ND

Medical Policies

Print

Policy Number:	Z-67		
Policy Name:	Experimental/Investigational		
Policy Type:	Medical	**Policy Subtype:**	Miscellaneous
Effective Date:	09-15-2025	**End Date:**	11-02-2025
Last Review Date:	06-16-2025		

Description

Experimental/Investigational services are defined as a treatment, procedure, facility, equipment, drug, service or supply ('intervention') that has been determined not to be medically effective for the condition being treated.

This policy addresses services considered to be experimental/investigational and, therefore, non-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.

Criteria

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

Services meeting **ANY** of the following criteria are considered experimental/investigational:

- The intervention does not have Food and Drug Administration (FDA) approval to be marketed for the specific relevant indication(s); **or**
- Available scientific evidence does not permit conclusions concerning the effect of the intervention on health outcomes; **or**

- The intervention is not proven to be as safe or effective in achieving an outcome equal to or exceeding the outcome of alternative therapies; or
- The intervention does not improve health outcomes; or
- The intervention is not proven to be applicable outside the research setting.

Procedure codes identified within this policy are considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of these services cannot be established by the available published peer-reviewed literature.

Procedure Codes

0017M	0018U	0064U	0243U	0247U	0248U	0249U
0445U	0459U	0479U	0482U	0490U	0491U	0492U
0511U	0512U	0513U	0524U	0525U	0542U	0545U
0546U	0547U	0548U	0550U	0551U	0554U	30468
30469	31242	31243	33267	33268	33269	33440
33900	33901	33902	33903	33904	36473	36474
36837	52284	53451	53452	53453	53454	57465
64913	66683	75571	82233	82234	84393	84394
90666	90667	90668	91022	92145	93895	93896
93897	93898	95919	96931	96932	96933	96934
96935	96936	97037	A4563	A4593	A4594	A9268
A9269	A9291	A9292	C1601	C1602	C1734	C1735
C1736	C1748	C1825	C1827	C1832	C1839	C8000
C8002	C8003	C8004	C9250	C9758	C9759	C9760
C9762	C9763	C9779	C9780	C9782	C9783	C9790
C9793	C9807	C9901	E0683	E0767	E1905	E2001
E3000	E3200	G0138	K1023	K1030	K1037	L8608
L8701	L8702	M0076	M0240	M0243	M0244	M0245
M0247	Q0035	Q0220	Q0221	Q0222	Q0240	Q0243

Q0244	Q0245	Q0247	S3902	S9025	

Procedure code 0017M and 0018U are specific for Medicaid Expansion line of business and would be considered experimental/investigational.

Procedure Codes

0017M	0018U

Professional Statements and Societal Positions Guidelines

Not applicable

Diagnosis Codes

Not applicable

CURRENT CODING

CPT:

0001F	HRT FAILURE ASSESSED	Medicaid Expansion
0001M	Infectious disease, HCV, six biochemical assays	Medicaid Expansion
0017M	ONC DLBCL MRNA FLUOR PRB HYBRDZTN 20 GENES ALG	Medicaid Expansion
0018U	ONC THYR 10 MICRORNA SEQ ALG	Medicaid Expansion
0064U	ANTB TP TOTAL&RPR IA QUAL	Medicaid Expansion
0243U	OB PE BIOCHEM ASSAY PGF ALG	Medicaid Expansion
0247U	OB PRTRM BRTH IBP4 SHBG MEAS	Medicaid Expansion
0248U	ONC SPHRD CELL CUL 12 RX PNL	Medicaid Expansion
0249U	ONC BRST ALYS 32 PHSPRTN ALG	Medicaid Expansion
0443U	NEURFLMNT LT CHN ULTRSENS IA	Medicaid Expansion
0445U	ABETA42 & PTAU181 ECLIA CSF	Medicaid Expansion
0459U	ABETA42 & TTAU ECLIA CSF	Medicaid Expansion

0479U	TAU PHOSPHORYLATED PTAU217	Medicaid Expansion
0482U	OB PE BIOCHEM ASY SFLT1&PLGF	Medicaid Expansion
0490U	ONC CUTAN/UVEAL MLNMA CD146	Medicaid Expansion
0491U	ONC SOL TUM CTC SLCT ER PRTN	Medicaid Expansion
0492U	ONC SOL TUM CTC SLCTN PD-L1	Medicaid Expansion
0511U	ONC SOL TUM 3DMICROENVIR 36+	Medicaid Expansion
0512U	ONC PRST8 ALYS DGTZ IMG MSI	Medicaid Expansion
0513U	ONC PRST8 ALG ALYS MSI&HRD	Medicaid Expansion
0524U	OB PE SFLT-1/PLGF IA SRM/PLS	Medicaid Expansion
0525U	ONC SPHRD CELL CUL 11-RX PNL	Medicaid Expansion
0542U	NEFRO RENAL TRNSPL UR NMR 84	Medicaid Expansion
0545U	ACHR ANTB ID IMFLUOR LIVECLL	Medicaid Expansion
0546U	LDNS LRP4 ANTB IMFLR LIVECLL	Medicaid Expansion
0547U	NEURFLMNT LT CHN CLEIA PLSM	Medicaid Expansion
0548U	GFAP CLEIA PLASMA	Medicaid Expansion
0550U	ONC PRST8 ELISA TOT&FREE PSA	Medicaid Expansion
0551U	TP PTAU217 ULT DGT PRTN DETJ	Medicaid Expansion
0553T	Perq Tcat Iliac Anast Implt	Medicaid Expansion
0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Medicaid Expansion
0567T	Perm Flp Tube Occls W/Implt	Medicaid Expansion
0616T	Insertion Of Iris Prosthesis	Medicaid Expansion
0617T	Insj Iris Prosth W/Rmvl&Insj	Medicaid Expansion
0618T	Insj Iris Prosth Sec Io Lens	Medicaid Expansion
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Medicaid Expansion
30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	Medicaid Expansion
31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Medicaid Expansion
31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Medicaid Expansion

