

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Investigational Services and Procedures Corporate Medical Policy

File Name: Investigational Services and Procedures

File Code: 10.01.VT204 Origination: 09/2016 Last Review: 08/01/2021 Next Review: 10/01/2021 Effective Date: 09/01/2021

#### **Description**

The following outline current services and procedures considered to be investigational by Blue Cross Blue Shield of Vermont. If the following code is billed with the noted diagnosis codes, the service will deny as investigational.

#### **Definition of Investigational**

"Experimental of Investigational Services" means health care items or services that are either not generally accepted by informed health care providers in the United States as effective in treating the condition, illness or diagnosis for which their use is proposed, or are not proven by medical or scientific evidence to be effective in treating the condition, illness or diagnosis for which their use is proposed.

Technologies are assessed using the following criteria. Any technology that fails to meet ALL of the following criteria is considered to be "Investigational":

- 1. The technology must have final approval from the appropriate governmental regulatory bodies.
  - This criterion applies to drugs, biological products, devices and any other product or procedure that must have final approval to market from the U.S. Food and Drug Administration or any other federal governmental body with authority to regulate the use of the technology.
  - Any approval that is granted as an interim step in the U.S. Food and Drug Administration's or any other federal governmental body's regulatory process is not sufficient.
  - The indications for which the technology is approved need not be the same as those which the Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policy Committee is evaluating.

Page 1 of 85

Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes.
  - The evidence should consist of well-designed and well-conducted investigations published in peer- reviewed journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.
  - The evidence should demonstrate that the technology can measure or alter the physiological changes related to a disease, injury, illness, or condition. In addition, there should be evidence or a convincing argument based on established medical facts that such measurement or alteration affects health outcomes.
- 3. The technology must improve the net health outcome.
  - The technology's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.
- 4. The technology must be as beneficial as any established alternatives.
  - The technology should improve the net health outcome as much as, or more than, established alternatives.
- 5. The improvement must be attainable outside the investigational settings.
  - When used under the usual conditions of medical practice, the technology should be reasonably expected to satisfy Criteria#3 and #4.

In reviewing the above criteria, the BCBSVT Medical Policy Committee will consider physician specialty society recommendations, the view of prudent medical practitioners practicing in relevant clinical areas and any other relevant factors.

## **Policy**

The following is a list of current services and procedures grouped by discipline and/or function which are considered investigational and therefore not covered Attachment I

#### Policy Implementation/Update information

04 (0000	
	Policy new Format
10/2020	Coding Updates effective 10/01/2020 Medical Policy: Added codes: 0097U,
	0107U, 82239, 82272, 82274, 82542, 82656, 82710, 82715, 82725, 83520,
	83630, 83986, 83993, 84311, 87045, 87046, 87075, 87102, 87177, 87209,
	87328, 87329, 87336, 89160, 89161, 89240 ARE CONSIDERED
	INVESTIGATIONAL WITH THE FOLLOWING DIAGNOSES CODES: A04.8, A04.9,
	K58.0, K58.1, K58.2, K58.8, K58.9, K59.8, K63.9, K90.89.
	Coding Updates effective 10/01/2020 via Adaptive Maintenance Cycle:
	Added codes: 0016M, 0203U, 0204U, 0205U, 0206U, 0207U, 0208U,
	0209U, 0211U, 0216U, 0217U, 0218U, 0219U, 0220U, 0225U, K1006,
	K1007, K1010, K1011, K1012, Q4249, Q4250, Q4254, Q4255.

