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Revised: 10/01/19

Subject: Investigational Services

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

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

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

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

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

Code	Descriptor/Narrative
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
38308	Lymphangiomy or other operations on lymphatic channels

43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
64912	Nerve repair; with nerve allograft, each nerve, first strand [cable]
64913	Nerve repair; with nerve allograft, each nerve, each additional strand [List separately in addition to code for primary procedure]
82610	Cystatin C
84145	Procalcitonin (PCT)
86352	Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP)
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 45 minutes
91132	Electrogastrography, diagnostic, transcutaneous
91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one on one) patient contact, each 15 minutes
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
E0830	Ambulatory traction device, all types, each
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0856	Cervical traction device, with inflatable air bladder(s)
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration

L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system
M0076	Prolotherapy
S2103	Adrenal tissue transplant to brain
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2300	Arthroscopy, shoulder, surgical; with thermally induced capsulorrhaphy
S3900	Surface electromyography (EMG)
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient
S9001	Home uterine monitor with or without associated nursing services
S9056	Coma stimulation per diem
S9090	Vertebral axial decompression, per session
V5095	Semi-implantable middle ear hearing prosthesis
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator and implantation of intraocular retinal electrode array, with vitrectomy
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)
0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0208T	Pure tone audiometry (threshold), automated (includes use of computer assisted device); air only
0209T	Pure tone audiometry (threshold), automated (includes use of computer assisted device); air and bone

0210T	Speech audiometry threshold, automated (includes use of computer assisted device)
0211T	Speech audiometry threshold, automated (includes use of computer assisted device): with speech recognition
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T , 0211T combined), automated (includes use of computer assisted device)
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), single level; cervical
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), single level; thoracic
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), single level; lumbar
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic devices (s), each additional vertebral segment (List separately in addition to code for primary procedure)
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only (includes intra-operative interrogation, programming, and repositioning, when performed)

0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day)
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day) with programming
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)

0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional; review and interpretation only
0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional; review and interpretation only
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)

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
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
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
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
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
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
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral

0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children, each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
0487T	Biomechanical mapping, transvaginal, with report
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
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
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)

0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
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)
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
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
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
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
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only

0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only
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
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
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
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
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
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
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service (Aegis Drug-Drug Interaction Test)

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)
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
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
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score
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
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
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not-detected

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

BILLING/CODING INFORMATION:

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

REIMBURSEMENT INFORMATION:

None applicable.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

National Coverage Determinations (NCDs) can be found at [cms.gov](https://www.cms.gov).

Local Coverage Determinations (LCDs) can be found at [fcso.com](https://www.fcso.com).

Durable Medical Equipment Regional Carrier (DMERC) Local Coverage Determinations (LCDs) can be found at [cgsmedicare.com](https://www.cgsmedicare.com).

DEFINITIONS:

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

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. American Medical Association CPT.
2. Centers for Medicare & Medicaid Services (CMS), Medicare National Coverage Determinations (NCD) Online Manual located at [cms.gov](https://www.cms.gov).
3. CGS Administrators, LLC, Durable Medical Equipment Regional Carrier (DMERC), Local Coverage Determinations (LCDs) located at [cgsmedicare.com](https://www.cgsmedicare.com).
4. First Coast Service Options, Inc. (FCSO), Local Coverage Determinations (LCDs) located at [fcso.com](https://www.fcso.com).
5. St. Anthony HCPCS.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 07/25/19.

GUIDELINE UPDATE INFORMATION:

01/01/03	New Medical Coverage Guideline (MCG) documenting existing BCBSF investigational services and new 2003 CPT Codes.
02/15/03	CPT Codes 73542, 93720, 93721, 93722, 94014, 94015, and 94016, E0761, G0251, G0252, G0253, G0254, G0255, G0279, G0280, S1040, and S3650 was added for consistency with existing coverage. Unlisted services: In vitro chemoresistance and chemosensitivity, Partial left ventriculectomy, Sensory stimulation for coma patients, and Ultrasound spine scan added for consistency with existing coverage. CPT Codes 96000, 96001, 96002, 96003, and 96004 coverage changed from non-covered to investigational. Investigational status deleted for code S8040 and the following Unlisted services: Cranial Electrotherapy Stimulation, and Tidal Knee irrigation.
04/01/03	Added: 76800, K0600, S2103, and S2300 (HCPCS update).
08/15/03	Added: 43843, 43847, A4639, E0221, S2090, S2091, S3852, V5095, and 0045T. Deleted: 32655, 48160, 52327, 65760, 65765, and 65771, G0185, G0187, S2112, and S8049.
09/15/03	Added: K0606, K0607, K0608, and K0609.
10/01/03	Added: S2230.
10/15/03	Added: S2213, S9476. Deleted: 43847, 72159, 72198, and 73225, S8915, S8916, and S8917.
11/15/03	Added: G0296. Deleted: G0252, G0253, G0254, and kyphoplasty (unlisted).
01/01/04	Annual HCPCS coding update: added 0054T, 0055T, 0056T, 0057T, 0058T, 0059T, 0060T, 0061T, G0302, G0303, G0304, and G0305. Deleted: 0002T, kyphoplasty (unlisted).
02/15/04	Added: E0675 Deleted: 47370, 47380, and 47382.
03/15/04	Added: 20982 Deleted: herniography, intradialytic parenteral nutrition, intraperitoneal nutrition (unlisted).
05/15/04	Added: 0046T, and 0047T. Deleted: G0290, G0291, and G0296.
07/15/04	Deleted: 76800.
10/15/04	Added: 0051T, 0052T, 0053T, E0830, G0339, G0340, and S8948.

	Deleted: 93784, 93786, 93788, and 93790.
12/15/04	Deleted: 73542, G0259, and G0260.
01/01/04	Annual HCPCS coding update: added 0062T, 0063T, 0064T, 0065T, 0066T, 0067T, 0068T, 0069T, 0070T, 0071T, 0072T, 0073T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0082T, 0083T, 0084T, 0085T, 0086T, 0087T, and 0088T. Deleted: 0001T, 0005T, 0006T, 0007T, 0014T, and 0057T. Revised: 0055T.
03/15/05	Added: L5856, and L5857. Deleted: 20982, 86301, 93720, 93721, and 93722. Also, revision of unlisted code section, with transfer of appropriate items to code section.
06/15/05	Added: 43645, and 43845. Deleted: 73725, and S9476.
07/01/05	HCPCS coding changes Added: 0089T, 0090T, 0091T, 0092T, 0093T, 0094T, 0095T, 0096T, 0097T, 0098T, 0099T, 0100T, 0101T, 0102T, 0103T, 0104T, 0105T, 0106T, 0107T, 0108T, 0109T, 0110T, and 0111T. Revised: 0019T, and 0078T.
09/15/05	Added: E0617, and 62287.
10/15/05	Added: E2120, G0282, G0295, K0670, S2082, S2083, S2215, S2348, S3890, S8940, 37215, 37216, 43257, 89251, 91035, 92625, and 93745. Deleted: G0302, G0303, G0304, G0305, G0339, G0340, S2370, S2371, 32491, and 76390.
01/01/06	Annual HCPCS coding update: added: 0120T, 0123T, 0124T, 0126T, 0133T, 0135T, 0137T, 28890, 33548, 43770, 43771, 43772, 43773, 43774, 50250, 50592, 61630, 61635, 61640, 61641, 61642, 83695, 83701, 83704, 87900, 95251, E0762, and E0764. Revised: 95250. Deleted: 0020T, 0023T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, G0279, G0280, K0600, K0670, S2082, S2090, S2091, S2215, and 83716.
02/15/06	Added: 0140T, 0144T, 0146T, 0147T, 0148T, 0149T, L5858, S3854, and 37500. Deleted: 0099T, E0675, S9024, 47371, and 47381.
04/15/06	Deleted: 0078T, 0079T, 0080T, 0081T, 37500, 43770, 43771, 43772, 43773, 43774, 43845, E2120, and S8093.
05/15/06	Deleted: G0186, and S1040.
06/15/06	Added: 0145T, 0150T, 0151T, G0330, and G0331. Deleted: K0606, K0607, K0608, K0609, 37215, 37216, 93745, 96920, 96921, and 96922.
07/15/06	Deleted: A4634, E0203, and 86141.
08/15/06	Deleted: S2083, and 91035.