33267	EXCLUSION LEFT ATRIAL APPENDAGE OPEN ANY METHOD	Medicaid Expansion
33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Medicaid Expansion
33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Medicaid Expansion
33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	Medicaid Expansion
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	Medicaid Expansion
33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	Medicaid Expansion
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Medicaid Expansion
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Medicaid Expansion
33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	Medicaid Expansion
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Medicaid Expansion
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Medicaid Expansion
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	Medicaid Expansion
52284	CYSTO W/DILAT RX BALO CATH URTL STRIX/STEN MALE	Medicaid Expansion
53451	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV BI INSJ	Medicaid Expansion
53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	Medicaid Expansion
53453	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV RMVL EA	Medicaid Expansion
53454	PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	Medicaid Expansion
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY	Medicaid Expansion
64913	NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	Medicaid Expansion

66683	IMPLTJ IRIS PROSTHESIS W/SUTR FIXJ&RPR/RMVL IRIS	Medicaid Expansion
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Medicaid Expansion
82233	BETA-AMYLOID 1-40 (ABETA 40)	Medicaid Expansion
82234	BETA-AMYLOID 1-42 (ABETA 42)	Medicaid Expansion
84393	TAU PHOSPHORYLATED EACH	Medicaid Expansion
84394	TOTAL TAU (TTAU)	Medicaid Expansion
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	Medicaid Expansion
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	Medicaid Expansion
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	Medicaid Expansion
91022	DUODENAL MOTILITY MANOMETRIC STUDY	Medicaid Expansion
92137	CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	Medicaid Expansion
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	Medicaid Expansion
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Medicaid Expansion
93896	VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	Medicaid Expansion
93897	EMBOLI DETCJ W/O IV MBUBB NJX TCD ICR ART COMPL	Medicaid Expansion
93898	VEN-ARTL SHNT DETC IV MBUB NJX TCD ICR ART COMPL	Medicaid Expansion
95919	QUANTITATIVE PUPILLOMETRY PHYS/QHP I&R UNI/BI	Medicaid Expansion
96931	RCM CELL&SUBCELL IMG SKN IMG ACQUISJ&I&R 1ST	Medicaid Expansion
96932	RCM CELL&SUBCELL IMG SKN IMG ACQUIJ ONLY 1ST LES	Medicaid Expansion
96933	RCM CELL&SUBCELL IMG SKN I&R ONLY 1ST LESION	Medicaid Expansion

96934	RCM CELL&SUBCELL IMG SKN IMG ACQ I&R EACH ADDL	Medicaid Expansion
96935	RCM CELL&SUBCELL IMG SKN IMG ACQUIJ ONLY EA ADDL	Medicaid Expansion
96936	RCM CELL&SUBCELL IMG SKN I&R ONLY EA ADDL LESION	Medicaid Expansion
0064U	ANTB TP TOTAL&RPR IA QUAL	Commercial
0243U	OB PE BIOCHEM ASSAY PGF ALG	Commercial
0247U	OB PRTRM BRTH IBP4 SHBG MEAS	Commercial
0248U	ONC SPHRD CELL CUL 12 RX PNL	Commercial
0249U	ONC BRST ALYS 32 PHSPRTN ALG	Commercial
0443U	NEURFLMNT LT CHN ULTRSENS IA	Commercial
0445U	ABETA42 & PTAU181 ECLIA CSF	Commercial
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0479U	TAU PHOSPHORYLATED PTAU217	Commercial
0482U	OB PE BIOCHEM ASY SFLT1&PLGF	Commercial
0490U	ONC CUTAN/UVEAL MLNMA CD146	Commercial
0491U	ONC SOL TUM CTC SLCT ER PRTN	Commercial
0492U	ONC SOL TUM CTC SLCTN PD-L1	Commercial
0511U	ONC SOL TUM 3DMICROENVIR 36+	Commercial
0512U	ONC PRST8 ALYS DGTZ IMG MSI	Commercial
0513U	ONC PRST8 ALG ALYS MSI&HRD	Commercial
0524U	OB PE SFLT-1/PLGF IA SRM/PLS	Commercial
0525U	ONC SPHRD CELL CUL 11-RX PNL	Commercial
0542U	NEFRO RENAL TRNSPL UR NMR 84	Commercial
0545U	ACHR ANTB ID IMFLUOR LIVECLL	Commercial
0546U	LDNS LRP4 ANTB IMFLR LIVECLL	Commercial
0547U	NEURFLMNT LT CHN CLEIA PLSM	Commercial
0548U	GFAP CLEIA PLASMA	Commercial
0550U	ONC PRST8 ELISA TOT&FREE PSA	Commercial
0551U	TP PTAU217 ULT DGT PRTN DETJ	Commercial
0553T	Perq Tcat Iliac Anast Implt	Commercial