Page 2 of 85

Medical Policy Number: 10.01.VT204

Effective Date: 09/01/2021

01/2021	Coding Updates effective 01/01/2021 Adaptive Maintenance Cycle: Changed effective date to 01/01/2021 Removed Codes 38230, 83993, 90694 Updated Codes 82172 & 84181 to Investigational for All diagnoses Updated Codes 64910, 64911, 64912, 64913 as Investigational with dx codes C61, N52.0-N52.9 Added codes 0227U, 0228U, 0229U, 0620T, 0621T, 0622T, 0623T, 0624T, 0625T, 0626T, 0627T, 0628T, 0629T, 0630T, 0631T, 0632T, 0633T, 0634T, 0635T, 0636T, 0637T,0638T, 0639T, 22869,22870 30468, 55880, 57465, 81514, 92229, C1825, C9771, C9772, C9773, C9774, C9775 Deleted codes 0400T, 0401T Removed codes 38206, 38230, 38241 codes require PA
04/2021	Coding Updates effective 04/01/2021 Adaptive Maintenance Cycle: Added codes: C9776, C9777, J3490, K1016, K1017, K1018, K1019, K1020, S1091, 0242U, 0243U, 0244U, 0247U. Removed codes: K1010, K1011, K1012, 64451, 78803, 78830, 78831, 78832, 78835
05/2021	Coding Update effective 05/01/2021: Added codes 81518, 0045U, 0153U.
07/2021	Coding Updates effective 07/01/2021: 0248U, 0249U, 0250U, 0251U, 0252U, 0253U, 0640T, 0641T, 0642T, 0643T, 0645T, 0646T, 0647T, 0648T, 0649T, 0652T, 0653T, 0654T, 0655T, 0656T, 0657T, 0658T, 0659T, 0660T, 0661T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T, A9593, A9594, G0327, 58674, 90626, 90627, 90671, 90677, 90758, C1761
08/2021	Coding Updates effective 08/01/2021: Added codes E1700, E1701, E1702
09/2021	Coding update effective 09/01/2021: Removed code 53854

### **Eligible Providers**

Qualified healthcare professionals practicing within the scope of their license(s).

### **Approved by BCBSVT Medical Directors**

**Date Approved** 

Joshua Plavin, MD, MPH, MBA Chief Medical Officer

Kate McIntosh, MD, MBA, FAAP Senior Medical Director

#### Attachment I

CPT <sup>®</sup> /HCPCS Code	CPT®/HCPCS Code Description	Investigational Diagnoses
---------------------------------	-----------------------------	---------------------------

Page 3 of 85

Medical Policy Number: 10.01.VT204

Effective Date: 09/01/2021

A4563	Rectal Control System for Vaginal	All
A-303	Insertion, For Long Term Use, Includes	
	Pump And All Supplies And	
	Accessories, Any Type Each	
A4575	Topical Hyperbaric Oxygen	All
	Chamber, Disposable	
A4641	Radiopharmaceuti-Cal, Diagnostic,	R92.0-R92.8
	Not Otherwise Classified	Z12.31-Z12.39
A4642	Indium In-111 Satumomab	R92.0-R92.8 Z12.31-Z12.39
	Pendetide, Diagnostic, Per Study	
	Dose, Up To 6 Millicuries	
A4648	Tissue Marker, Implantable, Any	C34.00- C34.92
	Type, Each	C85.28 R59.0 R59.1 R91.8
A9500	Technetium Tc-99M Sestamibi,	R92.0-R92.8 Z12.31-Z12.39
	Diagnostic, Per Study Dose	
A9502	Technetium Tc-99M Tetrofosmin,	R92.0-R92.8 Z12.31-Z12.39
	Diagnostic, Per Study Dose	
A9507	Indium In-111 Capromab	All
	Pendetide, Diagnostic, Per Study	
A9520	Dose, Up To 10 Millicuries	R92.0-R92.8
A9520	Technetium Tc-99M Tilmanocept,	Z12.31-Z12.39
A9541	Diagnostic, Up To 0.5 Millicuries	
A9541	Technetium Tc-99M Sulfur Colloid, Diagnostic, Per Study Dose, Up To	R92.0-R92.8 Z12.31-Z12.39
	20 Millicuries	
A9568	Technetium Tc-99M Arcitumomab,	R92.0-R92.8
71000	Diagnostic, Per Study Dose, Up To	Z12.31-Z12.39
	45 Millicurie	
A9572	Indium In-111 Pentetreotide,	R92.0-R92.8 Z12.31-Z12.39
	Diagnostic, Per Study Dose, Up To 6	
	Millicuries	
A9582	lodine I-123 iobenguane, diagnostic,	150.1-150.9
	per study dose, up to 15 mCi	
A9584	Iodine I-123 Ioflupane, Diagnostic,	G20
	Per Study Dose, Up To 5 Millicuries	G21.0-G21.9 G31.83
A9586	Florbetapir F18, Diagnostic, Per	All
	Study Dose, Up To 10 Millicuries	
A9593	Gallium ga-68 psma-11, diagnostic,	All
10501	(ucsf), 1 millicurie	1
A9594	Gallium ga-68 psma-11, diagnostic,	All
40500	(ucla), 1 millicurie	All
A9599	Radiopharmaceutical, Diagnostic,	All
	For Beta- Amyloid Positron	
	Emission Tomography (Pet)	
	Imaging, Per Study Dose, Not	
	Otherwise Specified	

