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Billing/Coding | Reimbursement | Program Exceptions | Definitions | Related Guidelines | Other | References | Updates

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.

NOTE: 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
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy

52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk
77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (e.g., placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen
86352	Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP)
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
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month (eg, Sparrow Ascent)
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome (eg, NTX-100 Tonic Motor Activation (TOMAC) System)
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime [eg, Portable Neuromodulation Stimulator (PoNS™)
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each [eg, Portable Neuromodulation Stimulator (PoNS™)]
A9291	Prescription digital cognitive and/ or behavioral therapy, fda cleared, per course of treatment
A9268	Programmer for transient, orally ingested capsule
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (eg, Flyte)
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises (eg, Flyte)
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region
E0732	Cranial electrotherapy stimulation (ces) system, any type
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories (eg, IpsiHand™ Upper Extremity Rehabilitation System)

E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors (eg, Motus Hand and Motus Foot Rehab System)
E0743	External lower extremity nerve stimulator for restless legs syndrome, 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)
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software
E3000	Speech volume modulation system, any type, including all components and accessories
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
G0552	Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan
G0553	First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the dmht device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
G0554	Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (dmht) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing data generated from the dmht device from patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
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
K1004	Low frequency ultrasonic diathermy treatment device for home use [Examples include, but are not limited to sam® Sport; ZTX Ultrasonic Diathermy; JAS Pulse Ultrasound; NanoVibronix PainShield MD]
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system
M0076	Prolotherapy
S2103	Adrenal tissue transplant to brain
S2107	Adoptive immunotherapy, i.e., development of specific anti-tumor reactivity (e.g., tumor infiltrating lymphocyte therapy) per course of treatment
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
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified
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
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
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
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
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
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
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
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
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
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
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound
0513T	Extracorporeal shock wave for integumentary wound healing, 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; both components of pulse generator (battery and transmitter) only
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)

0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only
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
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
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral (e.g., TearCare® System, TearCare® MGX™)
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
0572T	Insertion of substernal implantable defibrillator electrode
0573T	Removal of substernal implantable defibrillator electrode
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the functionof the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional

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
0577T	Electrophysiologic 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)
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
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
0580T	Removal of substernal implantable defibrillator pulse generator only
0598T	Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; first anatomic site (eg, lower extremity, right leg)
0599T	Real-time fluorescence wound imaging with clinical darkness, to identify location of bacterial wound pathogens and measure wound size, per session; each additional anatomic site (eg, upper extremity, left leg) (List separately in addition to code for primary procedure)
0602T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours
0604T	Optical coherence tomography (OCT) of retina, remote, patientinitiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment
0605T	Optical coherence tomography (OCT) of retina, remote, patientinitiated 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
0606T	Optical coherence tomography (OCT) of retina, remote, patientinitiated 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
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
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
0621T	Trabeculostomy ab interno by laser
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
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)

0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
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)
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor
0665T	Donor hysterectomy (including cold preservation); open, from living donor
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence
0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)
0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead
0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure
0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead
0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function

0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)
0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
0692T	Therapeutic ultrafiltration
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume less than 50 mL
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment [MOTUS lumbar total joint replacement implant (3Spine) / posterior vertebral joint replacement (3Spine)]
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only

0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 mL
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report
0894T	Liver allograft, normothermic machine perfusion; cannulation
0895T	Liver allograft, normothermic machine perfusion; connection to perfusion device
0896T	Liver allograft, normothermic machine perfusion; monitoring and management, first 2 hours
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral
1072T	Liver allograft, normothermic machine perfusion; each additional hour of monitoring and management (List separately in addition to code for primary procedure)
1073T	Liver allograft, normothermic machine perfusion; decannulation
1074T	Liver allograft, hypothermic oxygenated perfusion; cannulation
1075T	Liver allograft, hypothermic oxygenated perfusion; connection to perfusion device
1076T	Liver allograft, hypothermic oxygenated perfusion; monitoring and management, first 2 hours
1077T	Liver allograft, hypothermic oxygenated perfusion; each additional hour of monitoring and management (List separately in addition to code for primary procedure)
1078T	Liver allograft, hypothermic oxygenated perfusion; decannulation
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
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
0261U	Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score

0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin embedded (FFPE), algorithm reported as gene pathway activity score
0263U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, αketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue specific gene expression by whole transcriptome and next-generation sequencing, blood, formalin-fixed paraffin embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient adverse event, per date of service
0579U	Nephrology (diabetic chronic kidney disease), enzyme linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline

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.