0563T	EVACUATION MEIBOMIAN GLANDS USING HEAT BILATERAL	Commercial
0567T	Perm Flp Tube Occls W/Implt	Commercial
0616T	Insertion Of Iris Prosthesis	Commercial
0617T	Insj Iris Prosth W/Rmvl&Insj	Commercial
0618T	Insj Iris Prosth Sec Io Lens	Commercial
30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Commercial
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33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Commercial
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Commercial
33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	Commercial
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Commercial
36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Commercial

36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	Commercial
52284	CYSTO W/DILAT RX BALO CATH URTL STRIX/STEN MALE	Commercial
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93898	VEN-ARTL SHNT DETC IV MBUB NJX TCD ICR ART COMPL	Commercial
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96931	RCM CELL&SUBCELL IMG SKN IMG ACQUISJ&I&R 1ST	Commercial
96932	RCM CELL&SUBCELL IMG SKN IMG ACQUIJ ONLY 1ST LES	Commercial
96933	RCM CELL&SUBCELL IMG SKN I&R ONLY 1ST LESION	Commercial
96934	RCM CELL&SUBCELL IMG SKN IMG ACQ I&R EACH ADDL	Commercial
96935	RCM CELL&SUBCELL IMG SKN IMG ACQUIJ ONLY EA ADDL	Commercial
96936	RCM CELL&SUBCELL IMG SKN I&R ONLY EA ADDL LESION	Commercial
97037	APPL MODALITY 1+ AREAS LLLT PO PAIN REDUCTION	Commercial

HCPCS:

A4563	Vag inser rectal control sys	Medicaid Expansion
A4593	Neuromod sti sys adj rehab	Medicaid Expansion
A4594	Neuromod adj rehab mouthpie	Medicaid Expansion
A9268	Programmer orally ingest cap	Medicaid Expansion
A9269	Programable ingest capsule	Medicaid Expansion
A9291	Pres dig cog behav thera fda	Medicaid Expansion
A9292	Pres dig visual therapy fda	Medicaid Expansion
C1601	Endo, single, pulmonary	Medicaid Expansion
C1602	Orth/matrx/bn fill drug-elut	Medicaid Expansion
C1734	Orth/devic/drug bn/bn,tis/bn	Medicaid Expansion

C1735	Cath renal denerv radiofreq	Medicaid Expansion
C1736	Cath renal denerv ultrasnd	Medicaid Expansion
C1748	Endoscope, single, ugi	Medicaid Expansion
C1825	Gen, neuro, carot sinus baro	Medicaid Expansion
C1827	Gen, neuro, imp led, ex cntr	Medicaid Expansion
C1832	Auto cell process sys	Medicaid Expansion
C1839	Iris prosthesis	Medicaid Expansion
C8000	Suprt dev, a-v fistula, imp	Medicaid Expansion
C8002	Prep skin cell susp, automtd	Medicaid Expansion
C8003	Imp extar knee shck absrb	Medicaid Expansion
C8004	Sim ang w/prs cath rad emb	Medicaid Expansion
C9250	Artiss fibrin sealant	Medicaid Expansion
C9758	Blind interatrial shunt ide	Medicaid Expansion
C9759	Transcath intraop microinf	Medicaid Expansion
C9760	Non-blind interatrial shunt	Medicaid Expansion
C9762	Cardiac mri seg dys strain	Medicaid Expansion
C9763	Cardiac mri seg dys stress	Medicaid Expansion
C9779	Esd endoscopy or colonoscopy	Medicaid Expansion
C9780	Insert cv cath inf & sup app	Medicaid Expansion
C9782	Blind myocar trpl bon marrow	Medicaid Expansion
C9783	Blind cor sinus reducer impl	Medicaid Expansion
C9793	Pre 3d mdl w/ccta and/or mri	Medicaid Expansion
C9807	Nerve stim non-opioid dev	Medicaid Expansion
C9901	Endo defect closure gi tract	Medicaid Expansion
E0683	Non pneu peristalic comp pmp	Medicaid Expansion
E0767	Intrabuc am rf emf cancer tx	Medicaid Expansion
E2001	Suct pum ext mgmt sys	Medicaid Expansion
E3000	Speech volume modulation sys	Medicaid Expansion
E3200	Gait mod systm rhym auditory	Medicaid Expansion
G0138	Iv cipaglucosidase alfa-atga	Medicaid Expansion