Page 4 of 85 Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

C1734	Orthopedic/Device/Drug Matrix For Opposing Bone-To-Bone Or Soft Tissue-To Bone (Implantable)	All
C1761	Catheter, transluminal intravascular lithotripsy, coronary	All
C1821	Interspinous Process Distraction Device (Implantable).	All
C1823	Generator, Neurostimulator (Implantable), Non- Rechargeable, With Transvenous Sensing And Stimulation Leads	All
C1841	Retinal Prosthesis, Includes All Internal And External Components	All
C2596	Probe, Image-Guided, Robotic, Waterjet Ablation	All
C2614	Probe, Percutaneous Lumbar Discectomy	All
C8937	Computer-Aided Detection, Including Computer Algorithm Analysis Of Breast Mri Image Data For Lesion Detection/Characterization, Pharmacokinetic Analysis, With Further Physician Review For Interpretation (List Separately In Addition To Code For Primary Procedure)	All
C9122	Mometasone furoate sinus implant, 10 mcg (Sinuva)	All
C9750	Insertion Or Removal And Replacement Of Intracardiac Ischemia Monitoring System Including Imaging, Supervision And Interpretation, And Peri-Operative Interrogation And Programming; Complete System (Includes Device And Electrode)	All

Page **5** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

C9751	Bronchoscopy, Rigid Or Flexible, Transbronchial Ablation Of Lesion(S) By Microwave Energy, Including Fluoroscopic Guidance, When Performed, With Computed Tomography Acquisition(S) And 3-D Rendering, Computer- Assisted, Image-Guided Navigation, And Endobronchial Ultrasound (Ebus) Guided Transtracheal And/Or Transbronchial Sampling (E.G., Aspiration[S]/Biopsy[Ies]) And All Mediastinal And/Or Hilar Lymph Node Stations Or Structures And Therapeutic Intervention(S)	All
C9752	Destruction Of Intraosseous Basivertebral Nerve, First Two Vertebral Bodies, Including Imaging Guidance (E.G., Fluoroscopy), Lumbar/Sacrum	All
C9753	Destruction Of Intraosseous Basivertebral Nerve, Each Additional Vertebral Body, Including Imaging Guidance (E.G., Fluoroscopy), Lumbar/Sacrum (List Separately In Addition To Code For Primary Procedure)	All
C9758	Blinded Procedure for Nyha Class lii/lv Heart Failure; Transcatheter Implantation Of Interatrial Shunt Or Placebo Control, Including Right Heart Catheterization, Trans-Esophageal Echocardiography (Tee)/Intracardiac Echocardiography (Ice), And All Imaging With Or Without Guidance (E.G., Ultrasound, Fluoroscopy), Performed In An Approved Investigational Device Exemption (Ide) Study	All
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	All

Page **6** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

607/6	1	T ATT
C9760	Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	All
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	All
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	All
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	All
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	All
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	All