09/15/06	Deleted: 0067T.
10/15/06	Deleted: S2205, S2206, S2207, S2208, and S2209.
11/15/06	Added S8190, 89346, and 89356.
01/01/07	Annual HCPCS coding update: added: 0153T, 0154T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0176T, 0177T, and S2344. Deleted: All codes with associated MCGs.
07/01/07	HCPCS Update: added codes 0178T, 0179T, 0180T, 0181T, 0182T and S3905.
01/01/08	Annual HCPCS coding update: added 0183T, 0184T, 0186T, 0187T 34806, and 93982. Revised: 0068T, 0069T, 0070T, and 0087T. Deleted: 0153T, and 0154T.
07/01/08	HCPCS Update: code 0124T descriptor updated. Deleted codes 0171T, and 0172T as they are now listed in the new MCG: 02-20000-36 – Interspinous Process Distraction Devices (Spacers). Also removed codes 61630, 61635, 61640, 61641, and 61642 as they are now listed in the new MCG: 02-61000-35 – Percutaneous Transluminal Intracranial Angioplasty and Stenting.
10/22/08	Deleted code 0073T.
01/01/09	Annual HCPCS coding update: added codes 0194T, 0197T, 0198T, 65756, 65757, 95803, & S2117; updated descriptor for codes 0184T & 34806; deleted codes 0041T, 0043T, 0061T, 0089T, and 0137T.
04/01/09	2 nd quarter HCPCS update: added codes S3865, S3866, S3870.
05/15/09	2 nd quarter HCPCS update: deleted code 0184T; updated descriptor for 0182T.
07/01/09	3 rd quarter HCPCS update. Consisting of add code 0202T.
11/15/09	4 th quarter HCPCS update. Consisting of deleting code 0202T.
12/15/09	Added position statement regarding complementary or alternative medicine diagnostic testing.
01/01/10	Annual HCPCS coding update: added codes 0205T, 0208T, 0209T, 0210T, 0211T, 0212T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 46707, 84145, 86352, and G9143; deleted codes 0068T, 0069T, 0070T, 0077T, 0086T, 0087T, 0170T, and 0194T.
01/27/10	Added code 0190T.
02/15/10	Deleted code 0197T.
03/15/10	Removed codes G9143, 0195T, and 0196T.
04/15/10	Deleted CPT codes 0182T, 65756, and 65757.

05/15/10	Deleted CPT code 92065.
07/01/10	3 rd quarter HCPCS coding update: added codes 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T and 0233T.
12/15/10	Revision: deleted codes S3865, S3866 and S3870 (the codes were added to the Genetic Testing guideline).
01/01/11	Annual HCPCS coding update. Added 0240T, 0241T, 66174, and 66175; deleted 0104T, 0105T, 0176T, 0177T, 0187T.
01/15/11	Deleted codes 0223T, 0224T, 0225T, and 46707 (codes included in other active guidelines).
07/01/11	3 rd quarter HCPCS coding update. Added 0262T – 0275T.
01/01/12	Annual HCPCS coding update. Added codes 0278T-0301T; revised codes 0240T, 0241T, and deleted codes 0166T-0168T.
02/20/12	Updated description section.
04/01/12	Quarterly HCPCS update. Added code S3721.
05/15/12	Deleted codes 0226T and 0227T (new MCG developed for these services).
05/23/12	Deleted code 0042T.
07/01/12	Quarterly HCPCS update. Added codes 0302T-0308T.
09/15/12	Removed code S2117 (new MCG developed) and codes 0228T-0231T (added to the Epidural Injections MCG).
10/15/12	Removed code S3721 (added to the Genetic Testing guideline); removed code 0301T (included in the Microwave Thermotherapy for Breast Cancer MCG).
01/01/13	Annual HCPCS update. Added codes G0455, 44075, 0319T-0328T; deleted code 0030T.
02/15/13	Revision, codes 0181T, 0262T-0265T, 0274T, 0275T, 0302T-0307T updated (* removed).
05/15/13	Added code S8930.
07/01/13	Quarterly HCPCS update. Added codes 0329T, 0330T, 0331T, 0332T and 0334T.
10/15/13	Revision; codes 0213T, 0214T, 0215T, 0216T, 0217T and 0218T deleted (added to 02-61000-30, Facet Joint Injections).
01/01/14	Annual HCPCS update. Added codes A4555, E0766, 97610, 0336T, 0337T, 0338T, 0339T, 0343T-0346T; deleted codes 0124T, 0183T, 0186T. Description and program exception sections updated (all * removed)
03/15/14	Revision; deleted code 0334T (added to Minimally Invasive Fusion Techniques)
07/01/14	Quarterly HCPCS update. Added codes 0347T-0356T.

