

09-A0000-00

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Subject: Non-Covered 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.

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

DESCRIPTION:

The codes listed below in the attached matrix identify services that are non-covered. These services may be non-covered because of one of the following:

- The service, procedure, drug, device, or equipment is considered an exclusion by Florida Blue;
- The drug is determined to be reimbursable under a member's pharmacy benefit and not covered under the medical benefit;
- The service, procedure, device, or equipment is considered to be cosmetic in nature;
- The service, procedure, device, or equipment is not reimbursable at the place(s) of service noted in the descriptor;
- The service does not include face to face time with the patient;
- The device or equipment is considered to be a patient comfort or convenience item; **OR**
- The service descriptor (procedure, drug, device, equipment) does not conform to Florida Blue's reimbursement methodology.

NOTE: A service, procedure, device, or equipment that has been issued a CPT or HCPCS code, or is approved by the Food Drug and Administration (FDA) does not mean that the service procedure, device, or equipment is covered. Refer to subscriber's/member's contract benefits to determine if the service, procedure, device, or equipment in question is covered under the subscriber's/member's benefit plan. The services, procedures, devices, and equipment listed below are considered non-covered unless stated otherwise in the current member contract.

POSITION STATEMENT:

The codes listed in the matrix below are non-covered services and are not all inclusive. Refer to the Medical Coverage Guidelines index for coverage for other service(s), procedure(s), device(s), and/or equipment that is not listed in the matrix below.		
NOTE: For Medicare Advantage products, see the Program Exceptions section of this guideline.		
CODE	DESCRIPTOR	COVERAGE
01990	Physiological support for harvesting of organ(s) from brain-dead patient	Refer to Member Contract
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	Test is normally performed in the office or the lab, not in the home
88000	Necropsy (autopsy), gross examination only; without CNS	Refer to Member Contract
88005	Necropsy (autopsy), gross examination only; with brain	Refer to Member Contract
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	Refer to Member Contract
88012	Necropsy (autopsy), gross examination only; infant with brain	Refer to Member Contract
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	Refer to Member Contract
88016	Necropsy (autopsy), gross examination only; macerated stillborn	Refer to Member Contract
88020	Necropsy (autopsy), gross and microscopic; without CNS	Refer to Member Contract
88025	Necropsy (autopsy), gross and microscopic; with brain	Refer to Member Contract
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	Refer to Member Contract
88028	Necropsy (autopsy), gross and microscopic; infant with brain	Refer to Member Contract
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	Refer to Member Contract
88036	Necropsy (autopsy), limited, gross AND/OR microscopic; regional	Refer to Member Contract
88037	Necropsy (autopsy), limited, gross AND/OR microscopic; single organ	Refer to Member Contract
88040	Necropsy (autopsy), forensic examination	Refer to Member Contract
88045	Necropsy (autopsy), forensic examination coroner's call	Refer to Member Contract
88099	Unlisted necropsy (autopsy) procedure	Refer to Member Contract
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous	FDA approval pending
90845	Psychoanalysis	Refer to Member Contract
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	Refer to Member Contract

90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies or insurance carriers	Refer to Member Contract
92065	Orthoptic training	Refer to Member Contract
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Refer to Member Contract
93668	Peripheral arterial disease (PAD) rehabilitation, per session	Refer to Member Contract
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	Refer to Member Contract
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Refer to Member Contract
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Refer to Member Contract
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making	Refer to Member Contract

	of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Refer to Member Contract
99026	Hospital mandated on call service; in-hospital, each hour	Refer to Member Contract
99027	Hospital mandated on call service; out-of-hospital, each hour	Refer to Member Contract
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	Refer to Member Contract
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	Refer to Member contract
99075	Medical testimony	Refer to Member Contract
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	Refer to Member Contract
99082	Unusual travel (e.g., transportation and escort of patient)	Refer to Member Contract
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	Refer to Member Contract
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	Refer to Member Contract
99367	Medical team conference with interdisciplinary team of health care professionals, patient, and/or family not present, 30 minutes or more; participation by physician	Refer to Member Contract
99368	Medical team conference with interdisciplinary team of health care professionals, patient, and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	Refer to Member Contract