Page **7** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

C9767	Revascularization, endovascular,	All
	open or percutaneous, any	
	vessel(s); with intravascular	
	lithotripsy and transluminal stent	
	placement(s), and atherectomy,	
	includes angioplasty within the	
C9771	same vessel(s), when performed  Nasal/sinus endoscopy,	All
C9//1	cryoablation nasal tissue(s) and/or	Att
C9772	nerve(s), unilateral or bilateral Revascularization, endovascular,	All
C9//Z	· · · · · · · · · · · · · · · · · · ·	Att
	open or percutaneous, tibial/peroneal artery(ies), with	
	intravascular lithotripsy, includes	
	angioplasty within the same vessel	
	(s), when performed	
C9773	Revascularization, endovascular,	All
	open or percutaneous,	
	tibial/peroneal artery(ies); with	
	intravascular lithotripsy, and	
	transluminal stent placement(s),	
	includes angioplasty within the	
	same vessel(s), when performed	
C9774	Revascularization, endovascular,	All
	open or percutaneous,	
	tibial/peroneal artery(ies); with	
	intravascular lithotripsy and	
	atherectomy, includes angioplasty	
	within the same vessel (s), when	
	performed	
C9775	Revascularization, endovascular,	All
	open or percutaneous,	
	tibial/peroneal artery(ies); with	
	intravascular lithotripsy and	
	transluminal stent placement(s),	
	and atherectomy, includes	
	angioplasty within the same vessel	
60774	(s), when performed	All
C9776	Intraoperative near-infrared	All
	fluorescence imaging of major	
	extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and	
	common hepatic duct) with	
	intravenous administration of	
	indocyanine green (icg) (list	
	separately in addition to code for	
	primary procedure)	
	primary procedure)	

Page **8** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	All
E0218	Water Circulating Cold Pad With Pump	All
E0236	Pump For Water Circulating Pad	All
E0740	Incontinence Treatment System; Pelvic Floor Stimulator, Monitor, Sensor And/Or Trainer	F98.0 F98.1 N39.3 N39.41-N39.498 R15.9
E0748	Osteogenesis Stimulator, Electrical, Non- Invasive, Spinal Applications	M43.22
E0749	Osteogenesis Stimulator, (Surgically Implanted)	M43.22
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electromagnetic Energy Treatment Device	E08.621 E08.622 E09.621 E09.622 E10.621 E10.622 E11.621 E11.622 E13.621 E13.622 I83.001-I83.029 I83.201-I83.229 L00-L08.9 L89.00- L89.95 L97.10-L97.929 L98.41- L98.499 L99
E0769	Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise	E08.621 E08.622 E09.621 E09.622 E10.621 E10.622 E11.621 E11.622 E13.621 E13.622 I83.001-I83.029 I83.201- I83.229 L00-L08.9 L89.00-L89.95 L97.10-L97.929 L98.41-L98.499 L99
E1700	Jaw motion rehabilitation system	All
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	All
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	All
G0166	External Counterpulsation, Per Treatment Session	Z13.6 Z82.41 Z82.49
G0255	Current Perception Threshold/Sensory Nerve Conduction Test (Snct), per limb, any nerve	All
G0259	Injection Procedure for Sacroiliac Joint; Arthrography	M46.1 M47.898 M47.899 M48.08 M53.2X8 M53.3 M54.18 M54.30-M54.32 M54.40-M54.42 M54.5 M54.6 S33.2XXX S33.6XXX

