dx™, Silbiotech, Inc)	Investigational	October 1, 2018	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN) (CYP2D6 Common Variants and Copy Number, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure) (CYP2D6 Full Gene Sequencing, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure) (CYP2D6-2D7 Hybrid Gene Targeted Sequence Analysis, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure) (CYP2D7-2D6 Hybrid Gene Targeted Sequence Analysis, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure) (CYP2D6 trans-duplication/ multiplication non-duplicated gene targeted sequence analysis, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/ multiplication) (List separately in addition to code for primary procedure) (CYP2D6 5' gene duplication/ multiplication targeted sequence analysis, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure) (CYP2D6 3' gene duplication/multiplication targeted sequence analysis, Mayo Clinic, Laboratory Developed Test)	Investigational	October 1, 2018	October 21, 2020
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder (INFINITI® Neural Response Panel, PersonalizeDx Labs, AutoGenomics Inc)	Investigational	October 1, 2018	October 21, 2020
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification (ToxLok™, InSource Diagnostics, InSource Diagnostics)	Investigational	October 1, 2018	September 16, 2020
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Investigational	July 1, 2019	October 21, 2020
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Investigational	July 1, 2019	October 21, 2020
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Investigational	July 1, 2019	October 21, 2020
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, <i>PRAME</i> and <i>LINC00518</i>, superficial collection using adhesive patch(es) (Pigmented Lesion Assay (PLA), DermTech)	Investigational	July 1, 2019	October 21, 2020
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	Investigational	July 1, 2019	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Investigational	July 1, 2019	August 19, 2020
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Investigational	July 1, 2019	October 21, 2020
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Investigational	July 1, 2019	September 16, 2020
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 <i>(CCL26 [C-C motif chemokine ligand 26])</i> and major basic protein <i>(PRG2 [proteoglycan 2, pro eosinophil major basic protein])</i>, specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	Investigational	July 1, 2019	August 19, 2020
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	Investigational	July 1, 2019	October 21, 2020
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enteropathogenic Escherichia coli [EAEC], Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] It/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia [also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V])	Investigational	July 1, 2019	August 19, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, <i>PTEN</i> hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], <i>EPCAM</i> and <i>GREM1</i> [deletion/duplication only])	Investigational	July 1, 2019	August 19, 2020
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	Investigational	July 1, 2019	October 21, 2020
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], <i>EPCAM</i> [deletion/duplication only])	Investigational	July 1, 2019	June 16, 2021
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) (BRCAplus, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) (+RNAinsight™ for BRCA1/2, Ambry Genetics)	Investigational	October 1, 2019	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	Investigational	December 18, 2019	April 21, 2021
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Investigational	December 18, 2019	October 21, 2020
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Investigational	December 18, 2019	September 16, 2020
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Investigational	December 18, 2019	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas (BeScreened™-CRC, Beacon Biomedical Inc, Beacon Biomedical Inc)	Investigational	April 1, 2020	October 21, 2020
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for antiCdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results (ibs-smart™, Gemelli Biotech, Gemelli Biotech)	Investigational	April 1, 2020	August 19, 2020
0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation (VeriMAP Peanut Dx – Bead-based Epitope Assay, AllerGenis, AllerGenis)	Investigational	April 1, 2020	April 21, 2021
0166U	Liver disease, 10 biochemical assays (α2- macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation (LiverFAST™, Fibronostics, Fibronostics)	Investigational	April 1, 2020	August 19, 2020
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy (Vanadis® NIPT, PerkinElmer, Inc, PerkinElmer Genomics)	Investigational	April 1, 2020	June 16, 2021
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants (NT (NUDT15 and TPMT) genotyping panel, RPRD Diagnostics)	Investigational	April 1, 2020	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis (Clarifi™, Quadrant Biosciences, Inc, Quadrant Biosciences, Inc)	Investigational	April 1, 2020	April 21, 2021
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes, (Psych HealthPGx Panel)	Investigational	July 1, 2020	October 21, 2020
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes, (Genomind@Professional PGx Express™CORE)	Investigational	July 1, 2020	October 21, 2020
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)(Resolution ctDx Lung™)	Investigational	July 1, 2020	October 21, 2020
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Investigational	October 1, 2020	October 1, 2020
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Investigational	October 1, 2020	October 1, 2020
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	Investigational	October 1, 2020	October 1, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	Investigational	October 1, 2020	October 1, 2020
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	Investigational	October 1, 2020	October 1, 2020
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Investigational	October 1, 2020	April 21, 2021
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	Investigational	October 1, 2020	April 21, 2021