07/15/14	Removed codes 66174 and 66175 (added to Viscoanalostomy and Canaloplasty MCG)
08/15/14	Revision; deleted codes 44705 and G0455 (added to 02-40000-24, Fecal Microbiota Transplantation)
11/15/14	Removed code 0336T (added to Laparoscopic and Percutaneous Techniques for the Treatment of Uterine MCG).
01/01/15	Annual CPT/HCPCS update. Added codes 33418, 33419, 91200, 92145, 93895, 0377T, & 0381T-0391T; deleted codes 0181T, 0343T, 0344T.
02/18/15	Deleted code 91200 [Fibroscan].
04/15/15	Deleted code 0262T.
05/20/15	Deleted codes 0274T, 0275T, & 0377T; codes included in other guidelines.
11/01/15	Revision: ICD-9 Code references deleted.
12/15/15	Revision; added codes 33265, 33266.
01/01/16	Annual CPT/HCPCS update. Added codes 43210; 0396T; 0398T, 0402T-0418T, 0421T, 0422T and 0423T-0436T; revised code 0308T; deleted codes 0123T, 0233T, 0240T, 0241T.
01/15/16	Deleted codes A4555 and E0766 (added to Tumor Treatment Fields Therapy for Glioblastoma).
04/15/16	Deleted code 0281T (added to Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation).
06/15/16	Deleted code 43210. (See MCG 01-91000-03, Minimally Invasive Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) and Dysphagia).
07/01/16	Quarterly CPT/HCPCS update. Added codes 0443T, 0444T and 0445T.
09/15/16	Deleted codes 33418, 33419, & 0345T (see policy 02-33000-35, Transcatheter Mitral Valve Repair (TMVR))
11/15/16	Added code S2103, 91132, 91133 and S9001.
12/15/16	Deleted code 95803; added to policy 01-95828-01 Sleep Testing.
01/01/17	Annual CPT/HCPCS update. Added 0466T-0468T; deleted 0169T, 0281T-0286T, 0291T, 0292T.
04/15/17	Revision; Codes 43252, 82610, 83880, 85384, 85385 added.
07/01/17	Quarterly CPT/HCPCS update. Added codes 0470T and 0471T.
07/15/17	Revision; code 83880 removed.
08/01/17	Coding update: Added codes 0006U & 0011U.

10/01/17	Quarterly CPT/HCPCS update. Codes 0019U-0022U added.
11/15/17	Revision; Removed codes 0466T-0468T (refer to medical policy 02-40000-16) and 0398T. Added codes G9147, M0076, S9056.
01/01/18	Annual CPT/HCPCS update. Added codes 64912, 64913, 0479T-0481T, 0483T-0493T, 0499T; revised code 0384T; deleted codes 93982, 0178T-0180T, 0293T-0300T, 0302T-0307T. Code 0020U deleted; see MCG 05-82000-28.
03/15/18	Added codes 90875, 90876.
05/15/18	Deleted code 0402T; refer to MCG 02-65000-15 Keratoplasty and Keratectomy.
06/15/18	Added code 0207T. Deleted codes 85384, 85385; and 0470T & 0471T (refer to MCG 01-96900-03).
07/01/18	Quarterly CPT/HCPCS update. Added codes 0051U, 0054U-0059U, 0061U.
10/01/18	Quarterly HCPCS/CPT update. Added code 0067U.
11/15/18	Added codes 93025, 97533, 0206T, E0830, E0849, E0856, S2230, S2300, S3900, S9090, and V5095. Deleted codes 0263T, 0264T, and 0265T (refer to MCG 02-38240-02).
12/15/18	Deleted code 0021U (refer to policy 05-82000-28); deleted code 0055U (refer to policy 05-86000-24).
01/01/19	Annual CPT/HCPCS coding update. Added codes A4563, C1823, L8608, 33274, 33275, 0512T, 0513T, 0515T-0522T, 0525T-0536T, 0541T, 0542T, 0080U, 0082U, 0083U; deleted codes 0190T, 0337T, 0346T, 0387T-0391T.
02/15/19	Deleted codes C1823 & 0424T-0436T (refer to policy 02-40000-16); deleted code 0022U.
03/15/19	Added codes 0263T, 0264T, 0265T.
04/15/19	Added codes 0472T, 0473T.
05/15/19	Deleted code 0080U (refer to policy 05-86000-22).
07/01/19	Quarterly CPT/HCPCS update. Added code 0093U; deleted code 0057U.
08/15/19	Added code 38308; removed codes 33274 & 33275.
10/01/19	Removed code 0011U (refer to policy 05-86000-32).