99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment of care decisions with health care professionals(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	Refer to Member Contract
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment of care decisions with health care professionals(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	Refer to Member Contract
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	Refer to Member Contract
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of a care plans by that individual, review of	Refer to Member Contract

	subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment of care decisions with health care professional(s), family members(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Refer to Member Contract
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Refer to Member Contract
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or	Refer to Member Contract

	revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Refer to Member Contract
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Refer to Member Contract
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Refer to Member Contract
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified	Refer to Member Contract

	health care professional; 11-20 minutes of medical consultative discussion and review	
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Refer to Member Contract
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Refer to Member Contract
99450	Basic life AND/OR disability examination that includes:·measurement of height, weight and blood pressure;·completion of a medical history following a life insurance pro forma;·collection of blood sample AND/OR urinalysis complying with “chain of custody” protocols; completion of necessary documentation/certificates.	Refer to Member Contract
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Refer to Member Contract
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Refer to Member Contract
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Refer to Member Contract
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Refer to Member Contract
99455	Work related OR medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient’s condition;·performance of an examination commensurate with the patient’s condition;·formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment;· development of future medical treatment	Refer to Member Contract

	plan; and completion of necessary documentation/certificates and report.	
99456	Work related OR medical disability examination by the other than the treating physician that includes:· completion of a medical history commensurate with the patient's condition;·performance of an examination commensurate with the patient's condition;·formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.	Refer to Member Contract
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Refer to Member Contract
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Refer to Member Contract
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Refer to Member Contract
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Refer to Member Contract
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Refer to Member Contract
99510	Home visit for individual, family, or marriage counseling	Refer to Member Contract

99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face, with patient, with assessment and intervention if provided; initial 15 minutes, new patient	Pharmacists are only allowed to dispense.
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face, with patient, with assessment and intervention if provided; initial 15 minutes, established patient	Pharmacists are only allowed to dispense.
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face, with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	Pharmacists are only allowed to dispense.
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Refer to Member Contract
A4456	Adhesive remover, wipes, any type, each	Refer to Member Contract
A4458	Enema bag with tubing, reusable	Refer to Member Contract
A4467	Belt, strap, sleeve, garment, or covering, any type	Refer to Member Contract
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	Refer to Member Contract
A4553	Non-disposable underpads, all sizes	Refer to Member Contract
A4554	Disposable underpads, all sizes (e.g., Chuxs)	Refer to Member Contract
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement	Refer to Member Contract
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	Refer to 09-E0000-01 Durable Medical Equipment (DME) ; Attached Table
A4634	Replacement bulb for therapeutic light box, tabletop model	Refer to 09-E0000-01 Durable Medical Equipment (DME) ; Attached Table
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Refer to Member Contract
A4663	Blood pressure cuff only	Refer to Member Contract
A4931	Oral thermometer, reusable; any type, each	Refer to Member Contract
A4932	Rectal thermometer, reusable, any type, each	Refer to Member Contract
A6402	Gauze, non-impregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Refer to Member Contract
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Refer to Member Contract
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Refer to Member Contract

A8000	Helmet, protective soft, prefabricated, includes all components and accessories	Refer to Member Contract
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Refer to Member Contract
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Refer to Member Contract
A8003	Helmet, protective, hard, custom fabricated, includes all components, and accessories	Refer to Member Contract
A8004	Soft interface for helmet, replacement only	Refer to Member Contract
A9150	Non-prescription drug	Refer to Member Contract
A9270	Non-covered item or service	Refer to Member Contract
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	Refer to Member Contract
A9275	Home glucose disposable monitor, includes test strips	Refer to Member Contract
A9281	Reaching/grabbing device, any type, any length each	Refer to Member Contract
A9283	Foot pressure off loading/supportive device, any type, each	Refer to Member Contract
A9285	Inversion/eversion correction device	Refer to Member Contract
A9286	Hygienic item or device, disposable or non-disposable, any type, each	Refer to Member Contract
A9300	Exercise equipment	Refer to Member Contract
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	Refer to Member Contract
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0172	Seat lift mechanism placed over or on top of toilet, any type	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0175	Foot rest, for use with commode chair, each	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table