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	Investigational	October 1, 2020	April 21, 2021
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis (Colvera®, Clinical Genomics Pathology Inc.)	Investigational	January 1, 2021	January 1, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions (Genomic Unity® FXN Analysis, Variantyx Inc.)	Investigational	January 1, 2021	April 21, 2021
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations (FoundationOne® Liquid CDx, FOUNDATION MEDICINE, INC.)	Investigational	January 1, 2021	January 1, 2021
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage (ThyGeNEXT)	Investigational	April 1, 2021	April 1, 2021
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Investigational	October 1, 2007	April 21, 2021
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Investigational	May 25, 2016	February 17, 2021
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Investigational	November 20, 2006	April 21, 2021
No Specific Code Available	ABRx Antibiotic Resistance Panel (Diatherix Laboratories)	Investigational	August 9, 2017	September 16, 2020
No Specific Code Available	AlloSure (CareDX Inc.)	Investigational	February 14, 2018	October 21, 2020
No Specific Code Available	AmpliChip™ Cytochrome P450 (CYP450) Test for pharmacogenetic assay of medication sensitivity	Investigational	July 1, 2008	October 21, 2020
No Specific Code Available	Angiotensin Receptor 1 (AGTR1) c.*86A>C (1166A>C, A1166C) Polymorphism Testing for Essential Hypertension	Investigational	September 10, 2014	November 18, 2020
No Specific Code Available	Anora Miscarriage Test for Miscarriage, (Natera)	Investigational	June 10, 2015	June 16, 2021
No Specific Code Available	ARISK™ Autism Risk Assessment Test	Investigational	October 9, 2013	September 16, 2020
No Specific Code Available	Anser VDZ® Test (Prometheus Laboratories) for monitoring vedolizumab treatment of Crohn's disease	Investigational	June 14, 2017	August 19, 2020
No Specific Code Available	Autism and Intellectual Disability NGS Panel	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	AutismNext	Investigational	February 14, 2018	September 16, 2020
No Specific Code Available	Autism NGS Panel (Fulgent Diagnostics)	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Autosomal Dominant Hereditary Spastic Paraplegia (AD-HSP)	Investigational	September 10, 2014	April 21, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Autosomal Dominant Thrombocytopenia (Prevention Genetics)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Axone Sequencing Genome Testing	Investigational	March 7, 2012	September 16, 2020
No Specific Code Available	Bilateral Frontoparietal Polymicrogyria (BFPP)	Investigational	September 10, 2014	April 21, 2021
No Specific Code Available	Bleeding Disorders NextGen Sequencing (NGS) Panel (Prevention Genetics)	Investigational	April 12, 2017	October 21, 2020
No Specific Code Available	Blood-Based Genetic Testing for Colorectal Cancer Screening	Investigational	August 10, 2016	August 19, 2020
No Specific Code Available	BluePrint Molecular Subtyping Profile for Breast Cancer	Investigational	January 9, 2013	October 21, 2020
No Specific Code Available	Bone Marrow Failure Region of Interest (Claritis Genomics)	Investigational	February 8, 2017	October 21, 2020
No Specific Code Available	BRCAVantage Plus (BRCA1, BRCA2, TP53, STK11, PTEN, CDH1, PALB2)	Investigational	February 10, 2016	October 21, 2020
No Specific Code Available	Breast Cancer Focus Panel (Fulgent Genetics)	Investigational	June 14, 2017	October 21, 2020
No Specific Code Available	Breast Cancer Index	Investigational	February 11, 2015	October 21, 2020
No Specific Code Available	Breast/GYN Cancer Panel (GeneDx)	Investigational	August 22, 2018	October 21, 2020
No Specific Code Available	Breast Ovarian Cancer NGS Panel (Fulgent Diagnostics)	Investigational	October 14, 2015	October 21, 2020
No Specific Code Available	BreastTrue High Risk Panel for Hereditary Breast Cancer, (Pathway Genomics Corp.)	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	BROCA Cancer Risk Prenatal Test	Investigational	October 9, 2013	June 16, 2021
No Specific Code Available	CancerIntercept Detect	Investigational	February 10, 2016	October 21, 2020
No Specific Code Available	CancerIntercept Monitor	Investigational	February 10, 2016	October 21, 2020
No Specific Code Available	CancerNext Next-Gen Cancer Panel (Ambry Genetics Corp.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	CancerPlex (KEW Inc.)	Investigational	June 19, 2019	October 21, 2020
No Specific Code Available	Capillary Malformation-Arteriovenous Malformation Syndrome (CMAVM)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	CASR DNA Sequencing Test (Athena Diagnostics)	Investigational	February 14, 2018	September 16, 2020
No Specific Code Available	Charcot-Marie-Tooth Neuropathy, Type 1 (CMT1, CMT2,) CMTX	Investigational	October 9, 2013	September 16, 2020
No Specific Code Available	CHEK2-related cancer test: The CHEK2-related cancer test may diagnose a personal and/or family history suggestive of hereditary breast and/or colon cancer	Investigational	December 14, 2016	October 21, 2020
No Specific Code Available	Chemokine CC Motif Receptor 5 (CCR5) CCR5-Δ32 Polymorphism	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Chromosomal Microarray Analysis Mitochondrial/Metabolic (MitoMet®) Testing	Investigational	July 1, 2010	September 16, 2020
No Specific Code Available	ClonoSEQ (Adaptive Biotechnologies)	Investigational	October 14, 2015	October 21, 2020
No Specific Code Available	Coagulation Factor Deficiency NextGen Sequencing (NGS) Panel (Prevention Genetics)	Investigational	April 12, 207	October 21, 2020
No Specific Code Available	COLMOL (OSU Wexner Medical Center Clinical Laboratories)	Investigational	October 14, 2015	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	ColoNext™ for Hereditary Colorectal Cancer	Investigational	November 28, 2012	August 19, 2020
No Specific Code Available	ColonSentry (Innovative Diagnostic Laboratory)	Investigational	February 11, 2015	August 19, 2020
No Specific Code Available	Color Hereditary Cancer Test (30 genes)	Investigational	December 13, 2017	September 16, 2020
No Specific Code Available	Color Test (Color Genomics)	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	Complement Factor H (CFH) p.Tyr402His and Age-Related Maculopathy Susceptibility 2 (ARMS2) p.Ala69Ser Polymorphism Testing for Susceptibility to Age-Related Macular Degeneration (AMD)	Investigational	June 11, 2014	March 17, 2021
