09-A0000-00

Original Effective Date: 08/15/02

Reviewed: 08/27/26

Revised: 09/15/26

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.

POSITION STATEMENT:

The codes listed below are considered non-covered unless stated otherwise in the member contract. Code list is not all-inclusive.
NOTE: For Medicare Advantage products, see the Program Exceptions section of this guideline.

CODE	DESCRIPTOR
01990	Physiological support for harvesting of organ(s) from brain-dead patient

83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
88000	Necropsy (autopsy), gross examination only; without CNS
88005	Necropsy (autopsy), gross examination only; with brain
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord
88012	Necropsy (autopsy), gross examination only; infant with brain
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016	Necropsy (autopsy), gross examination only; macerated stillborn
88020	Necropsy (autopsy), gross and microscopic; without CNS
88025	Necropsy (autopsy), gross and microscopic; with brain
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028	Necropsy (autopsy), gross and microscopic; infant with brain
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036	Necropsy (autopsy), limited, gross AND/OR microscopic; regional
88037	Necropsy (autopsy), limited, gross AND/OR microscopic; single organ
88040	Necropsy (autopsy), forensic examination
88045	Necropsy (autopsy), forensic examination coroner's call
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous
90845	Psychoanalysis
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
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
92065	Orthoptic training
92066	Orthoptic training; under supervision of a physician or other qualified health care professional
93668	Peripheral arterial disease (PAD) rehabilitation, per session
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
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.
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.
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 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.
99026	Hospital mandated on call service; in-hospital, each hour
99027	Hospital mandated on call service; out-of-hospital, each hour
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99075	Medical testimony
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082	Unusual travel (e.g., transportation and escort of patient)
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
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
99367	Medical team conference with interdisciplinary team of health care professionals, patient, and/or family not present, 30 minutes or more; participation by physician
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
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.
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)
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 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)
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)
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
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period
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 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.
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
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
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.
99510	Home visit for individual, family, or marriage counseling
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
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
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)
A4218	Sterile saline or water, metered dose dispenser, 10 ml
A4456	Adhesive remover, wipes, any type, each
A4458	Enema bag with tubing, reusable
A4467	Belt, strap, sleeve, garment, or covering, any type
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpads, all sizes (e.g., Chuxs)
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement
A4634	Replacement bulb for therapeutic light box, tabletop model
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only
A4931	Oral thermometer, reusable; any type, each
A4932	Rectal thermometer, reusable, any type, each
A6402	Gauze, non-impregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing
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
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing
A8000	Helmet, protective soft, prefabricated, includes all components and accessories
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
A8003	Helmet, protective, hard, custom fabricated, includes all components, and accessories
A8004	Soft interface for helmet, replacement only
A9150	Non-prescription drug
A9270	Non-covered item or service
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
A9275	Home glucose disposable monitor, includes test strips
A9281	Reaching/grabbing device, any type, any length each
A9283	Foot pressure off loading/supportive device, any type, each
A9285	Inversion/eversion correction device
A9286	Hygienic item or device, disposable or non-disposable, any type, each
A9300	Exercise equipment

D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report
E1902	Communication board, non-electronic augmentative or alternative communication device
G0293	Non-covered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day
G0294	Non-covered surgical procedure(s) using anesthesia or local anesthesia only in a Medicare qualifying clinical trial, per day
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
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]
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
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
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
J3530	Nasal vaccine inhalation
J3570	Laetrile (AKA, Amygdalin, Vitamin B-17, Kemdalin)
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
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L7600	Prosthetic donning sleeve, any material, each
M0075	Cellular therapy
M0100	Intragastric hypothermia using gastric freezing (MNP)
M0301	Fabric wrapping for abdominal aneurysm (MNP)
P2029	Congo red, blood
P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)
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
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
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage
S0354	Cancer treatment plan, change
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
S1001	Deluxe item, patient aware (List in addition to the code for the basic item)
S1002	Customized item (List in addition to code for the basic item)