K1030	Ext recharge bat replacement	Medicaid Expansion
K1037	Docking station for oral dev	Medicaid Expansion
L8608	Arg ii ext com/sup/acc misc	Medicaid Expansion
L8701	Ewh s/d uprt micro sensor	Medicaid Expansion
L8702	Ewhf s/d uprt micro sensor	Medicaid Expansion
M0076	Prolotherapy	Medicaid Expansion
M0240	Casiri and imdev repeat	Medicaid Expansion
M0243	Casirivi and imdevi inj	Medicaid Expansion
M0244	Casirivi and imdevi inj hm	Medicaid Expansion
M0245	Bamlan and etesev infusion	Medicaid Expansion
M0247	Sotrovimab infusion	Medicaid Expansion
Q0035	Cardiokymography	Medicaid Expansion
Q0220	Tixagev and cilgav, 300mg	Medicaid Expansion
Q0221	Tixagev and cilgav, 600mg	Medicaid Expansion
Q0222	Bebtelovimab 175 mg	Medicaid Expansion
Q0240	Casirivi and imdevi 600 mg	Medicaid Expansion
Q0243	Casirivimab and imdevimab	Medicaid Expansion
Q0244	Casirivi and imdevi 1200 mg	Medicaid Expansion
Q0245	Bamlanivimab and etesevima	Medicaid Expansion
Q0247	Sotrovimab	Medicaid Expansion
S3902	Ballistocardiogram	Medicaid Expansion
S9025	Omnicardiogram/cardiointegra	Medicaid Expansion
A4563	Vag inser rectal control sys	Commercial
A4593	Neuromod sti sys adj rehab	Commercial
A4594	Neuromod adj rehab mouthpie	Commercial
A9268	Programmer orally ingest cap	Commercial
A9269	Programable ingest capsule	Commercial
A9291	Pres dig cog behav thera fda	Commercial
A9292	Pres dig visual therapy fda	Commercial
C1601	Endo, single, pulmonary	Commercial

C1602	Orth/matrx/bn fill drug-elut	Commercial
C1734	Orth/devic/drug bn/bn,tis/bn	Commercial
C1735	Cath renal denerv radiofreq	Commercial
C1736	Cath renal denerv ultrasnd	Commercial
C1748	Endoscope, single, ugi	Commercial
C1825	Gen, neuro, carot sinus baro	Commercial
C1827	Gen, neuro, imp led, ex cntr	Commercial
C1832	Auto cell process sys	Commercial
C1839	Iris prosthesis	Commercial
C8000	Suprt dev, a-v fistula, imp	Commercial
C8002	Prep skin cell susp, automtd	Commercial
C8003	Imp extar knee shck absrb	Commercial
C8004	Sim ang w/prs cath rad emb	Commercial
C9250	Artiss fibrin sealant	Commercial
C9758	Blind interatrial shunt ide	Commercial
C9759	Transcath intraop microinf	Commercial
C9760	Non-blind interatrial shunt	Commercial
C9762	Cardiac mri seg dys strain	Commercial
C9763	Cardiac mri seg dys stress	Commercial
C9779	Esd endoscopy or colonoscopy	Commercial
C9780	Insert cv cath inf & sup app	Commercial
C9782	Blind myocar trpl bon marrow	Commercial
C9783	Blind cor sinus reducer impl	Commercial
C9793	Pre 3d mdl w/ccta and/or mri	Commercial
C9807	Nerve stim non-opioid dev	Commercial
C9901	Endo defect closure gi tract	Commercial
E0683	Non pneu peristalic comp pmp	Commercial
E0767	Intrabuc am rf emf cancer tx	Commercial
E2001	Suct pum ext mgmt sys	Commercial
E3000	Speech volume modulation sys	Commercial

E3200	Gait mod systm rhym auditory	Commercial
G0138	Iv cipaglucosidase alfa-atga	Commercial
K1030	Ext recharge bat replacement	Commercial
K1037	Docking station for oral dev	Commercial
L8608	Arg ii ext com/sup/acc misc	Commercial
L8701	Ewh s/d uprt micro sensor	Commercial
L8702	Ewhf s/d uprt micro sensor	Commercial
M0076	Prolotherapy	Commercial
M0240	Casiri and imdev repeat	Commercial
M0243	Casirivi and imdevi inj	Commercial
M0244	Casirivi and imdevi inj hm	Commercial
M0245	Bamlan and etesev infusion	Commercial
M0247	Sotrovimab infusion	Commercial
Q0035	Cardiokymography	Commercial
Q0220	Tixagev and cilgav, 300mg	Commercial
Q0221	Tixagev and cilgav, 600mg	Commercial
Q0222	Bebtelovimab 175 mg	Commercial
Q0240	Casirivi and imdevi 600 mg	Commercial
Q0243	Casirivimab and imdevimab	Commercial
Q0244	Casirivi and imdevi 1200 mg	Commercial
Q0245	Bamlanivimab and etesevima	Commercial
Q0247	Sotrovimab	Commercial
S3902	Ballistocardiogram	Commercial
S9025	Omnicardiogram/cardiointegra	Commercial

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14.Hayes, Inc. Hayes Health Technology Assessment. Thermal Pulsation for Chronic Dry Eye Syndrome and Meibomian Gland Dysfunction. Lansdale, PA: Hayes, Inc.; 12/31/2019.

15.Hayes, Inc. Hayes Health Technology Assessment. Measurement of Corneal Hysteresis for The Diagnosis And Management Of Glaucoma. Lansdale, PA: Hayes, Inc.; 05/04/2021.

16.Hayes, Inc. Hayes Emerging Technology Report. FlowSense Device for Evaluation of Ventricular Shunt Function. Lansdale, PA: Hayes, Inc.; 01/21/2021.

17.Hayes, Inc. Hayes Health Technology Assessment. Cardiac Contractility Modulation in Heart Failure Patients Using the Optimizer Smart System (Impulse Dynamics). Lansdale, PA: Hayes, Inc.; 04/22/2021.