No Specific Code Available	Comprehensive Brain Malformations Panel (GeneDX)	Investigational	December 13, 2017	September 16, 2020
No Specific Code Available	Comprehensive Epilepsy Evaluation NGS Panel	Investigational	February 10, 2016	April 21, 2021
No Specific Code Available	Comprehensive Non-Specific Intellectual Disability Panel	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Comprehensive Personalized Medicine Panel, (Alpha-Genomix Laboratories)	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	Congenital Disorders of Glycosylation (CDG) Panel by Massively Parallel Sequencing (BCM-MitomeNGS) (Baylor Miraca Genetics Laboratories)	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	Craniosynostosis NGS Panel and/or HDT array (Connective Tissue Gene Tests)	Investigational	June 8, 2016	September 16, 2020
No Specific Code Available	Cunningham Panel (Moleculara Labs)	Investigational	June 8, 2016	April 21, 2021
No Specific Code Available	Cxbladder, (Pacific Edge Ltd), (e.g., Cxbladder Triage, Cxbladder Detect, and Cxbladder Monitor)	Investigational	June 10, 2015	April 21, 2021
No Specific Code Available	CYP2C19 Genotyping to Predict Response to Voriconazole	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	CYP2C19 Pharmacogenomic Genotyping to Direct Clopidogrel Therapy for Secondary Prevention in Patients with a History of Stroke and/or Transient Ischemic Attack (TIA)	Investigational	February 14, 2018	September 16, 2020
No Specific Code Available	CYP2C19 Pharmacogenomic Genotyping to Direct Clopidogrel Therapy in Adult Patients Undergoing Percutaneous Coronary Intervention (PCI)	Investigational	February 14, 2018	September 16, 2020
No Specific Code Available	CYP2D6 Genotyping to Guide Dosing with Eliglustat Tartrate (Cerdelga) in Gaucher Disease Type 1	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	CYP3A4 Genotyping for Ivacaftor Metabolism and Toxicity	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	Cytochrome P450 (CYP450) Genotyping to Predict Response to Antidepressant and Antipsychotic Medications	Investigational	October 14, 2015	October 21, 2020
No Specific Code Available	DCISionRT (PreludeDx)	Investigational	November 20, 2019	October 21, 2020
No Specific Code Available	Decipher Prostate Biopsy (Decipher Biosciences)	Investigational	November 20, 2019	April 21, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Decipher Prostate Cancer Classifier	Investigational	October 14, 2015	April 21, 2021
No Specific Code Available	Decipher® Prostate Cancer Test (GenomeDx Biosciences)	Investigational	August 14, 2019	April 21, 2021
No Specific Code Available	DecisionDx-GBM (Castle Biosciences Inc.)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Decision Dx Melanoma	Investigational	February 14, 2018	October 21, 2020
No Specific Code Available	DecisionDx-UM (Castle Biosciences Inc.)	Investigational	September 10, 2014	March 17, 2021
No Specific Code Available	deCODE ProstateCancer™ (deCODE diagnostics)	Investigational	September 10, 2014	April 21, 2021
No Specific Code Available	DecodEX Microbial Genetic Identification; NGS) test for the identification and relative abundance of microbial pathogens in a patient sample	Investigational	December 14, 2016	September 16, 2020
No Specific Code Available	devACT Clinical Management Panel	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	devSEEK Sequence Analysis for Neurodevelopmental Disorders	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	DGAT1 Single Gene (Fulgent Diagnostics)	Investigational	October 11, 2017	September 16, 2020
No Specific Code Available	DNA Polymerase Gamma (POLG) - Related Disorders	Investigational	March 7, 2012	September 16, 2020
No Specific Code Available	Ehlers-Danlos Syndrome (EDS) Classic Type	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	ELANE (ELA2) Gene Testing for ELANE –related Neutropenia	Investigational	October 14, 2015	October 21, 2020
No Specific Code Available	Endometrial Cancer Panel (GeneDx)	Investigational	February 10, 2016	June 16, 2021
No Specific Code Available	Envisia Genomic Classifier (Veracyte)	Investigational	June 17, 2020	October 21, 2020
No Specific Code Available	Epi proColon (Epigenomics Inc.)	Investigational	August 10, 2016	August 19, 2020
No Specific Code Available	Epilepsy and Seizure Disorders Panel (Emory Genetics Laboratory)	Investigational	October 14, 2015	April 21, 2021
No Specific Code Available	Epilepsy NGS Panel (Fulgent Diagnostics)	Investigational	October 14, 2015	April 21, 2021
No Specific Code Available	epiSEEK Comprehensive Sequence Analysis for Epilepsy and Seizure Disorders (Courtagen Life Sciences Inc.)	Investigational	July 25, 2014	April 21, 2021
No Specific Code Available	ERCC1 Expression Analysis (Genzyme Genetics)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Expanded Non-Invasive Prenatal Testing (NIPT) Panels	Investigational	July 25, 2014	June 16, 2021
No Specific Code Available	Factor V (F5) HR2 Haplotype Testing for thrombophilia	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Factor V Leiden (FVL) Testing for Oral Contraceptive Use	Investigational	June 10, 2015	June 16, 2021
No Specific Code Available	Factor VII (F7) p.Arg353Gln Polymorphism Testing (Quest Diagnostics Inc.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Factor XI Deficiency	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Factor XIII A1 (F13A1) p.Val134Leu Polymorphism Testing	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	FHNNext	Investigational	February 10, 2016	November 18, 2020
No Specific Code Available	Fibrinogen-Beta (FGB) c.-455G>A Polymorphism Testing (Rosalind Franklin University – Clinical Immunology Laboratory)	Investigational	September 10, 2014	November 18, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	FM/a Test (EpicGenetics, Inc.) For Diagnosis of Fibromyalgia	Investigational	May 9, 2018	September 16, 2020
No Specific Code Available	Focal and Segmental Glomerulosclerosis (FSGS) Evaluation (Athena Diagnostics®)	Investigational	June 14, 2017	April 21, 2021
No Specific Code Available	Forkhead Box Protein G1 (FOXP1) for Congenital Variant Form of Rett	Investigational	March 7, 2012	September 16, 2020