S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)
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
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
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
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal AND/OR sinus cavity(s), unilateral or bilateral
S3600	Stat laboratory request (use for situations other than S3601)
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility
S4990	Nicotine patches, legend
S4991	Nicotine patches, non-legend
S4995	Smoking cessation gum
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center based; services not included in program fee, per diem
S5110	Home care training, family; per 15 minutes
S5111	Home care training, family; per session
S5115	Home care training, non-family; per 15 minutes
S5116	Home care training, family; per 15 minutes
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker services, NOS; per 15 minutes
S5131	Homemaker services, NOS; per diem
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
S5136	Companion care, adult (e.g., IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not Hospice; per 15 minutes
S5151	Unskilled respite care, not Hospice; per diem
S5160	Emergency response system; installation and testing
S5161	Emergency response system; service fee, per month (excludes installation and testing)
S5162	Emergency response system; purchase only
S5165	Home modifications; per service
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order

S8460	Camisole, post-mastectomy
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S9117	Back school, per visit
S9145	Insulin pump initiation, instruction in initial use of pump
S9381	Delivery OR service to high risk areas requiring escort or extra protection, per visit
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session
S9430	Pharmacy compounding and dispensing services
S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session
S9437	Childbirth refresher classes, non-physician provider, per session
S9438	Cesarean birth classes, non-physician provider, per session
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session
S9441	Asthma education, non-physician provider, per session
S9442	Birthing classes, non-physician provider, per session
S9444	Parenting classes, non-physician provider, per session
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
S9447	Infant safety (including CPR) classes, non-physician provider, per session
S9449	Weight management classes, non-physician provider, per session
S9451	Exercise classes, non-physician provider, per session
S9452	Nutrition classes, non-physician provider, per session
S9454	Stress management classes, non-physician provider, per session
S9472	Cardiac rehabilitation program, non-physician provider, per diem
S9484	Crisis intervention mental health services, per hour
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient
S9900	Services by a journal-listed Christian Science practitioner for the purpose of healing, per diem.
S9901	Services by a journal-listed Christian Science nurse, per hour
S9970	Health club membership, annual
S9981	Medical Records copying fee, administrative
S9982	Medical records copying, per page
S9986	Not medically necessary service (patient is aware that service is not medically necessary)
S9988	Services provided as part of a Phase I clinical trial
S9990	Services provided as part of a phase II clinical trial
S9991	Services provided as part of a phase III clinical trial
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
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
S9996	Meals for clinical trial participant and one companion/companion
S9999	Sales tax
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4545	Incontinence product, disposable, penile wrap, each
V2600	Hand held low vision aids and other non-spectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2760	Scratch resistant coating, per lens
V5268	Assistive listening device, telephone amplifier, any type
V5269	Assistive listening device, alertive, any type

V5270	Assistive listening device, television amplifier, any type
V5271	Assistive listening device, television caption decoder
V5272	Assistive listening device, TDD
V5274	Assistive learning device, not otherwise specified
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session
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
Unlisted Code	Transillumination light scanning (diaphanography)

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: 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:

No guideline specific definitions apply.

RELATED GUIDELINES:

Durable Medical Equipment (DME), 09-E0000-01

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 08/27/26.

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 3rd 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	3rd 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	3rd 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.
07/01/23	Deleted codes 88099, 99375, 99378, 99379, 99380, 99446, 99447, 99448, 99449, 99450, 99451, 99452, Q3014, S9110.
01/01/24	Existing coding maintained. Annual CPT/HCPCS coding update. Added code E1301; deleted code K1003.
02/07/24	Program exception and references updated.
06/15/24	Added code S9988.
12/15/25	Scheduled review. Existing coding maintained.
01/01/26	Annual CPT/HCPCS coding update. Revised 99453, 99454, 99457, 99458; deleted G0071.
07/15/26	Code E0694 removed (see policy 02-10000-16).
09/15/26	Revision; Code A4633 removed (refer to policy 02-10000-30); coding table reformatted; DME codes removed (refer to policy 09-E0000-01).