18.Hayes, Inc. Hayes Evolving Evidence Review. Absorbable Nasal Implants for the Treatment of Nasal Valve Collapse. Lansdale, PA: Hayes, Inc.;03/02/2021.

19.Hayes, Inc. Hayes Evidence Analysis Research Brief. Cryotherapy Using ClariFix (Arrinex Inc.) for Treatment of Chronic Rhinitis. Lansdale, PA: Hayes, Inc.;12/10/2021.

20.Hayes, Inc. Hayes Health Technology Assessment. ProACT Adjustable Continence Therapy (Uromedica) for Treatment of Post-Surgical Urinary Incontinence in Men. Lansdale, PA: Hayes, Inc.; 04/17/2020

ND Committee Review

Internal Medical Policy Committee 7-16-2019

- *Added* procedure codes 0543T; 0544T; 0545T; 0546T; 0547T; 0548T; 0549T: 0550T; 0551T; 0552T; 0553T; 0554T; 0555T; 0556T; 0557T; 0558T; 0559T; 0560T; 0561T; 0562T; 0085U; 0091U; 0092U; 0093U; 0095U; and
- *Removed* procedure codes C9746; 0509T; 92273; 92274; S8930; and
- *Removed* procedure codes 0006U; 0007U; 0011U; 0051U; 0054U; 0082U; 55874; and
- *Added* procedure code C9250

Internal Medical Policy Committee 9-26-2019

- *Added* procedure codes 0105U; 0106U; 0107U; 0108U; 0110U; 0121U; 0122U; 0123U; 0124U; 0125U; 0126U; 0127U; 0128U; and
- *Removed* procedure codes 0011M; 0012M; 0013M; 0250T; 0251T; 0252T; 0288T; 0399T; 0040U; 0067U; 0068U; 0070U; 0071U; 0072U; 0073U; 0074U; 0075U; 0076U; 0078U; 0079U; Q4193; Q4194; Q4195; Q4196; and Q4197.

Internal Medical Policy Committee 1-22-2020 *new code update*

- *Added* procedure codes 0139U; 0143U; 0144U; 0145U; 0146U; 0147U; 0148U; 0149U; 0569T; 0570T; 0581T; 0582T; 0564T; 0565T; 0566T; 0571T; 0572T; 0573T; 0574T; 0575T; 0576T; 0577T; 0578T; 0579T; 0580T; 0583T; 0563T; 0567T; 0568T; 64454; 64624; 64625; C1734; C1824; C1839; C1982; C2596; C9758; K1001; K1002; L2006; and
- *Removed* procedure codes 0254T; 0016U; 0017U; 0019U; 0022U; 0023U; 0026U; 0027U; 0029U; 0030U; 0031U; 0032U; 0033U; 0034U; 0036U; 0053U; 0055U; 0056U; 0057U; 0069U; 0085U; and
- *Added* procedure codes 0421T; 0563T; 0567T; 0568T; 0569T; 0570T; 0571T; 0581T; 0582T; and
- *Removed* procedure codes 33274; 33275; and
- *Added* procedure codes 0014M; 0163U; 0165U; 0166U; 0167U; 0168U; 0169U; 0170U; 0171U.

Internal Medical Policy Committee 7-22-2020 Coding update

- *Removed* procedure code 64624; and
- *Added* procedure Codes: 0174U; 0176U; 0178U; 0379T; 0596T; 0597T; 0598T; 0599T; 0600T; 0601T; 0602T; 0603T; 0604T; 0605T; 0606T; 0607T; 0608T; 0609T; 0610T; 0611T; 0612T; 0613T; 0615T; 0616T; 0617T; 0618T; 0619T; and
- *Removed* procedure codes: 0594T; 0124U; 0125U; 0126U; 0127U; 0128U; and
- *Added* Outpatient HCPCS (C codes) C1748; C9759; C9760; C9762; C9763; C9764; C9765; C9766; C9767.

Internal Medical Policy Committee 9-21-2020 *Coding update* :

- Added Procedure codes: 0015M; K1006; K1009; K1010; K1011; and K1012; and
- *Added* Outpatient HCPCS (C code) C9468; and
- *Removed* procedure codes 0213T; 0214T; 0215T; 0216T;0217T; 0218T ; 0594T ; 0002U; 0012U; 0016U; 0017U; 0019U; 0021U; 0022U; 0023U; 0029U; 0030U; 0031U; 0032U; 0034U; 0035U; 0036U; 0038U; 0039U; 0041U; 0042U; 0043U; 0044U; 0058U; 0059U; 0061U; 0062U; 0063U; 0064U; 0065U; 0066U; 0069U; 0077U; 0080U; 0083U; 0091U; 0092U; 0093U; 0095U; 0105U; 0106U; 0107U; 0108U; 0110U; 0121U; 0122U; 0123U; 0139U; 0143U; 0144U; 0145U; 0146U; 0147U; 0148U; 0149U; 0150U; 0163U; 0164U; 0165U; 0166U; and 0167U

Internal Medical Policy Committee 11-19-2020 Coding update :

- *Removed* Procedure codes: 31647; 31648; 31649; 31651; 0424T; 0425T; 0426T; 0427T; 0428T; 0429T; 0430T; 0431T; 0432T; 0433T; 0434T; 0435T; 0436T.