E0203	Therapeutic light box, minimum 10,000 lux, table top model	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0205	Heat lamp, with stand, includes bulb, or infrared element	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0210	Heating pad, standard	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0215	Electric heat pad, moist	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0225	Hydrocollator unit, includes pads	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0239	Hydrocollator unit, portable	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0241	Bathtub wall rail, each	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0242	Bathtub rail, floor base	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0243	Toilet rail, each	Refer to Member Contract
E0244	Raised toilet seat	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0245	Tub stool or bench	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
E0246	Transfer tub rail attachment	Refer to 09-E0000-01 Durable Medical

		<u>Equipment (DME); Attached Table</u>
E0249	Pad for water circulating heat unit, for replacement only	Refer to <u>09-E0000-53 Cooling and Heating Devices Used in the Outpatient Setting</u>
E0370	Air pressure elevator for heel	Refer to Member Contract
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0636	Multi-positional patient support system, with integrated lift, patient accessible controls	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0639	Patient lift, movable from room to room with disassembly and reassembly, includes all components /accessories	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0640	Patient lift, fixed system, includes all components / accessories	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0694	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E0941	Gravity assisted traction device, any type	Refer to Member Contract
E1310	Whirlpool, non-portable (built-in type)	Refer to <u>09-E0000-01 Durable Medical Equipment (DME); Attached Table</u>
E1372	Immersion external heater for nebulizer	Refer to Member Contract
E1902	Communication board, non-electronic augmentative or alternative communication device	Refer to Member Contract

G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only	Refer to Member Contract
G0293	Non-covered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day	Refer to Member Contract
G0294	Non-covered surgical procedure(s) using anesthesia or local anesthesia only in a Medicare qualifying clinical trial, per day	Refer to Member Contract
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	Refer to Member Contract
G9016	Smoking cessation counseling, individual, in the absence of OR in addition to any other evaluation and management service, per session (6-10 minutes) [demo project only]	Refer to Member Contract
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes	Refer to Member Contract
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes	Refer to Member Contract
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes	Refer to Member Contract
J3530	Nasal vaccine inhalation	Refer to Member Contract
J3570	Laetrile (AKA, Amygdalin, Vitamin B-17, Kemdalin)	Refer to Member Contract
K1003	Whirlpool tub, walk-in, portable	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
L2005	Knee- ankle- foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Refer to Member Contract
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Refer to Member Contract
L7600	Prosthetic donning sleeve, any material, each	Refer to Member Contract

M0075	Cellular therapy	Refer to Member Contract
M0100	Intragastric hypothermia using gastric freezing (MNP)	Refer to Member Contract
M0301	Fabric wrapping for abdominal aneurysm (MNP)	Refer to Member Contract
P2029	Congo red, blood	Refer to Member Contract
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	Refer to Member Contract
Q3014	Telehealth originating site facility fee	Refer to Member Contract
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes	Refer to Member Contract
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes	Refer to Member Contract
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	Refer to Member Contract
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage	Refer to Member Contract
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage	Refer to Member Contract
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage	Refer to Member Contract
S0354	Cancer treatment plan, change	Refer to Member Contract
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Refer to Member Contract
S1001	Deluxe item, patient aware (List in addition to the code for the basic item)	Refer to Member Contract
S1002	Customized item (List in addition to code for the basic item)	Refer to Member Contract
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	Refer to Member Contract
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	Refer to Member Contract
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to E0784/A9276/A9277)