Page **9** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

G0276	Blinded Procedure For Lumbar	All
00270	Stenosis, Percutaneous Image-	7
	Guided Lumbar Decompression	
	(Pild) Or Placebo-Control,	
	Performed In An Approved	
	Coverage With Evidence	
	Development (Ced) Clinical Trial	
G0281	Electrical Stimulation,	E08.621
	(Unattended), To One Or More	E08.622 E09.621 E09.622 E10.621
	Areas, For Chronic Stage Iii And	E10.622 E11.621 E11.622 E13.621
	Stage Iv Press Ure Ulcers, Arterial	E13.622 I83.001-I83.029 I83.201-
	Ulcers, Diabetic Ulcers, And Venous	183.229 L00-L08.9 L89.00-L89.95
	Stasis Ulcers Not Demonstrating	L97.10-L97.929 L98.41-L98.499
	Measurable	L99
G0282	Electrical Stimulation,	E08.621 E08.622 E09.621 E09.622
	(Unattended), To One Or More	E10.621 E10.622 E11.621 E11.622
	Areas, For Wound Care Other Than	E13.621 E13.622 I83.001-I83.029
	Described In G0 281	183.201-183.229 L00-L08.9 L89.00-
		L89.95 L97.10-L97.929 L98.41-
		L98.499 L99
G0295	Electromagnetic Therapy, To One	E08.621
	Or More Areas, For Wound Care	E08.622 E09.621 E09.622 E10.621
	Other Than Described In G0329 Or	E10.622 E11.621 E11.622 E13.621
	For Other Uses	E13.622 I83.001-I83.029 I83.201-
		183.229 L00-L08.9 L89.00-L89.95
		L97.10-L97.929 L98.41-L98.499
G0327	Colorestal conservation, blood	L99 All
GU327	Colorectal cancer screening; blood- based biomarker	Att
G0329	Electromagnetic Therapy, To One	E08.621 E08.622 E09.621 E09.622
G0329	Or More Areas For Chronic Stage Iii	E10.621 E10.622 E11.621 E11.622
	And Stage	E13.621 E13.622 I83.001-I83.029
	And Stage	183.201-183.229 L00-L08.9 L89.00-
		L89.95 L97.10-L97.929 L98.41-
		L98.499 L99
G2000	Blinded Administration Of	All
02000	Convulsive Therapy Procedure,	,
	Either Electroconvulsive Therapy	
	(Ect, Current Covered Gold	
	Standard) Or Magnetic Seizure	
	Therapy (Mst, Non-Covered	
	Experimental Therapy), Performed	
	In An Approved Ide-Based Clinical	
	Trial, Per Treatment Session	

Page 10 of 85 Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

G2170	Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance,	All
	supervision and interpretation,	
C2474	when performed	All
G2171	Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow- directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, veinography, and/or ultrasound, with radiologic supervision and interpretation, when performed	All
G9147	Outpatient Intravenous Insulin Treatment (Oivit) Either Pulsatile Or Continuous, By Any Means, Guided By The Results Of Measurements For: Respiratory Quotient; And/Or, Urine Urea Nitrogen (Uun).	E08.8-E13.9
J3490	Unclassified drugs	Age 13 + years of age - Investigational if any of the one diagnosis codes is present on submitted claim: (F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.3, F33.40, F33.41, F33.42, F34.0, F34.1, F34.81, F34.89, F34.9, F39, G89.0, G89.11, G89.12, G89.18, G89.21, G89.22, G89.28, G89.29, G89.3, G89.4)
J9035	Injection, Bevacizumab, 10 Mg.	C25.0-C25.9

Page 11 of 85 Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

K1001	Electronic Positional Obstructive Sleep Apnea Treatment, With Sensor, Includes All Components And Accessories, Any Type	All
K1002	Cranial Electrotherapy Stimulation (Ces) System, Includes All Supplies And Accessories, Any Type	All
K1004	Low Frequency Ultrasonic Diathermy Treatment Device For Home Use, Includes All Components And Accessories	All
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	All
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	All
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	All
K1017	Monthly supplies for use of device coded at k1016	All
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	All
K1019	Monthly supplies for use of device coded at K1018	All
K1020	Non-invasive vagus nerve stimulator	All
L8603	Collagen Implant Material, Such As Contigen	N39.3 R15.0-R15.9
L8605	Injectable Bulking Agent, Dextranomer/Hyalu- Ronic Acid Copolymer Implant, Anal Canal, 1 Ml, Includes Shipping and Necessary Supplies	N39.3 R15.0-R15.9
L8606	Synthetic Bulking Agents, Such As Carbon-Coated Beads Or Copolymers (Durasphere Or Uryx).	N39.3 R15.0-R15.9

Page **12** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

L8608	Miscellaneous External Component, Supply Or Accessory For Use With The Argus Ii Retinal Prosthesis System	All
L8680	Implantable Neurostimulator Electrode, Each	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8682	Implantable neurostimulator radiofrequency receiver	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	F32.0-F33.9 G43.0-G44.89 H93.1- H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
Q4185	Cellesta Flowable Amnion (25 Mg Per Cc); Per 0.5 Cc	All
Q4189	Artacent Ac, 1 Mg	All