Internal Medical Policy Committee 1-19-2021 *Coding update* : *Effective January 01, 2021*

- Added Procedure codes: 0620T; 0621T; 0622T; 0623T; 0624T; 0625T; 0626T; 0627T; 0628T; 0629T; 0630T; 0631T; 0632T; 0633T; 0634T; 0635T; 0636T; 0637T; 0638T; 0639T; 30468; 57465; 92229; and
- RemovedProcedure codes 0111T; 0126T; 0381T; 0382T; 0383T; 0384T; 0385T; 0386T; 0396T; 0400T;0401T; 0405T; C1982; and
- *Added*Outpatient HCPCS (C codes) C1825; C9771; C9772; C9773; C9774; C9775.

Internal Medical Policy Committee 3-17-2021 Coding Update: *Effective April 01, 2021*

- Added Procedure codes: 0243U; 0247U; K1016; K1017; K1018; and K1019; and
- Removed Procedure codes: K1010; K1011; and K1012.

Internal Medical Policy Committee 5-20-2021 Revision

- *Added* statement 'if 22899 is billed with description of intracept procedure this would be E/I'; and
- *Added* procedure code 22899; and
- *Added* Outpatient HCPCS (C Code) C9752.

Internal Medical Policy Committee 7-22-2021 *Coding Update:*

- AddedProcedure Codes:0640T; 0641T; 0642T; 0643T; 0644T; 0645T; 0646T;0648T; 0649T; 0652T; 0653T; 0654T; 0655T; 0656T;0657T; 0658T; 0659T; 0660T; 0661T; 0662T; 0663T; 0248U; and 0249U.

Internal Medical Policy Committee 9-21-2021 *Coding update*

- *Added* Procedure codes: C9779; C9780; and K1023; and
- *Removed* Procedure Code: C9076

Internal Medical Policy Committee 11-23-2021 Coding Update- *Effective January 01, 2022*

- *Added* procedure codes: 0207T; 0213T; 0214T; 0215T; 0216T; 0217T; 0218T; 0697T; 0698T; 33267; 33268; 33269; 42975; 53451; 53452; 53453; 53454; 68841; and
- *Added*HCPCS (C code) C1832;and
- *Removed*Procedure codes: 0508T; 0554T; 0555T; 0556T; 0557T; 0558T.

Internal Medical Policy Committee 1-20-2022 Coding update - Effective March 7, 2022

- *Removed*Procedure codes: 32994; 42975; and 0581T.

Internal Medical Policy Committee 3-23-2022 Coding update -Effective April 01, 2022

oAdded Procedure codes: *C9782; C9783; and K1030; and*

o Removed*Procedure codes: 0412T; 0443T; 0582T; 0619T; 0655T; 92229; C2596; Q2055; and S8040.*

Internal Medical Policy Committee 5-24-2022 Coding update - Effective July 04, 2022

oAdded *several procedure codes-too many to list individually; and*

*o*Removed*Procedure codes: J9021; 64454; 64625; 0440T; 0441T; and 0442T.*

*Internal Medical Policy Committee 7-21-2022 Coding update - **Various Effective Dates***

*o*Removed *Procedure code 68841 - **Effective May 01, 2022***

*o*Added Procedure codes: 0717T; 0718T; 0719T; 0721T; 0722T; 0723T; 0724T; 0725T; 0726T; 0727T; 0728T; 0729T; 0730T; 0731T; 0732T; 0733T; 0734T; 0736T; 0737T; 0324U; 0325U; and 75571 - ***Effective July 01, 2022***

*o **Removed*** Procedure code 64454; 64625; 90587; J9021 - ***Effective July 01, 2022***

*o*RemovedProcedure code E1629 - ***Effective September 05, 2022***

Internal Medical Policy Committee 9-28-2022-***Effective October 01, 2022***

o Removed*Procedure code J1952; 61736; 61737; 77089; 77090; 77091 & 77092*

Internal Medical Policy Committee 11-29-2022-***Effective January 01, 2023***

- ***Removed*** procedure codes 0278T; K1016; K1017; K1018; K1019; and
- ***Added*** procedure codes Q0240; Q0243; Q0244; Q0245; Q0247; M0240; M0243; M0244; M0245; M0247; and
- Removed procedure codes 0475T; 0476T; 0477T; 0478T; 0487T; 0491T; 0492T; 0493T; 0499T; and
- ***Added***procedure codes 30469; 36836; 36837; 33900; 33901; 33902; 33903; 33904; 69728; 69729; 69730; 95919; 0744T; 0745T; 0746T; 0747T; 0748T; 0765T; 0766T; 0767T; 0768T; 0769T; 0771T; 0772T; 0773T; 0774T; 0776T; 0777T; 0778T; 0779T; 0781T; 0782T; 0783T and C1827.

