

**ND**

Medical Policies

**Print**

Policy Number: Z-24

Policy Name: Miscellaneous Services

Policy Type: Medical

Policy Subtype: Miscellaneous

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

This policy addresses those services considered to be miscellaneous and are typically not covered services.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

ALL services on this policy are non-covered for **ONE** of the following reasons:

- The service is considered not medically necessary because it does not meet the definition of medical necessity; **or**
- The service is a program exclusion/not a benefit; **or**

Not Medically Necessary

The following services are considered not medically necessary:

- Anal fistula plug
- Carbon monoxide, expired gas analysis (e.g., ETCO/hemolysis breath test)

- Continuous Passive Motion (CPM) remote stationary cycling device (i.e., ROM3[®] Rehab, ROMTech AccuAngle[®], ROMTech PortableConnect[®])
- Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP) (ImmuKnow[®])
- Electrothermal Shrinkage of Joint Capsules, Ligaments and Tendons
- Ferriscan
- Idiopathic Environmental Intolerance - treatment and testing (e.g., intracellular analysis of micronutrients, ALCAT, IVIg)
- Multivariate analysis of individual-specific findings with quantifiable computer probability assessment, including report
- Neuro-selective current perception threshold (CPT/SNCT)Sensory Nerve Conduction Test
- Outpatient intravenous insulin treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or urine urea nitrogen (UUN); and/or arterial, venous, or capillary glucose; and/or potassium concentration
- pH; exhaled breath condensate
- Posturography (dynamic or static)
- PreDx (Diabetes Risk Score)
- Saliva test, hormone level; to assess preterm labor
- Saliva test, hormone level; during menopause
- Tenotomy of elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow; percutaneous)
- Thromboxane metabolite(s), including thromboxane if performed, urine
- Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
- InfraScanner Handheld Brain Hematoma Screening System For Early Detection of Intracranial Hemorrhage (ICH)
- Defecography
- Grenz Ray Therapy
- Hair analysis
- Lixiscope Service

Procedure Codes

24357	29999	46707	53860	74270	76498	77499
83987	84431	84999	86352	92548	92549	93998
99199	E1399	G0255	G9147	P2031	S2107	S2300
S3650	S3652					

Program Exclusion/Not a Benefit

A program exclusion/not a benefit is defined as **EITHER ONE** of the following:

- Services generally not covered under the specified program(s); **or**
- Groups define benefits, and determine coverage

The following services are considered a program exclusion/not a benefit, and therefore non-covered:

- Casted impressions for special shoes
- EROS-Clitoral Therapy Device as a treatment of female sexual dysfunction
- Hearing aid evaluation
- Recreational or educational therapy (inpatient)

Procedure Codes

92590	92591	92592	92593	92594	92595	A9270
S0395						

Medically Necessary

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Bioimpedance spectroscopy for lymphedema is considered medically necessary for cancer survivors at risk for lymphedema as per the NCCN Guidelines. All other indications are considered experimental/investigational.

Procedure Code

93702

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	Commercial
29999	UNLISTED PROCEDURE ARTHROSCOPY	Commercial
46707	REPAIR ANORECTAL FISTULA PLUG	Commercial
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	Commercial
74270	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	Commercial

76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Commercial
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Commercial
83987	PH EXHALED BREATH CONDENSATE	Commercial
84431	THROMBOXANE METABOLITE W/VO THROMBOXANE URINE	Commercial
84999	UNLISTED CHEMISTRY PROCEDURE	Commercial
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	Commercial
92548	CDP-SOT 6 CONDITIONS W/INTERPRETATION & REPORT	Commercial
92549	CDP-SOT 6 CONDITIONS W/I&R W/MCT & ADT	Commercial
92590	HEARING AID EXAMINATION & SELECTION MONAURAL	Commercial
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	Commercial
92592	HEARING AID CHECK MONAURAL	Commercial
92593	HEARING AID CHECK BINAURAL	Commercial
92594	ELECTROACOUS EVAL HEARING AID MONAURAL	Commercial
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	Commercial
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Commercial
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Commercial
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	Commercial
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	Medicaid Expansion
29999	UNLISTED PROCEDURE ARTHROSCOPY	Medicaid Expansion
46707	REPAIR ANORECTAL FISTULA PLUG	Medicaid Expansion
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	Medicaid Expansion