Mesenchymal stem cell therapy is considered **experimental or investigational,** unless performed as part of clinical trial, or unless noted otherwise in another Medical Coverage Guideline. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

Radiofrequency treatment to the nasal valve (e.g., VivAer) for all indications, including but not limited to the treatment of nasal airway obstruction is considered **experimental or investigational**. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Dural closure sealant (e.g., Adherus Sealant Dural Closure Hydrogel Spray, Adherus AutoSpray, DuraSeal™ Dural Sealant System, DuraSeal™ Spine Sealant System) is considered experimental or investigational for all indications. The medical literature evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

PTFE Felt (e.g., FELT CV PTFE, Bard FELT Pledget, FELT CAV PTFE) is considered **experimental or investigational** for all indications. The medical literature evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

3D PEEK Cranioplasty Flap is considered **experimental or investigational** for all indications. The medical literature evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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: This guideline does not apply to Medicare Advantage Products.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

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. Current Procedural Terminology (CPT®).
2. Blue Cross Blue Shield Association.
3. Centers for Medicare & Medicaid Services (CMS). Healthcare Common Procedure Coding System (HCPCS).
4. U.S. Food & Drug Administration (FDA).

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 06/25/26.

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, and0047T. 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	2nd quarter HCPCS update: added codes S3865, S3866, S3870.
05/15/09	2nd quarter HCPCS update: deleted code 0184T; updated descriptor for 0182T.
07/01/09	3rd quarter HCPCS update. Consisting of add code 0202T.
11/15/09	4th 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	3rd 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	3rd 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 Viscocanalostomy 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).
11/15/19	Added code T1505.
01/01/20	Annual CPT/HCPCS coding update. Added codes K1002, 0571T-0580T, 0139U, 0143U-0150U; deleted codes 0205T & 0206T. Removed code 0019U (refer to MCG 05-86000-22).
02/15/20	Removed codes 0006U, 0051U, 0054U, 0082U, 0093U (refer to MCG 05-86000-32).
04/15/20	Deleted codes 0479T and 0480T.
06/15/20	Added codes 84112 & 0066U.
07/01/20	Quarterly CPT/HCPCS coding update. Added codes 0598T-0619T; revised code 0577T.
07/15/20	Added code G0428; deleted codes 33265, 33266, & 82610.
08/15/20	Added code T1505.
09/15/20	Deleted codes 64912 and 64913
10/01/20	Deleted code 97533.
01/01/21	Annual CPT/HCPCS coding update. Codes 30468, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T added; code 0577T revised; codes 0126T, 0381T-0396T deleted.
04/15/21	Added codes 0378T, 0379T.
06/15/21	Code 84145 removed.