Internal Medical Policy Committee *1-26-2023 -**Effective March 06, 2023***

- ***Removed*** procedure codes 0408T; 0409T; 0410T; 0411T; 0413T; 0414T; 0417T; 0418T - these codes are now in policy S-278 Cardiac Contractility Modulation Therapy; and
- Removed procedure codes 0415T; 0416T and C1824; and
- ***Removed*** 0656T and 0657T - these codes are now in policy S-279 Vertebral Body Tethering; and
- ***Added:*** 0001A; 0002A; 0003A; 0004A; 0011A; 0012A; 0013A; 0051A; 0052A; 0053A; 0054A; 0064A; 0071A; 0072A; 0073A; 0074A; 0081A; 0082A; 0083A; 0091A; 0092A; 0093A; 0094A; 0111A; 0112A, 0113A; 0173A; E1905; 90666; 90667; 90668; 91300; 91301; 91305; 91306; 91307; 91308; 91309; 91311; Q0220; Q0221; Q0222; Q0243; Q0244; Q0245; Q00247; and
- ***Removed:*** 0470T; 0471T.

Internal Medical PolicyCommittee *5-23-2023 - **Effective July 03, 2023***

- ***Removed:*** procedure codes 0173A; 0707T; K1001; and
- ***Added*** procedure codes 0014M; and 64913.

Internal Medical Policy Committee *7-26-2023- **Effective July 01, 2023***

- ***Removed*** procedure codes 0207T; 0330T; 0507T; 0563T; - these codes are now in policy Z-107 Intense Pulsed Light Therapy for the Treatment of Dry Eye Disease; and
- ***Removed*** procedure codes 69716; 69719; 69726; 69727; 69728; 69729; 69730; and
- ***Added***procedure codes 0807T; and0808T.

Internal Medical Policy Committee *11-15-2023 - Coding update*

- *Added* procedure codes A9268; A9269; C9790; and C9788 - ***Effective October 01, 2023***
- *Added* procedure codes A9291; and A9292 - ***Effective January 01, 2024***

Internal Medical Policy Committee 1-16-2024 Coding update - ***Effective January 01, 2024***

- *Removed* procedure codes 0499T; 0465T; 0533T; 0534T; 0535T; 0536T; 0641T; 0642T; 0768T; 0769T; C9771; C9788; and
- *Added* procedure codes 0784T; 0785T; 0811T; 0812T; 0815T; 0820T; 0821T; 0822T; 0858T; 0865T; 0866T; 31242; 31243; 52284; 67516; 92972; 97037; C1601; C1602; C9793; E2001; E3000; and
- *Added* section for Medicaid Expansion procedure code 0017M; and 0018U.
- *Removed* procedure codes 0015M; 0174U; 0176U; 0178U; and 90759 - ***Effective January 15, 2024***
- *Removed* procedure codes 0001A; 0002A; 0003A; 0004A; 0011A; 0012A; 0013A; 0051A; 0052A; 0052A; 0053A; 0054A; 0064A; 0071A; 0072A; 0073A, 0074A; 0081A; 0082A; 0083A; 0091A; 0092A; 0093A; 0094A; 0014M; 0111A; 0112A; 0113A; 0173A; 0497T; 0498T; 0324U; 0325U; 77091; 77092; 91300; 91301; 91305; 91306; 91307; 91308; 91309; 91311; C9752; E1905; K1006; and K1009.
- *Added* procedure codes 0524T; 36473; and 36474 - ***Effective March 04, 2024***

Internal Medical Policy Committee 3-19-2024 Revision with Coding update

- ***Effective May 06, 2024***
  - ***Removed****procedure codes 36836; 67516; 90689; and S2348.*
- ***Effective April 01, 2024****- new codes*
  - ***Added****procedure codes 0443U; 0445U; A4593; A4594; A9293 G0138; and K1037.*

*Internal Medical Policy Committee 5-14-2024 Coding update - **Effective July 1, 2024***

- *Updated* Policy Application
- *Removed* Procedure Code 0202T and A9293.

*Internal Medical Policy Committee 7-16-2024 Coding update - **Effective July 01, 2024***

- *Added* July New Codes 0459U, 0869T, 0882T, 0883T, 0881T, 0875T, 0877T, 0878T, 0879T, 0880T, 0870T, 0871T, 0872T, 0873T, 0874T, 0884T, 0885T, 0886T, 0894T, 0895T, 0896T, C9901, 0897T, 0899T, 0900T, 0888T, 0898T, & 0893T
- *Removed* Procedure Code C9790

Internal Medical Policy Committee 9-17-2024

- *Coding update - **Effective October 01, 2024***
- ***Added** Procedure codes A4544; C8000; E0683; E0743; E0767; E3200; 0479U; 0482U; 0490U; 0491U; 0492U; 0511U; 0512U; and 0513U.*
- Coding update - ***Effective November 04, 2024***
  - ***Added** procedure code E1905; and*
  - ***Removed** procedure code L2006*

Internal Medical Policy Committee 11-19-2024 Annual Review-no changes in criteria

Internal Medical Policy Committee1-14-2025

- *Coding update - **Effective January 01, 2025***

    - *Removed* deleted procedure codes 0553T; 0567T; 0616T; 0617T; and 0618T; and
    - Added procedure codes 66683; 82233; 82234; 84393; 84394; 92137; 93896; 93897; 93898; 0524U; 0525U; 0901T; 0902T; 0903T; 0904T; 0905T; 0906T; 0907T; 0908T; 0909T; 0910T; 0911T; 0912T; 0913T; 0914T; 0915T; 0916T; 0917T; 0918T; 0919T; 0920T; 0921T; 0922T; 0923T; 0924T; 0925T; 0926T; 0927T; 0928T; 0929T; 0930T; 0931T; 0932T; 0933T; 0934T; 0935T; 0936T; 0937T; 0938T; 0939T; 0940T; 0941T; 0942T; 0943T; 0944T; 0946T; C1735; C1736; C8002; C8003; and C9807.
- Annual Review - no changes in criteria - *Effective March 03, 2025*
    - *Updated* Policy Application