S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to E0784/A9276/A9277)
S1036	Transmitter; external, for use with artificial pancreas device system	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to E0784/A9276/A9277)
S1037	Receiver (monitor); external, for use with artificial pancreas device system	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to E0784/A9276/A9277)
S2152	Solid organ(s), complete OR segmental, single organ OR combination of organs; deceased OR living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post- transplant care in the global definition	Refer to Member Contract
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal AND/OR sinus cavity(s), unilateral or bilateral	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to 31237)
S3600	Stat laboratory request (use for situations other than S3601)	Refer to Member Contract
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	Refer to Member Contract
S4990	Nicotine patches, legend	Refer to Member Contract
S4991	Nicotine patches, non-legend	Refer to Member Contract
S4995	Smoking cessation gum	Refer to Member Contract
S5100	Day care services, adult; per 15 minutes	Refer to Member Contract
S5101	Day care services, adult; per half day	Refer to Member Contract
S5102	Day care services, adult; per diem	Refer to Member Contract
S5105	Day care services, center based; services not included in program fee, per diem	Refer to Member Contract
S5110	Home care training, family; per 15 minutes	Refer to Member Contract
S5111	Home care training, family; per session	Refer to Member Contract
S5115	Home care training, non-family; per 15 minutes	Refer to Member Contract
S5116	Home care training, family; per 15 minutes	Refer to Member Contract
S5120	Chore services; per 15 minutes	Refer to Member Contract

S5121	Chore services; per diem	Refer to Member Contract
S5125	Attendant care services; per 15 minutes	Refer to Member Contract
S5126	Attendant care services; per diem	Refer to Member Contract
S5130	Homemaker services, NOS; per 15 minutes	Refer to Member Contract
S5131	Homemaker services, NOS; per diem	Refer to Member Contract
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	Refer to Member Contract
S5136	Companion care, adult (e.g., IADL/ADL); per diem	Refer to Member Contract
S5140	Foster care, adult; per diem	Refer to Member Contract
S5141	Foster care, adult; per month	Refer to Member Contract
S5145	Foster care, therapeutic, child; per diem	Refer to Member Contract
S5146	Foster care, therapeutic, child; per month	Refer to Member Contract
S5150	Unskilled respite care, not Hospice; per 15 minutes	Refer to Member Contract
S5151	Unskilled respite care, not Hospice; per diem	Refer to Member Contract
S5160	Emergency response system; installation and testing	Refer to Member Contract
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Refer to Member Contract
S5162	Emergency response system; purchase only	Refer to Member Contract
S5165	Home modifications; per service	Refer to Member Contract
S5170	Home delivered meals, including preparation; per meal	Refer to Member Contract
S5175	Laundry service, external, professional; per order	Refer to Member Contract
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Refer to 09-E0000-01 Durable Medical Equipment (DME); Attached Table
S8460	Camisole, post-mastectomy	Refer to Member Contract
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Refer to Member Contract
S9110	Tele-monitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	Refer to Member Contract
S9117	Back school, per visit	Refer to Member Contract
S9145	Insulin pump initiation, instruction in initial use of pump	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to E0784)
S9381	Delivery OR service to high risk areas requiring escort or extra protection, per visit	Refer to Member Contract
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	Refer to Member Contract
S9430	Pharmacy compounding and dispensing services	Not covered under a medical benefit

S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session	Refer to Member Contract
S9437	Childbirth refresher classes, non-physician provider, per session	Refer to Member Contract
S9438	Cesarean birth classes, non-physician provider, per session	Refer to Member Contract
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session	Refer to Member Contract
S9441	Asthma education, non-physician provider, per session	Refer to Member Contract
S9442	Birthing classes, non-physician provider, per session	Refer to Member Contract
S9444	Parenting classes, non-physician provider, per session	Refer to Member Contract
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	Refer to Member Contract
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	Refer to Member Contract
S9447	Infant safety (including CPR) classes, non-physician provider, per session	Refer to Member Contract
S9449	Weight management classes, non-physician provider, per session	Refer to Member Contract
S9451	Exercise classes, non-physician provider, per session	Refer to Member Contract
S9452	Nutrition classes, non-physician provider, per session	Refer to Member Contract
S9454	Stress management classes, non-physician provider, per session	Refer to Member Contract
S9472	Cardiac rehabilitation program, non-physician provider, per diem	Refer to Member Contract
S9484	Crisis intervention mental health services, per hour	Refer to Member Contract
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Florida Blue uses another code for reporting and consideration of payment for these services (Refer to 36415)
S9900	Services by a journal-listed Christian Science practitioner for the purpose of healing, per diem.	Refer to Member Contract
S9901	Services by a journal-listed Christian Science nurse, per hour	Refer to Member Contract
S9970	Health club membership, annual	Refer to Member Contract
S9981	Medical Records copying fee, administrative	Refer to Member Contract
S9982	Medical records copying, per page	Refer to Member Contract
S9986	Not medically necessary service (patient is aware that service is not medically necessary)	Refer to Member Contract
S9990	Services provided as part of a phase II clinical trial	Refer to Member Contract
S9991	Services provided as part of a phase III clinical trial	Refer to Member Contract
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	Refer to Member Contract