Page 13 of 85 Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

Q4192	Restorigin, 1 Cc	All
Q4249	Amniply, for topical use only, per	All
	square	
	centimeter	
Q4250	Amnioamp-mp, per square	All
- 10-1	centimeter	
Q4254	Novafix dl, per square centimeter	All
Q4255	Reguard, for topical use only, per	All
Q9982	square centimeter	All
Q996Z	Flutemetamol F18, Diagnostic, Per	All
Q9983	Study Dose, Up To 5 Millicuries Florbetaben F18, Diagnostic, Per	All
Q9963	Study Dose, Up To 8.1 Millicuries	Att
S1090	Mometasone Furoate Sinus Implant,	All
3.070	370 Micrograms	/***
S1091	Stent, non-coronary, temporary,	All
	with delivery system (propel)	/···
S2080	Laser-Assisted Uvulopalato-Plasty	G47.09-G47.39
	(Laup)	
S2117	Arthroereisis, Subtalar	All
S2230	Implantation Of Magnetic	All
	Component Of Semi-Implantable	
	Hearing Device On Ossicles In	
222.12	Middle Ear	1
S2348	Decompression Procedure,	All
	Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Using	
	Radiofrequency Energy, Single Or	
	Multiple Levels, Lumbar.	
S3722	Dose Optimization By Area-Under-	C18.0-C18.9
	The-Curve (Auc) Analysis For	C19
	Infusional 5-Fluorouracil (5- Fu)	
S3852	Dna Analysis For Apoe Epsilon 4	GO3
	Allele For Susceptibility To	G30.0-G30.9 G31.1
	Alzheimer'S Disease	R41.0
		R41.81 Z13.858 Z31.430 Z31.440
		Z82.0
\$8080	Scintimammography	R92.0-R92.8
	(Radioimmunoscintigraphy	Z12.31-Z12.39
	Of The Breast), Unilateral,	
	Including Supply Of	
S8930	Radiopharmaceuti-Cal Electrical Stimulation Of Auricular	All
30730	Acupuncture Points; Each 15	
	Minutes Of Personal One-On- One	
	Contact With The Patient.	
	Jonean Hill Hie Latient.	

Page **14** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

\$8960	Electrical Stimulation Of Auricular Acupuncture Points; Each 15 Minutes Of Personal One-On- One Contact With The Patient	All
S9090	Vertebral Axial Decompression, Per Session	All
V2799	Vision Item Or Service, Miscellaneous	All
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	All
0003U	Oncology (Ovarian) Biochemica Assays Of Five Proteins (Apolipoprotein A-1 Ca 125 Ii, Follicle Stimulating Hormone, Human Epididymis Protein 4, Transferrin), Utilizing Serum, Algorithm Reported As A Likelihood Score.	D27.0-D27.9 D39.10-D39.12 D49.511 D49.512 D49.519 R19.01-R19.02
0004M	Scoliosis, DNA Analysis Of 53 Single Nucleotide Polymorphisms (Snps), Using Saliva, Prognostic Algorithm Reported As A Risk Score	All
0011M	Oncology, Prostate Cancer, mRNA Expression Assay Of 12 Genes (10 Content And 2 Housekeeping), Rt- Pcr Test Utilizing Blood Plasma And Urine, Algorithms To Predict High- Grade Prostate Cancer Risk	All
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	All
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalinfixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	All

Page **15** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	All
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	All
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	All
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	All
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	All
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2) (eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	All
0032U	COMT (catechol-O-methyltransferase) (drug metabolism) gene analysis, c.472G>A (rs4680) variant	All
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c759C>T] and rs1414334 [c.551-3008C>G])	All