7/01/21	Quarterly CPT/HCPCS update. Codes 0640T-0643T,0646T,0656T-0657T, 0660T, 0661T & 0664T-0670T added; code 0493T revised.
08/15/21	Codes 0408T-0418T removed (refer to policy 02-33000-34).
09/15/21	Added position statement regarding mesenchymal stem cell therapy.
10/01/21	Quarterly CPT/HCPCS update. Codes 0260U-0267U, K1023 added; code 0139U deleted.
01/01/22	Annual CPT/HCPCS coding update. Codes 68841, 0672T, 0674T-0686T, 0692T, 0693T, 0702T-0706T, 0289U, 0294U added; codes 0512T and 0513T revised; codes 0356Tand 0423T deleted. Code 38308 deleted (refer to MCG 02-12000-18).
02/15/22	Code 68841 removed.
04/01/22	Quarterly CPT/HCPCS update. Added codes A9291, K1031, K1032, K1033. Added code K1004.
07/01/22	Quarterly CPT/HCPCS update. Added codes 0714T, 0716T, 0725T, 0726T, 0727T, 0728T, 0729T, 0730T, 0732T, 0733T, 0734T, 0328U.
09/15/22	Codes K1018 and K1019 added.
10/01/22	Added position statement regarding radiofrequency treatment to the nasal valve. Quarterly CPT/HCPCS update. Code (A9291, K1002, K1019) revised.
11/15/22	Deleted code 0421T.
12/15/22	Code review 30468. Deleted codes K1031, K1032, K1033 (Refer to MCG 09-E0000-31 Pneumatic Compression Devices).
01/01/23	Annual CPT/HCPCS coding update. Codes 30469, 95919, 0748T, 0778T, 0783T added; codes 0733T, 0734T revised; codes 0487T, 0491T-0493T, 0499T, 0702T, 0703T deleted. Deleted 90875, 90876 (refer to MCG 01-90900-01 Biofeedback).
03/15/23	Codes K1018 and K1019 (Cala Trio) reviewed.
04/01/23	Quarterly CPT/HCPCS coding update. Code E1905 added; code K1019 revised.
07/01/23	Quarterly CPT/HCPCS coding update. Codes 0143U-0150U deleted. Code 0083U removed (see policy 05-86000-11).
10/01/23	Quarterly CPT/HCPCS coding update. Codes A9268, A9269, A9292, K1036 added; code K1004 revised; code 0066U deleted. Code 30469 (VivAer) reviewed.
01/01/24	Existing position statements and coding maintained. Annual CPT/HCPCS coding update. Codes 22836-22838, 31242, 31243, 0790T, 0859T-0864T, 0823T-0826T, A4540, A4542, E0732, E0734, E3000 added; codes 0517T-0520T, 0640T, 0656T, 0657T revised; codes 0533T- 0536T, 0641T, 0642T, K1002, K1018, K1019, K1023 deleted.
02/07/24	Program exception and references updated.
04/01/24	Quarterly CPT/HCPCS coding update. Added A4593, A4594, E0738, E0739.
07/01/24	Quarterly CPT/HCPCS coding update. Codes 0456U, 0894T, 0895T, 0896T added; code 0714T revised.
07/15/24	Added code S2107.
10/01/24	Quarterly CPT/HCPCS coding update. Codes A4543, A4544, E0715, E0716, E0721, E0743 added; code E0739 revised.
10/15/24	Code 30469 (VivAer) reviewed. Code 0719T added. Codes 0483T, 0484T removed (refer to policy 02-33000-35).
11/15/24	Deleted code A4540 (refer to policy 02-61000-03).
01/01/24	Annual CPT/HCPCS Coding Update: Codes 0933T, 0934T, 0935T, C1735, C1736, G0552, G0553, G0554 added. Codes 0616T-0618T, 0456U deleted.
02/15/25	02/15/25 Deleted code (0623T, 0624T, 0625T, 0626T) (refer to policy 04-70450-03).
04/15/25	Codes 0563T (TearCare® System), 0607T, 0608T (µ-Cor™ Heart Failure and Arrhythmia Management System), and 0868T (Gastric Alimetry Electrogastrography System) reviewed. Added codes 0563T, 0607T, 0608T, 0868T.
06/15/25	Deleted code (31242, 31243) (refer to policy 02-31000-03).
09/15/25	Code 97610 (UltraMIST Low-Freq Ultrasound Wound Therapy System) reviewed; code 0563T (TearCare System) reviewed; code 0716T (CADScor System) reviewed.
10/01/25	Quarterly CPT/HCPCS Coding Update: Code 0579U added.
10/15/25	Codes 0485T and 0486T (optical coherence tomography of middle ear) reviewed.

01/01/26	Codes 0714T, 0867T (transperineal laser ablation of benign prostatic hyperplasia) reviewed. Annual CPT/HCPCS Coding Update. Codes 0598T, 0599T revised; codes 0266T-0273T, 0619T, 0631T deleted. Code 0867T added. Codes 93025, 0308T,0338T, 0339T, 0704T-0706T, 0725T-0734T, 0823T-0826T removed from policy.
02/15/26	Code C1736 removed.
02/20/26	Code C1735 removed.
04/15/26	Code 0686T (Histotripsy, of malignant hepatocellular tissue), reviewed.
05/15/26	Code 0563T (TearCare System) reviewed
06/15/26	SleepioRx™ (G0552) reviewed. Code 0646T removed (refer to policy 02-33000-35).
07/15/26	Code 0868T (High-resolution gastric electrophysiology mapping), reviewed. Coding updated and Dural closure sealant position statement added.
08/15/26	PTFE Felt position statement added.
10/01/26	Quarterly CPT/HCPCS coding update. Codes 1072T-1078T added; 0894T-0896T revised. Revision: 3D PEEK Cranioplasty Flap position statement added; codes 52284, 57465, 77089, 77092 added. Code 30469 (VivAer), reviewed.