S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	Refer to Member Contract
S9996	Meals for clinical trial participant and one companion/companion	Refer to Member Contract
S9999	Sales tax	Refer to Member Contract
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Refer to Member Contract
T4545	Incontinence product, disposable, penile wrap, each	Refer to Member Contract
V2600	Hand held low vision aids and other non-spectacle mounted aids	Refer to Member Contract
V2610	Single lens spectacle mounted low vision aids	Refer to Member Contract
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	Refer to Member Contract
V2760	Scratch resistant coating, per lens	Refer to Member Contract
V5268	Assistive listening device, telephone amplifier, any type	Refer to Member Contract
V5269	Assistive listening device, alertive, any type	Refer to Member Contract
V5270	Assistive listening device, television amplifier, any type	Refer to Member Contract
V5271	Assistive listening device, television caption decoder	Refer to Member Contract
V5272	Assistive listening device, TDD	Refer to Member Contract
V5274	Assistive learning device, not otherwise specified	Refer to Member Contract
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type	Refer to Member Contract
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type	Refer to Member Contract
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	Refer to Member Contract
V5284	Assistive listening device, personal FM/DM, ear level receiver	Refer to Member Contract
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	Refer to Member Contract
V5286	Assistive listening device, personal blue tooth FM/DM receiver	Refer to Member Contract
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	Refer to Member Contract
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	Refer to Member Contract
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	Refer to Member Contract
V5290	Assistive listening device, transmitter microphone, any type	Refer to Member Contract
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Refer to Member Contract

0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Refer to Member Contract
Unlisted Code	Transillumination light scanning (diaphanography)	Refer to Member Contract

BILLING/CODING INFORMATION:

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

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.

Local Coverage Determinations (LCDs) can be found at fcso.com.

Durable Medical Equipment Regional Carrier (DMERC) Local Coverage Determinations (LCDs) can be found at cgsmedicare.com.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

Durable Medical Equipment Attached Table

OTHER:

None applicable.

REFERENCES:

1. American Medical Association (AMA) CPT® Category I Vaccine Codes, 06/30/08.
2. American Medical Association Current Procedural Terminology (CPT), 2008.

3. Blue Cross Blue Shield Association Corneal Topography/Computer-Assisted Photokeratoscopy Medical Policy 9.03.05, 06/14/07.
4. Centers for Medicare and Medicare Services (CMS) National Coverage Determination for Durable Medical Equipment Reference List, Publication 100-3, Section 280.1. Last updated 05/05/05.
5. First Coast Service Options, Inc. – The List of Medicare Noncovered Services, 07/01/07.
6. Florida Medicare Part B Local Coverage Determination. LCD for Patient Lifts (L11562). Last updated 01/01/09.
7. Florida Medicare Part B Local Coverage Determination. LCD for Refractive Lenses (L11522). Last updated 01/01/09.
8. Food and Drug Administration (FDA) Product Approval Information – KINRIX™ (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine), 06/08.
9. HCPCS Level II Ingenix, current edition.
10. Medicare Claims Processing Manual Chapter 20-Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), 11/22/06.
11. Medicare National Coverage Determinations Manual Chapter 1, Part 1-Fabric Wrapping of Abdominal Aneurysms 20.23 and Cellular Therapy 30.8, 06/29/07.
12. Medicare National Coverage Determinations Manual Chapter 1, Part 2-Gastric Freezing 100.6 and Transsexual Surgery 140.3, 06/22/07.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 08/23/07.