No Specific Code Available	Foresight Carrier Screen (Myriad) (previously known as Counsyl Family Prep Screen (Counsyl Inc.))	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	FoundationOne Heme	Investigational	February 10, 2016	October 21, 2020
No Specific Code Available	FoundationOne Liquid (Foundation Medicine)	Investigational	August 14, 2019	October 21, 2020
No Specific Code Available	Generalized Epilepsy with Febrile Seizures Plus (GEFS+)	Investigational	September 10, 2014	April 21, 2021
No Specific Code Available	GeneSight® Psychotropic Gene Panel	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	GeneStrat (Biodesix) for all indications	Investigational	June 8, 2016	October 21, 2020
No Specific Code Available	Genetic Testing for Alpha-Mannosidosis (MAN2B1 gene)	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	Genetic testing for autism spectrum disorder (ASD) (e.g. for primary diagnosis of ASD, to aid in the evaluation of syndromic or complex ASD, to aid in the evaluation of idiopathic ASD)	Investigational	October 21, 2020	October 21, 2020
No Specific Code Available	Genetic Testing for Familial Hemiplegic Migraine (FHM)	Investigational	February 14, 2018	April 21, 2021
No Specific Code Available	Genetic Testing for Family Members of Individuals with Brugada Syndrome	Investigational	January 9, 2019	November 18, 2020
No Specific Code Available	Genetic Testing for Individuals Clinically Diagnosed with Brugada Syndrome	Investigational	January 9, 2019	November 18, 2020
No Specific Code Available	Genetic testing for Factor V Leiden in Women with Unexplained Recurrent Pregnancy loss	Investigational	April 17, 2019	June 16, 2021
No Specific Code Available	Genetic Testing for FGFR-Related Craniosynostosis	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	Genetic Testing for Fragile X-Associated Primary Ovarian Insufficiency	Investigational	August 9, 2017	June 16, 2021
No Specific Code Available	Genetic Testing for Ki67 (MK167) Proliferation Marker Testing in DCIS and Breast Cancer	Investigational	January 9, 2013	October 21, 2020
No Specific Code Available	Genetic Testing for Narcolepsy	Investigational	January 1, 2009	May 19, 2021
No Specific Code Available	Genetic Testing for: Alzheimer's Disease (Athena Labs)	Investigational	July 1, 2010	April 21, 2021
No Specific Code Available	Genetic Testing for: Friedrich Ataxia (FRDA) for Movement Disorders	Investigational	August 12, 2015	April 21, 2021
No Specific Code Available	Genetic Testing for: Melanoma, CDKN2A (various manufacturers including Myriad)	Investigational	July 1, 2010	October 21, 2020
No Specific Code Available	Genetic Testing in Patients with or Suspected of Congenital and/or Prelingual Nonsyndromic Hearing Loss (e.g., OtoSCOPE®)	Investigational	August 14, 2019	September 16, 2020
No Specific Code Available	Genomic Microarray Testing for Hematological Oncology Indications	Investigational	September 10, 2014	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	genTrue (True Health Diagnostics)	Investigational	December 13, 2017	September 16, 2020
No Specific Code Available	GI Microbial Assay Plus (GI-MAP, Diagnostic Solutions Laboratory) for Evaluation of Gastrointestinal Microbiome	Investigational	August 22, 2018	August 19, 2020
No Specific Code Available	Global Metabolomic Assisted Pathway Screen (Baylor Miraca Genetics Laboratories)	Investigational	June 8, 2016	September 16, 2020
No Specific Code Available	Glucose Transporter Type 1 (Glut-1) Deficiency Syndrome	Investigational	July 25, 2014	April 21, 2021
No Specific Code Available	Glutaric Acidemia Type I via the GCDH Gene (PreventionGenetics)	Investigational	April 12, 2017	September 16, 2020
No Specific Code Available	gMS [®] DX (Glycominds Ltd.) to Aid in the Diagnosis of Multiple Sclerosis	Investigational	July 10, 2013	April 21, 2021
No Specific Code Available	GPS Cancer (NantHealth)	Investigational	April 12, 2017	October 21, 2020
No Specific Code Available	Guardant 360 (Guardant Health)	Investigational	August 10, 2016	October 21, 2020
No Specific Code Available	H/I [™] (HOXB13:IL17BR) Gene Expression Ratio (AviaraDx Inc.)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Healthy Weight DNA Insight (Pathway Genomics)	Investigational	October 14, 2015	September 16, 2020
No Specific Code Available	Hereditary Hemochromatosis Panel (Invitae Corp.)	Investigational	April 12, 2017	October 21, 2020
No Specific Code Available	Hereditary Thrombophilia Panel (Invitae Corp.)	Investigational	April 12, 2017	October 21, 2020
No Specific Code Available	High/Moderate Risk Panel, (GeneDX Inc.)	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	HPA-1a (PLA1 Platelet Antigen) Genotyping (PLA2 Polymorphism Detection)	Investigational	February 14, 2018	October 21, 2020
No Specific Code Available	Human Platelet Antigen 1 Genotype (Quest Diagnostics)	Investigational	February 14, 2018	October 21, 2020
No Specific Code Available	Hyper-IgE Syndromes Panel	Investigational	June 10, 2015	April 21, 2021
No Specific Code Available	IBD sgi Diagnostic Test, (Prometheus Inc.)	Investigational	June 10, 2015	August 19, 2020
No Specific Code Available	iGene Cancer Panel, (ApolloGen Molecular Diagnostics Laboratory)	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	In vitro chemosensitivity testing for prediction of response to chemotherapy (i.e., ChemoFx [®] Assay by Precision Therapeutics)	Investigational	October 1, 2009	October 21, 2020
No Specific Code Available	Infantile Epilepsy Panel	Investigational	September 12, 2012	April 21, 2021
No Specific Code Available	Intellectual Disability NGS Panel (Fulgent)	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Interleukin 28B (IL28B) Testing for Predict Response to Treatment of Hepatitis C with Interferons and Ribavirin	Investigational	November 28, 2012	August 19, 2020
No Specific Code Available	InVisionFirst-Lung (Invita)	Investigational	June 17, 2020	October 21, 2020
No Specific Code Available	Invitae Aortopathy Comprehensive Panel (Invitae Corp.)	Investigational	October 11, 2017	September 16, 2020
No Specific Code Available	Invitae Comprehensive Neuromuscular Disorders Panel	Investigational	February 14, 2018	April 21, 2021
No Specific Code Available	Invitae Breast Cancer High-Risk Panel	Investigational	February 10, 2016	October 21, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	JaundiceChip Resequencing Array (Cincinnati Children's Hospital Molecular Genetics Laboratory)	Investigational	September 10, 2014	August 19, 2020