74270	RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	Medicaid Expansion
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Medicaid Expansion
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	Medicaid Expansion
83987	PH EXHALED BREATH CONDENSATE	Medicaid Expansion
84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	Medicaid Expansion
84999	UNLISTED CHEMISTRY PROCEDURE	Medicaid Expansion
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	Medicaid Expansion
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92590	HEARING AID EXAMINATION & SELECTION MONAURAL	Medicaid Expansion
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	Medicaid Expansion
92592	HEARING AID CHECK MONAURAL	Medicaid Expansion
92593	HEARING AID CHECK BINAURAL	Medicaid Expansion
92594	ELECTROACOUS EVAL HEARING AID MONAURAL	Medicaid Expansion
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	Medicaid Expansion
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	Medicaid Expansion
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	Medicaid Expansion
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	Medicaid Expansion

HCPCS:

A9270	Non-covered item or service	Commercial
E1399	Durable medical equipment mi	Commercial

G0255	Current percep threshold tst	Commercial
G9147	Outpt iv insulin tx any mea	Commercial
P2031	Hair analysis	Commercial
S0395	Impression casting ft	Commercial
S2107	Adoptive immunotherapy	Commercial
S2300	Arthroscopy, shoulder, surgi	Commercial
S3650	Saliva test, hormone level;	Commercial
S3652	Saliva test, hormone level;	Commercial
A9270	Non-covered item or service	Medicaid Expansion
E1399	Durable medical equipment mi	Medicaid Expansion
G0255	Current percep threshold tst	Medicaid Expansion
G9147	Outpt iv insulin tx any mea	Medicaid Expansion
P2031	Hair analysis	Medicaid Expansion
S0395	Impression casting ft	Medicaid Expansion
S2107	Adoptive immunotherapy	Medicaid Expansion
S2300	Arthroscopy, shoulder, surgi	Medicaid Expansion
S3650	Saliva test, hormone level;	Medicaid Expansion
S3652	Saliva test, hormone level;	Medicaid Expansion

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ND Committee Review

Internal Medical Policy Committee **11-14-2019** All four (4) of these policies :

- *Thermal Capsulorrhaphy for Joint Instability* (BCBSA archived March 2016; **and**
- ND kept; *Saliva Hormone Testing* (ND had own policy as non-covered); **and**
- *Dynamic Posturography* (ND had BCBSA policy as non-covered); **and**
- *Diagnosis and Management of Idiopathic Environmental Intolerance - Clinical Ecology* (ND using BCBSA policy) are included.

Internal Medical Policy Committee **11-19-2020**

- **Removed:** 2 exclusions from E/I section; **and**
- **Removed:** Procedure codes 31627 & 43499.

Internal Medical Policy Committee **5-20-2021**

- **Added:** Procedure code S2107 as E/I.

Internal Medical Policy Committee **11-23-2021** Revision

- **Updated** clarifying language

Internal Medical Policy Committee **5-24-2022** Revision with coding update

- **Added:** Procedure code 93998

Internal Medical Policy Committee 3-23-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 1-16-2024 Revision - **Effective March 04, 2024**

- **Removed** procedure code 81506; **and**
- **Removed** Outpatient HCPCS (C Codes) and procedure code C9751; **and**
- **Updated** references
- **Added** Policy Application

Internal Medical Policy Committee 7-16-2024 Annual Review - no changes in criteria

Internal Medical Policy Committee 1-14-2025 Revision with coding update - Effective March 03, 2025

- **Added** procedure code E1399; **and**
- **Added** bullet under Not Medically Necessary section; **and**
- **Updated** Policy Application; **and**
- **Updated** references

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.