GUIDELINE UPDATE INFORMATION:

08/15/02	New Medical Coverage Guideline documenting existing Florida Blue non-covered services.
01/01/03	HCPCS code additions, revisions, and deletions. Non-coverage status reversed for CPT codes 99050, 99052, and 99054.
02/15/03	CPT and HCPCS Codes 75556, 76400, 99378, A4458, E0273, E0575, E0744, S0104, S0201, S0207, S0620, S0621, S9470, and S9484, added for consistency with existing coverage. CPT Codes 96000, 96001, 96002, 96003, and 96004. Coverage changed from non-covered to investigational. CPT Code E0274 corrected to read E0315, Non-coverage status reversed for S0157 and S8185. HCPCS code deletions: S8400, S8402, S9216, and S0217.
03/15/03	Added CPT codes 97802, 97803, 97804, G0270 and G0271 for Medicare & More.
04/01/03	HCPCS code additions for 04/01/03. Added S8460, S8990 and S9434.
07/15/03	Added CPT code 90660.
08/15/03	Deleted code A4639.
08/29/03	Deleted CPT code 90660.
10/02/03	Deleted code S9083; considered a covered service.
12/15/03	Revised description and when services are covered sections. Added A4538, G0252, S8460, and S8990. Deleted S9806 (2004 HCPCS Update) and V5273. Deleted codes that

	have a guideline. Updated references. Added program exception for Medicare & More. On 01/14/04: deleted S8030.
01/22/04	Added code E0245.
04/01/04	Added code S0618.
04/15/04	Deleted codes 97802, 97803, 97804, G0270, G0271 and S9470.
10/15/04	Deleted G0237, G0238, and G0239.
11/15/04	Added cross-reference "Refer to Member Contract" for code 99361, and 99362.
12/15/04	Reviewed; added an asterisk to the following covered codes for Medicare B: 99056, 99080, 99082, 99090, 99091, 99361, 99362, 99371, 99372, 99373, 99380, A4458, A4238, A4554, A4890, A4931, A4932, A9300, B4100, D0480, D1330, D9310, E0218, E0244, E0245, E0273, E0274, D0315, E0370, E0950, E1372, G0244, G0293, G0294, G9016, L2760, L7367, L7368, P2029, P2038, and Q3014. Revised program exception for Medicare and More; code 99375 and 99378 is considered not valid for Medicare.
01/01/05	HCPCS update; revised G0244 descriptor. Deleted A4521, A4528, A4538. Added A4520, and S2152.
04/15/05	HCPCS update; added code S0625.
05/15/05	Added CPT code 92015.
08/15/05	HCPCS update; added G0375 and G0376. Added S9075.
01/01/06	CPT update; Added 0115T, 0116T, 0117T, 0130T, 90649, 90736, 99339, 99340, A9275, A9281, L7600, G0378, G0379. Deleted G0244. Revised descriptor 99056. Added "Refer to Member Contract" for E0273.
02/15/06	Deleted HCPCS code G0378, and G0379.
06/15/06	Deleted CPT code 97036. Updated references.
07/15/06	Annual review. Added 56805 and 57335 (added program exception for Medicare Advantage products). (Added 83037. Added asterisk to codes: 99339, 99375, and 99378, A4554, G0293, and P2038). Revised CPT code S0618 and S0625 coverage section. Updated references.) Deleted 90649.
01/01/07	HCPCS update. Added codes 92025, 0173T, 0174T, 0175T, S0820, A4601, A8000, A8001, A8002, A8003, A8004, E0936, T4543, and G0182. Updated references.
04/01/07	HCPCS update. Deleted S0820.
09/15/07	Reformatted guideline.
11/15/07	Deleted CPT code 88380. Updated references.
01/01/08	HCPCS update. Deleted CPT codes 0115T, 0116T, 0117T, 99361, 99362, 99371, 99372, 99373, G0375, and G0376. Added CPT codes 90650, 90661, 90662, 90663, 90681, 90696, 99605, 99606, 99607, 99366, 99367, 99368, 99441, 99442, 99443, 0185T and A9283.
02/15/08	Added CPT code 93760, and 93762.
05/15/08	Deleted CPT code 90681.
07/01/08	Added CPT code 90738.
07/15/08	Deleted CPT code 90696. Updated references and related Internet links.
10/15/08	Deleted 99091, A4554, A4890, B1400, E0936, S0199, S0207, S0208, S0209, S0215, S0500, S0504, S0506, S0508, S0510, S0512, S0514, S0516, S0518, S0580, S0581, S0590, S0592, S0800, S0810, S2150, S2202, S4011, and S8190.
04/02/09	Deleted CPT code 90738.