No Specific Code Available	Kabuki Syndrome	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Know Error System (Diagnostic ID, LLC)	Investigational	November 1, 2011	October 21, 2020
No Specific Code Available	LactoTYPE, (Prometheus)	Investigational	June 10, 2015	August 19, 2020
No Specific Code Available	lysoSEEK Sequence Analysis for Lysosomal Storage Disorders	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Macula Risk PGx (ArcticDx Inc.)	Investigational	April 17, 2019	March 17, 2021
No Specific Code Available	Mammostrat® (Clariant Inc.)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	MelanoSITE™ FISH Test	Investigational	March 7, 2012	October 21, 2020
No Specific Code Available	MI TumorSeek (Caris Life Sciences)	Investigational	June 8, 2016	October 21, 2020
No Specific Code Available	Microcephaly NGS Panel	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Microcephaly Panel (Gene DX)	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Microcephaly Sequencing Panel	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	Minimal Residual Disease (MRD) Tests	Investigational	February 8, 2017	October 21, 2020
No Specific Code Available	MitoSwab test	Investigational	June 17, 2020	September 16, 2020
No Specific Code Available	MNG Transcriptome™	Investigational	November 14, 2018	September 16, 2020
No Specific Code Available	Molecular Intelligence (Caris Life Sciences)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Monogram Biosciences PhenoSense GT Plus Integrase	Investigational	February 10, 2016	October 21, 2020
No Specific Code Available	mtSEEK Whole Mitochondrial Genome Analysis (Courtagen Life Sciences Inc.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Myeloma Prognostic Risk Signature (MyPRS Plus) Test for Myeloma (Signal Genetics LLC)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	myPath Melanoma (Myriad)	Investigational	June 8, 2016	October 21, 2020
No Specific Code Available	Natera Miscarriage Test (Natera)	Investigational	September 10, 2014	June 16, 2021
No Specific Code Available	Neuroblastoma RAS Viral Oncogene (NRAS) for prediction of Treatment Response in Colorectal Cancer	Investigational	March 7, 2012	October 21, 2020
No Specific Code Available	Neurodevelopment – Expanded (Ambry Genetics)	Investigational	December 13, 2017	September 16, 2020
No Specific Code Available	NexCourse CRC (Genoptix Medical Laboratory)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Next-Generation Sequencing (NGS) for Identification of Microbial Pathogens in Infections	Investigational	April 12, 2017	September 16, 2020
No Specific Code Available	Next-Generation Sequencing (NGS) for Microbial Pathogens in Infection Outbreak Surveillance or Response	Investigational	April 12, 2017	September 16, 2020
No Specific Code Available	NGS Epilepsy/Seizure Panel (Greenwood Genetic Center)	Investigational	February 10, 2016	April 21, 2021

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	NLRP3 Exon 3 Sequencing (GeneDx)	Investigational	October 11, 2017	September 16, 2020
No Specific Code Available	NOD2/CARD15 gene testing for Crohn's Disease	Investigational	January 1, 2012	August 19, 2020
No Specific Code Available	Nonsyndromic Peripheral Pulmonary Stenosis, PPS (Laboratory for Molecular Medicine)	Investigational	September 10, 2014	November 18, 2020
No Specific Code Available	NuclearMitoDX(formerly MitoNucleomeDx) (MEDomics)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	nuSEEK Comprehensive Sequence Analysis of Nuclear Mitochondrial Exome (Courtagen Life Sciences Inc.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Oculofaciocardiodental (OFCD) Syndrome (Syndromic Microphthalmia 2; MCOPS2)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Oculopharyngeal Muscular Dystrophy (OPMD) (Athena Diagnostics Inc.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	OmniSeq Comprehensive (OmniSeq), OmniSeq Advanced (OmniSeq)	Investigational	April 12, 2017	October 21, 2020
No Specific Code Available	Oncofocus (Oncologica)	Investigational	October 24, 2016	October 21, 2020
No Specific Code Available	OncoGeneDx	Investigational	December 14, 2016	October 21, 2020
No Specific Code Available	Oncopanel (DFCI)	Investigational	August 14, 2019	October 21, 2020
No Specific Code Available	Oncotype MAP™ Pan-Cancer Tissue (formerly Paradigm Cancer Diagnostic (PCDx))	Investigational	August 19, 2020	October 21, 2020
No Specific Code Available	OncoVue® (InterGenetics Inc.) for Breast Cancer Risk Assessment	Investigational	April 1, 2012	June 16, 2021
No Specific Code Available	Optic Atrophy Evaluation (OPA1) (Athena Diagnostics)	Investigational	October 24, 2016	March 17, 2021
No Specific Code Available	OtoSCOPE® Genetic Testing for Hereditary Hearing Loss	Investigational	May 14, 2014	February 17, 2021
No Specific Code Available	OvaNext Next-Gen Cancer Panel	Investigational	January 9, 2013	June 16, 2021
No Specific Code Available	Ovarian Cancer Focus Panel (Fulgent Diagnostics)	Investigational	June 14, 2017	June 16, 2021
No Specific Code Available	OvaSure™ (LabCorp)	Investigational	September 10, 2014	June 16, 2021
No Specific Code Available	PancNext Next-Gen Cancer Panel (Ambry Genetics Corp.)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	PancraGEN (Interpace Diagnostics)	Investigational	February 8, 2017	August 19, 2020
No Specific Code Available	Pancreatic Cancer Panel (GeneDX, Inc.)	Investigational	June 10, 2015	August 19, 2020
No Specific Code Available	Panexia (Myriad Genetics Inc.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Partial HPRT Deficiency (Kelley-Seegmiller Syndrome)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Pathfinder TG®; Topographic Genotyping (RedPath)	Investigational	July 1, 2008	October 21, 2020
No Specific Code Available	Pediatric Neurology Region of Interest Trio (Claritas Genomics Inc.)	Investigational	August 10, 2016	April 21, 2021
No Specific Code Available	PGxOne™ Plus (Admera Health)	Investigational	June 14, 2017	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Pharmacogenetic testing for single-gene variants in the CYP2D6, CYP3A4, CYP3A5, ABCB1, and UGT2B7 genes for general opioid prescribing	Investigational	March 18, 2020	October 21, 2020
No Specific Code Available	Pharmacogenetic testing for Warfarin responsiveness	Investigational	July 1, 2010	November 18, 2020