Internal Medical Policy Committee 3-11-2025 Coding update - *Effective May 05, 2025*

- *Removed* procedure codes 92137; 0568T; 0495U; 22899; and 0691T; and
- *Added* procedure codes 0332T; 0614T; M0076; and S9025; and
- ***Special Note:***_With the arrival of April New codes from CMS post March IMPC. Procedure code(s) C8004; 0542U; 0545U; 0546U; 0547U; 0548U; 0550U; & 0551U have been added to March's IMPC with the_**Effective April 01, 2025.**

Internal Medical Policy Committee 5-13-2025 Coding update - *Effective July 01, 2025*

- *Added* procedure codes 0948T; 0949T; 0951T; 0952T; 0953T; 0954T; 0955T; 0956T; 0957T; 0958T; 0959T; 0960T; 0961T; 0962T; 0963T; 0967T; 0968T; 0969T; 0970T; 0971T; 0972T; 0973T; 0974T; 0975T; 0976T; 0977T; 0978T; 0979T; 0980T; 0981T; 0982T; 0983T; 0984T; 0985T; 0986T; and 0987T (July new codes)

Internal Medical Policy Committee 6-10-2025 Coding update - *Effective July 07, 2025*

o *Removed* procedure codes 0479T; 0480T; A4544; E0743; and

o *Added* procedure code C8004

Internal Medical Policy Committee 9-04-2025 Coding update - *Effective September 01, 2025*

- Version 108
    - *Removed* procedure codes 92972; C9764; C9765; C9766; C9767; C9772; C9773; C9774; C9775
- Version 109
    - *Removed* procedure codes 0545T; 0569T; 0570T; 0646T; 0897T; 0898T; 0899T; and 0900T.
- Version 110

Removed procedure codes 0100T; 0174T; 0175T; 0198T; 0200T; 0201T; 0213T; 0214T; 0215T; 0216T; 0217T; 0218T; 0219T; 0220T; 0221T; 0222T; 0263T; 0264T; 0265T; 0266T; 0267T; 0268T; 0269T; 0270T; 0271T; 0272T; 0273T; 0308T; 0329T; 0331T; 0332T; 0333T; 0338T; 0339T; 0342T; 0358T; 0378T; 0379T; 0421T; 0422T; 0437T; 0439T; 0444T; 0445T; 0469T; 0472T; 0473T; 0484T; 0485T; 0486T; 0488T; 0489T; 0490T; 0505T; 0506T; 0515T; 0516T; 0517T; 0518T; 0519T; 0520T; 0521T; 0522T; 0523T; 0524T; 0525T; 0526T; 0527T; 0528T; 0529T; 0530T; 0531T; 0532T; 0541T; 0542T; 0543T; 0544T; 0546T; 0547T; 0552T; 0559T; 0560T; 0561T; 0562T; 0564T; 0565T; 0566T; 0571T; 0572T; 0573T; 0574T; 0575T; 0576T; 0577T; 0578T; 0579T; 0580T; 0583T; 0596T; 0597T; 0598T; 0599T; 0600T; 0601T; 0602T; 0603T; 0604T; 0605T; 0606T; 0607T; 0608T; 0609T; 0610T; 0611T; 0612T; 0613T; 0614T; 0615T; 0620T; 0621T; 0622T; 0623T; 0624T; 0625T; 0626T; 0627T; 0628T; 0629T; 0630T; 0631T; 0632T; 0633T; 0634T; 0635T; 0636T; 0637T; 0638T; 0639T; 0640T; 0643T; 0644T; 0645T; 0648T; 0649T; 0652T; 0653T; 0654T; 0658T; 0659T; 0660T; 0661T; 0662T; 0663T; 0664T; 0665T; 0666T; 0667T; 0668T; 0669T; 0670T; 0672T; 0673T; 0674T; 0675T; 0676T; 0677T; 0678T; 0679T; 0680T; 0681T; 0682T; 0683T; 0684T; 0685T; 0686T; 0687T; 0688T; 0689T; 0690T; 0692T; 0693T; 0694T; 0695T; 0696T; 0697T; 0698T; 0700T; 0701T; 0704T; 0705T; 0706T; 0708T; 0709T; 0717T; 0718T; 0719T; 0721T; 0722T; 0723T; 0724T; 0725T; 0726T; 0727T; 0728T; 0729T; 0730T; 0731T; 0732T; 0733T; 0734T; 0736T; 0737T; 0740T; 0741T; 0744T; 0745T; 0746T; 0747T; 0748T; 0764T; 0765T; 0766T; 0767T; 0771T; 0772T; 0773T; 0774T; 0776T; 0777T; 0778T; 0779T; 0781T; 0782T; 0783T; 0784T; 0785T;

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**** Note: versions 108; 109; and 110 are combined and are effective September 01, 2025***

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.