04/21/09	Deleted CPT code 56805, 57335, 92025, 0173T, 0174T, and 0175T.
07/01/09	HCPCS 3 rd quarter coding update: Added CPT code 90670.
08/01/09	Added CPT codes: 90379, and 99060. Added HCPCS codes: A4218, A4281, A4283, A4284, A4285, A4286, A4633, A4634, E0170, E0171, E0175, E0200, E0203, E0205, E0215, E0217, E0220, E0225, E0230, E0238, E0239, E0241, E0242, E0243, E0246, E0249, E0265, E0266, E0270, E0296, E0297, E0571, E0602, E0603, E0604, E0636, E0641, E0705, E1031, E1035, E1310, E1902, E8000, E8001, E8002, G0406, G0407, G0408, L6621, S8270, S9472, V2600, V2610, V2615, V2744, V2750, and V7260.
09/15/09	Deleted CPT code 90738.
11/15/09	Deleted HCPCS codes E0265, E0266, E0270, E0273, E0274, E0296, E0297, and E0315. Delete CPT code 90650. Add HCPCS codes A4244, A4245, A4246, A4247, A 4248, A4554, A4660, A4663, A4670, A4927, A6402, A6403, A6404, E0210, and E1639.
01/01/10	Annual HCPCS coding update: added HCPCS codes A4456, A4466, and E1036; deleted CPT 90379, add CPT code 90644; revise descriptors for HCPCS codes E0249 and E1035.
02/15/10	Add CPT codes 98966, 98967, and 98968.
03/15/10	Deleted CPT codes 90662 and 90670.
04/15/10	Deleted HCPCS code S0173.
05/15/10	Delete CPT codes 93760 & 93761. Add CPT code 92065, and HCPCS codes E0639 & E0640.
07/01/10	3 rd quarter HCPCS update: added codes G0428 and G0429.
08/15/10	Revised coverage statement for codes S0012, S0014, S0088, S0090, S0104, S0106, S0108, S00156, S0170, S0172, S0175, S0176, S0177, S0179, S0182, and S0187 to "Refer to Member Contract".
01/01/11	Annual HCPCS coding update. Added code A9273. Deleted codes 0130T, E0220, E0230, and E0238.
01/15/11	CPT coding update; added 90654.
07/01/11	3 rd quarter HCPCS coding update. Deleted HCPCS code S9075.
08/15/11	CPT coding update; deleted 90654.
12/15/11	Deleted codes L7367 and L7368.
01/01/12	Annual HCPCS coding update. Added E0642, S8130, S8131. Revised 90644, E0641, G0406, G0407, G0408 and S9900 descriptors. Deleted E0571 and S0625.
02/15/12	Deleted codes S8130 and S8131; coverage is addressed in MCG 02-61000-04, Transcutaneous Electric Nerve Stimulation (TENS).
04/01/12	Added HCPCS codes S0353 and S0354.
06/01/12	Deleted code E0602; covered for all lines of business except Medicare Advantage. This device remains non-covered for Medicare Advantage lines of business.
08/15/12	Deleted CPT code 90644.
01/01/13	Annual CPT/HCPCS coding update. Added 90653, 90685, 90686, 90687, 90688, 90739, S9110, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289 and V5290. Revised code descriptors for 99375, 99378, 99380, 99441, 99442 and 99443. Deleted S9109.
03/15/13	Added asterisks (*) for codes G0406, G0407 and G0408.
04/15/13	Deleted code S9443.