No Specific Code Available	Pharmacogenetic testing/psychopharmacology: (e.g., Genecept Assay, GeneSight®)	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	Phenylalanine Hydroxylase (PAH) Deficiency (Including Phenylketonuria [PKU])	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Plasminogen Activator Inhibitor-1 (PAI-1) 4G/5G (Quest Diagnostics)	Investigational	June 13, 2018	October 21, 2020
No Specific Code Available	Pontocerebellar Hypoplasia Panel (GeneDx)	Investigational	February 8, 2017	September 16, 2020
No Specific Code Available	Prenatal Genetic Testing for Autism Spectrum Disorder	Investigational	January 9, 2019	September 16, 2020
No Specific Code Available	Pre-Ovar KRAS-Variant Test	Investigational	November 28, 2012	October 21, 2020
No Specific Code Available	PreTRM (Sera Prognostics)	Investigational	November 20, 2019	June 16, 2021
No Specific Code Available	Preventest (GeneID Advanced Molecular Diagnostics LLC)	Investigational	October 14, 2015	October 21, 2020
No Specific Code Available	Previstage™ GCC Colorectal Cancer Staging Test	Investigational	January 1, 2012	October 21, 2020
No Specific Code Available	Proove Opioid Risk test	Investigational	October 24, 2016	October 21, 2020
No Specific Code Available	Prostate Core Mitomic Test (Mitomics Inc.)	Investigational	September 10, 2014	April 21, 2021
No Specific Code Available	Proveri Prostate Cancer Assay (PPCA) (Proveri Inc.)	Investigational	September 10, 2014	April 21, 2021
No Specific Code Available	ProstateNext	Investigational	November 18, 2018	April 21, 2021
No Specific Code Available	PTEN Gene Expression Testing in Non-Small Cell Lung Cancer (NSCLC)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Rapid Heme Panel (Dana Farber Cancer Institute/Brigham and Women's Hospital)	Investigational	August 22, 2018	October 21, 2020
No Specific Code Available	RenalNext Next-Generation Sequencing (NGS) Panel (Amby Genetics Corp.)	Investigational	September 10, 2014	April 21, 2021
No Specific Code Available	ResponseDX: Colon® for Colorectal Cancer Treatment	Investigational	November 28, 2012	October 21, 2020
No Specific Code Available	Retinal Dystrophy Panel (Blueprint Genetics)	Investigational	June 13, 2018	March 17, 2021
No Specific Code Available	RightMed Comprehensive Test	Investigational	February 14, 2018	September 16, 2020
No Specific Code Available	Riscover Hereditary Cancer Test	Investigational	June 17, 2020	September 16, 2020
No Specific Code Available	RosettaGX Reveal (Rosetta Genomics Ltd.)	Investigational	April 12, 2017	June 16, 2021
No Specific Code Available	Saethre-Chotzen Syndrome (TWIST) Sequencing and MLPA (Greenwood Genetic Center)	Investigational	August 10, 2016	September 16, 2020
No Specific Code Available	ScoliScore Adolescent Idiopathic Scoliosis (AIS) Prognostic Test (Transgenomic Inc.)	Investigational	September 10, 2014	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	SelectMDx for Prostate Cancer (MDxHealth Inc.)	Investigational	August 10, 2016	April 21, 2021
No Specific Code Available	Sensigene	Investigational	December 10, 2014	June 16, 2021
No Specific Code Available	SensiGene Fetal RHD Genotyping for Rh Incompatibility (Sequenom Center for Molecular Medicine)	Investigational	April 1, 2011	June 16, 2021
No Specific Code Available	SensiGene Fetal Sex Determination Testing (Sequenom Center for Molecular Medicine)	Investigational	April 1, 2011	June 16, 2021
No Specific Code Available	Serological Assay for the Diagnosis and management of inflammatory bowel disease	Investigational	November 9, 2016	August 19, 2020
No Specific Code Available	Single Nucleotide Polymorphism (SNP) Testing for Breast Cancer Risk Assessment	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Skeletal dysplasia ciliopathy NGS panel (Connective Tissue Gene Tests)	Investigational	June 14, 2017	September 16, 2020
No Specific Code Available	SLCO1B1 Pharmacogenomic Genotyping for Statin Dosing or Selection	Investigational	October 24, 2016	November 18, 2020
No Specific Code Available	SNaPshot Genetic Testing Panel	Investigational	November 9, 2016	October 21, 2020
No Specific Code Available	STA ² R SureGene Test for Antipsychotic and Antidepressant Response	Investigational	December 10, 2014	October 21, 2020
No Specific Code Available	Stickler Syndrome	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	SYMGENE68 NGS Cancer Panel, (CellNetix Pathology & Laboratories LLC)	Investigational	June 10, 2015	October 21, 2020
No Specific Code Available	Syndromic Autism Panel (NGS)	Investigational	February 10, 2016	September 16, 2020
No Specific Code Available	TargetNow [®] Molecular Profiling Test (Caris [™] Life Sciences)	Investigational	April 1, 2012	October 21, 2020
No Specific Code Available	Tempus xT (Tempus Labs, Inc.)	Investigational	April 17, 2019	October 21, 2020
No Specific Code Available	The Genecept Assay	Investigational	December 10, 2014	October 21, 2020
No Specific Code Available	The ProMark Proteomic Prognostic Test	Investigational	February 8, 2017	April 21, 2021
No Specific Code Available	TheraSEEK Sequence Analysis for Functional Disorders (Courtagen Life Sciences Inc.)	Investigational	April 12, 2017	September 16, 2020
No Specific Code Available	ThyGeNEXT/ThyraMIR	Investigational	August 9, 2017	June 16, 2021
No Specific Code Available	Thyroid Hormone Receptor Beta (THRB) Gene Testing	Investigational	October 10, 2012	June 16, 2021
No Specific Code Available	Tissue of Origin Test (ResponseDX; Response Genetics Inc.)	Investigational	December 9, 2015	October 21, 2020
No Specific Code Available	Topoisomerase II Alpha (TOP2A) Testing	Investigational	December 10, 2014	October 21, 2020
No Specific Code Available	ToxProtect [™] (Genotox Laboratories)	Investigational	June 14, 2017	October 21, 2020
No Specific Code Available	TP63-Related Disorders (GeneDx Inc.)	Investigational	September 10, 2014	September 16, 2020
No Specific Code Available	Transcription Factor 4 (TCF4) Testing for Pitt-Hopkins Syndrome (PTHS)	Investigational	March 7, 2012	September 16, 2020

Genetic Procedure Codes	Description	Exclusion Category	Origination Date	Last Review Date
No Specific Code Available	Transmembrane Activator and CAML Interactor (TACI) Gene, Full Gene Analysis (Mayo Medical Laboratories)	Investigational	August 9, 2017	September 16, 2020
No Specific Code Available	TreatmentMAP (Molecular Health)	Investigational	October 14, 2015	October 21, 2020
No Specific Code Available	Urinary Microsatellite Analysis	Investigational	January 1, 2010	April 21, 2021
No Specific 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	April 21, 2021
No Specific Code Available	VistaSeq Hereditary Cancer Panel	Investigational	February 10, 2016	October 21, 2020
No Specific Code Available	Von Willebrand Factor (VWF)	Investigational	September 10, 2014	October 21, 2020
No Specific Code Available	Whole Exome Sequencing for Cancer Indications	Investigational	October 9, 2013	October 21, 2020
No Specific Code Available	Whole Exome Sequencing for Non-Cancer	Investigational	October 9, 2013	September 16, 2020
No Specific Code Available	X-linked Charcot-Marie-Tooth Neuropathy, Type 1 (CMT1, CMT2,) CMTX	Investigational	October 9, 2013	April 21, 2021
No Specific Code Available	X-Linked Intellectual Disability (XLID) Multigene Panels	Investigational	September 10, 2014	September 16, 2020

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
- February 8, 2012: Coding changes
- March 7, 2012: Coding Changes
- July 11, 2012: New investigational items added
- September 12, 2012: New investigational items added and some items removed
- December 12, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), additional items added to list coding changes made
- January 9, 2013: Coding Changes
- February 13, 2013: New investigational items added
- April 10, 2013: Reviewed by IMPAC, additional investigational items added/updated

- April 29, 2013: Additional investigational items added/updated
- May 8, 2013: Reviewed by IMPAC, investigational items updated
- June 12, 2013: Reviewed by IMPAC, investigational items added, some removed
- July 1, 2013: Reviewed by IMPAC, investigational items added
- July 10, 2013: Reviewed by IMPAC, investigational items added and removed
- September 11, 2013: Reviewed by IMPAC, investigational items added
- October 9, 2013: Reviewed by IMPAC, investigational items added and removed
- November 25, 2013: Reviewed by IMPAC, investigational items added and removed
- January 1, 2014: Additional investigational items added/updated
- January 8, 2014: Reviewed by IMPAC, investigational items added and removed
- February 19, 2014: Reviewed by IMPAC. investigational items added and removed
- March 31, 2014: Coding Changes
- April 9, 2014: Reviewed by IMPAC, investigational items added and removed
- May 14, 2014: Reviewed by IMPAC, investigational items added and removed
- June 11, 2014: Reviewed by IMPAC, investigational items added and removed
- July 25, 2014: Reviewed by IMPAC, investigational items added and removed
- September 10, 2014: Reviewed by IMPAC investigational items added and removed, Genetic Tests categorized, investigational genetic tests added.
- September 17, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans
- October 8, 2014: Reviewed by IMPAC, investigational items added and removed
- November 19, 2014: Reviewed by IMPAC, investigational items added and removed
- December 10, 2014: Reviewed by IMPAC, investigational items added and removed, effective January 1, 2015
- January 14, 2015: Reviewed by IMPAC, investigational items added and removed
- February 11, 2015: Reviewed by IMPAC, investigational items added and removed
- March 11, 2015: Reviewed by IMPAC, investigational items added and removed
- April 8, 2015: Reviewed by IMPAC, investigational items added and removed
- April 14, 2015: Investigational items added and removed
- May 13, 2015: Reviewed by IMPAC, investigational items added and removed
- June 10, 2015: Reviewed by IMPAC, investigational items added and removed
- July 7, 2015: Reviewed by IMPAC, investigational items added and removed
- July 23, 2015: Reviewed by IMPAC, investigational items added and removed
- August 12, 2015: Reviewed by IMPAC, investigational items added and removed
- September 9, 2015: Reviewed by IMPAC, investigational items added and removed
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016
- October 14, 2015: Reviewed by IMPAC, investigational items added and removed
- November 16, 2015: Reviewed by IMPAC, investigational items added and removed
- December 9, 2015: Reviewed by IMPAC, investigational items added and removed
- December 31, 2015: Investigational items added and removed
- January 1, 2016: Investigational items added and removed
- January 11, 2016: Investigational items added and removed
- February 11, 2016: Investigational items added and removed
- March 7, 2016: Investigational items added and removed
- March 16, 2016: Coding updated; ICD-9-CM codes removed
- April 7, 2016: Investigational items added and removed
- April 13, 2016: Reviewed by IMPAC, investigational items added
- May 11, 2016: Reviewed by IMPAC, investigational items added
- May 26, 2016: Investigational items added
- June 8, 2016: Reviewed by IMPAC, investigational items added and removed
- July 1, 2016: Investigational items added and removed
- July 11, 2016: Investigational items updated
- July 20, 2016: Reviewed by IMPAC, investigational items updated/removed
- August 10, 2016: Reviewed by IMPAC, investigational items updated/added
- September 14, 2016: Reviewed by IMPAC, investigational items updated/added
- October 1, 2016: Investigational items updated
- November 9, 2016: Reviewed by IMPAC, investigational items updated/added
- December 1, 2016: Investigational items updated
- December 5, 2016: Investigational items removed
- December 14, 2016: Investigational item removed

- December 14, 2016: Reviewed by IMPAC, investigational items updated/added
- January 1, 2017: Investigational items added and removed
- January 18, 2017: Investigational items updated
- January 23, 2017: Investigational items removed
- January 25, 2017: Investigational items updated
- January 30, 2017: Investigational items updated
- February 14, 2017: Investigational items updated/added
- February 23, 2017: Investigational items updated/added
- March 15, 2017: Investigational items updated/added
- April 12, 2017: Investigational items updated/added
- May 10, 2017: Reviewed by IMPAC, investigational items updated/added
- June 1, 2017: Coding updated
- June 8, 2017: Coding updated
- June 13, 2017: Coding updated
- June 14, 2017: Reviewed by IMPAC, investigational items updated/added
- July 3, 2017: Coding updated