06/15/13	Revision. Description and Program Exception sections updated; all asterisks (*) removed. Deleted E8000, E8001, E8002.
07/01/13	Deleted codes 90685 and 90686.
09/15/13	Revision; added code S9443. Deleted code 90688.
12/15/13	Deleted code E0603 (covered per Federal mandate effective 10/01/13).
01/01/14	Annual CPT/HCPCS update. Added 99446, 99447, 99448, 99449; revised T4543 code descriptor; deleted 0185T.
07/01/14	Deleted code 90687.
11/15/14	Deleted code 90661.
01/01/15	Annual CPT/HCPCS update. Added code S9901, 90697; revised code descriptor for A4601.
07/01/15	Quarterly CPT/HCPCS update. Revised code descriptors for 90653, 90739.
11/15/15	Deleted code E0217. Refer to MCG 09-E0000-53, Cooling and Heating Devices Used in the Outpatient Setting.
01/01/16	Deleted codes S0353, 98966, 98967, 98968. Annual CPT/HCPCS update: added code 90625.
02/15/16	Deleted code 90653.
06/15/16	Deleted codes 99441, 99442, 99443, A4670, and S9443.
08/15/16	Deleted code 90625.
01/01/17	Annual CPT/HCPCS update. Added A4467, A4553, A9285, A9286, G0508, G0509, 90682, 90750, 97169, 97170, 97171, 97172. Deleted A4466, 90697, 90739, 97005, 97006.
03/15/17	Deleted 90682.
04/11/17	Deleted S0255.
04/20/17	Deleted code L2760. Deleted codes 55970 and 55980 (refer to MCG 02-55900-01, Gender Reassignment Surgery).
05/15/17	Revision; added clarifying language to Description section regarding member contracts.
07/01/17	Quarterly CPT/HCPCS update. Added code 90587.
08/15/17	Deleted code S3620.
10/15/17	Added codes S1030, S1031, S1034, S1035, S1036, S1037. Deleted codes A4244, A4245, A4246, A4247, A4248, A4927, D1330, D9310, E0189, E1639, G0182, L3030, S0201, S0620, S0621, S8415, S9453, V2750.
01/01/18	Annual CPT/HCPCS coding update. Added G9868, G9869, G9870.
02/02/18	Deleted code 90750.
03/15/18	Added codes 90845, 90882, 90889.
05/15/18	Deleted code G0428 (refer to MCG 02-20000-25, Meniscal Allograft Transplantation).
10/01/18	Deleted codes A4281-A4286.
11/15/18	Added codes E0941, L2005.
01/01/19	Annual CPT/HCPCS coding update. Added 90689, 99091, 99451, 99452, 99453, 99454, 99457, 99491. G0071, T4545. Revised descriptors 99446, 99447, 99448, 99449, A9273. Deleted 99090.
02/15/19	Added code E0694.
04/15/19	Added codes 99379, S0220, S0221.
01/01/20	Annual CPT/HCPCS coding update. Added 99473, 99474, K1003. Revised 99457.

02/15/20	Deleted code P2031 (refer to MCG 05-86000-32).
03/15/20	Deleted codes 97545, 97546 (refer to MCG 01-97000-01).
05/01/20	Deleted codes G0406, G0407, G0408, G0508, G0509, S0012, S0014, S0088, S0090, S0104, S0106, S0108, S0056, S0070, S0072, S0075, S0076, S0077, S0078, S0079, S0082, S0087.
08/15/20	Deleted codes 92015, E1031, E1035, E1036, E0705, V2744.
10/01/21	Revision: added code 99458.
01/01/22	Annual CPT/HCPCS coding update. Added 99424, 99425, 99426, 99427, 99437, 0687T, 0688T. Revised code descriptor 92065, 99491. Deleted 90689.
08/15/22	Deleted code S0400.
01/01/23	Annual CPT/HCPCS coding update. Added 92066. Revised 99446, 99447, 99448, 99449, 99451. Deleted 99349, 99340.