- July 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- August 9, 2017: Reviewed by IMPAC, investigational items updated/added
- August 29, 2017: Coding updated
- August 30, 2017: Coding updated
- September 6, 2017: Coding updated
- September 13, 2017: Reviewed by IMPAC, investigational items updated
- September 22, 2017: Investigational items updated/added
- September 29, 2017: Investigational items added
- October 4, 2017: Investigational items updated/added
- October 6, 2017: Investigational items updated/removed
- October 10, 2017: Investigational items updated
- October 11, 2017: Reviewed by IMPAC, investigational items updated
- October 17, 2017: Investigational items added/removed
- October 24, 2017: Investigational item updated
- November 2, 2017: Investigational item removed
- November 8, 2017: Reviewed by IMPAC, investigational items updated
- December 13, 2017: Reviewed by IMPAC, investigational items added, removed and updated
- December 29, 2017: Investigational items updated/removed
- January 23, 2018: Coding updated
- February 15, 2018: Coding updated
- February 14, 2018: Reviewed by IMPAC, investigational items added, removed and updated
- March 14, 2018: Reviewed by IMPAC, investigational items updated
- March 30, 2018: Investigational item added
- April 11, 2018: Reviewed by IMPAC, investigational items updated and introduction language change
- April 23, 2018: Coding updated
- April 30, 2018: Investigational item removed
- May 9, 2018: Reviewed by IMPAC, investigational items updated/added
- May 11, 2018: Investigational item removed
- May 15, 2018: Investigational item removed
- May 31, 2018: Investigational items description updated
- June 5, 2018: Investigational items removed
- June 13, 2018: Reviewed by IMPAC, investigational items updated/added
- July 3, 2018: Investigational items removed/added
- July 25, 2018: Reviewed by IMPAC, investigational items updated
- August 17, 2018: Coding updated
- September 11, 2018: Coding updated
- September 12, 2018: Reviewed by IMPAC, investigational items updated/added/removed
- September 28, 2018: Investigational items removed/updated/added
- October 10, 2018: Reviewed by IMPAC, investigational items updated
- October 25, 2018: Coding updated
- October 2018: Template and disclaimer updated
- January 2, 2019: Investigational items removed/added
- January 9, 2019: Reviewed by IMPAC, investigational items added/removed
- January 23, 2019: Investigational items removed/added

- January 31, 2019: Investigational items updated
- February 20, 2019: Reviewed by IMPAC, investigational items added/removed; coding updated
- February 28, 2019: Coding updated
- March 4, 2019: Investigational items added
- March 20, 2019: Reviewed by IMPAC, investigational items updated
- April 5, 2019: Coding updated
- April 12, 2019: Coding updated
- April 17, 2019: Reviewed by IMPAC, investigational items updated
- April 22, 2019: Coding updated
- April 29, 2019: Coding updated
- May 14, 2019: Coding updated
- May 15, 2019: Reviewed by IMPAC, investigational items added/removed
- May 17, 2019: Coding updated
- May 31, 2019: Coding updated
- June 19, 2019: Reviewed by IMPAC, investigational items added/updated
- July 8, 2019: Coding updated
- July 17, 2019: Reviewed by IMPAC investigational items updated.
- July 25, 2019: Coding updated
- August 21, 2019: Coding updated
- August 29, 2019: Coding updated
- September 18, 2019: Reviewed by IMPAC, investigational items added/updated
- September 19, 2019: Coding updated
- October 7, 2019: Coding updated
- October 15, 2019: Coding updated/added
- October 16, 2019: Reviewed by IMPAC, investigational items updated
- October 29, 2019: Coding updated
- November 8, 2019: Coding updated
- November 20, 2019: Reviewed by IMPAC, investigational items added/updated
- December 10, 2019: Investigational items added
- December 18, 2019: Reviewed by IMPAC, investigational items added/removed and updated
- January 15, 2020: Reviewed by IMPAC, Investigational items updated
- January 13, 2019: Coding updated
- January 30, 2020: Investigational item removed
- February 13, 2020: Investigational items removed
- February 17, 2020: Investigational item removed
- February 19, 2020: Reviewed by IMPAC, Investigational items updated/removed/added
- February 28, 2020: Investigational items updated/removed/added
- March 18, 2020: Reviewed by IMPAC, investigational items removed/updated/added
- March 20, 2020: Unify fax number updated
- March 24, 2020: Investigational item removed
- March 27, 2020: Investigational item added
- April 15, 2020: Reviewed by IMPAC, investigational items updated/removed
- May 20, 2020: Reviewed by IMPAC, investigational items updated
- June 17, 2020: Reviewed by IMPAC, investigational items updated/added
- July 15, 2020: Reviewed by IMPAC, investigational items updated/added
- August 5, 2020: Coding updated
- September 16, 2020: Reviewed by IMPAC, investigational items updated/added/removed
- October 8, 2020: Investigational items added
- October 28, 2020: Investigational items added
- October 21, 2020: Reviewed by IMPAC, investigational items updated/added
- November 18, 2020: Reviewed by IMPAC, investigational items updated
- December 16, 2020: Reviewed by IMPAC, investigational items updated/added
- January 12, 2021: Coding updated
- February 11, 2021: Coding updated
- February 16, 2021: Coding updated
- February 17, 2021: Coding updated
- February 17, 2021: Reviewed by IMPAC, investigational items updated/added/removed
- February 19, 2021: Coding removed and updated
- March 17, 2021: Reviewed by IMPAC, investigational items updated
- April 13, 2021: Coding updated
- April 21, 2021: Reviewed by IMPAC, investigational items updated/added

- May 17, 2021: Coding updated
- May 21, 2021: Coding updated
- May 19, 2021: Reviewed by IMPAC, investigational items updated
- June 16, 2021: Reviewed by IMPAC, investigational items updated
- July 19, 2021: Investigational items removed
- July 21, 2021: Reviewed by IMPAC, investigational items updated.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make 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 and 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 our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

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.

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.