Page **16** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C,	All
0035U	*4, *5, *6, *8, *12; NUDT15 *3, *4, *5) Neurology (Prion Disease),	All
	Cerebrospinal Fluid, Detection Of Prion Protein By Quaking-Induced Conformational Conversion, Qualitative	All
0037U	Targeted Genomic Sequence Analysis, Solid Organ Neoplasm, Dna Analysis Of 324 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, Gene Rearrangements, Microsatellite Instability And Tumor Mutational Burden	All
0038U	Vitamin D, 25 Hydroxy D2 And D3, By Lc-Ms/Ms, Serum Microsample, Quantitative	All
0039U	Deoxyribonucleic Acid (Dna) Antibody, Double Stranded, High Avidity	All
0041U	Borrelia Burgdorferi, Antibody Detection Of 5 Recombinant Protein Groups, By Immunoblot, Igm	All
0042U	Borrelia Burgdorferi, Antibody Detection Of 12 Recombinant Protein Groups, By Immunoblot, Igg	All
0043U	Tick-Borne Relapsing Fever Borrelia Group, Antibody Detection To 4 Recombinant Protein Groups, By Immunoblot, Igm	All
0044U	Tick-Borne Relapsing Fever Borrelia Group, Antibody Detection To 4 Recombinant Protein Groups, By Immunoblot, Igg	All

Page 17 of 85 Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0045U 0047U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalinfixed paraffin-embedded tissue, algorithm reported as recurrence score  Oncology (Prostate), Mrna, Gene Expression Profiling By Real-Time Rt-Pcr Of 17 Genes (12 Content And	All
	5 Housekeeping), Utilizing Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Risk Score	
0048U	Oncology (Solid Organ Neoplasia), Dna, Targeted Sequencing Of Protein- Coding Exons Of 468 Cancer-Associated Genes, Including Interrogation For Somatic Mutations And Microsatellite Instability, Matched With Normal Specimens, Utilizing Formalin-Fixed Paraffin- Embedded Tumor Tissue, Report Of Clinically Significant Mutation(S)	
0050U	Targeted Genomic Sequence Analysis Panel, Acute Myelogenous Leukemia, Dna Analysis, 194 Genes Interrogation For Sequence Variants, Copy Number Variants Or Rearrangements	All
0051U	Prescription Drug Monitoring, Evaluation Of Drugs Present By Lc- Ms/Ms, Urine, 31 Drug Panel, Reported As Quantitative Results, Detected Or Not Detected, Per Date Of Service	All
0052U	Prescription Drug Monitoring, Evaluation Of Drugs Present By Lc- Ms/Ms, Urine, 31 Drug Panel, Reported As Quantitative Results, Detected Or Not Detected, Per Date Of Service	All
0053U	Oncology (Prostate Cancer), Fish Analysis Of 4 Genes (Asap1, Hdac9, Chd1 And Pten), Needle Biopsy Specimen, Algorithm Reported As Probability Of Higher Tumor Grade	All

Page **18** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0054U	Prescription Drug Monitoring, 14 Or More Classes Of Drugs And Substances, Definitive Tandem Mass Spectrometry With Chromatography, Capillary Blood, Quantitative Report With Therapeutic And Toxic Ranges, Including Steady-State Range For The Prescribed Dose When Detected, Per Date Of Service	All
0055U	Cardiology (Heart Transplant), Cell- Free Dna, Pcr Assay Of 96 Dna Target Sequences (94 Single Nucleotide Polymorphism Targets And Two Control Targets), Plasma	All
0058U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Oncoprotein (Small T Antigen), Serum, Quantitative	All
0059U	Oncology (Merkel Cell Carcinoma), Detection Of Antibodies To The Merkel Cell Polyoma Virus Capsid Protein (Vp1), Serum, Reported As Positive Or Negative	All
0060U	Twin Zygosity, Genomic Targeted Sequence Analysis Of Chromosome 2, Using Circulating Cell-Free Fetal Dna In Maternal Blood	All
0061U	Transcutaneous Measurement Of Five Biomarkers (Tissue Oxygenation [Sto2], Oxyhemoglobin [Cthbo2], Deoxyhemoglobin [Cthbr], Papillary And Reticular Dermal Hemoglobin Concentrations [Cthb1 And Cthb2]), Using Spatial Frequency Domain Imaging (Sfdi) And Multi-Spectral Analysis	All
0062U	Autoimmune (Systemic Lupus Erythematosus), Igg And Igm Analysis Of 80 Biomarkers, Utilizing Serum, Algorithm Reported With A Risk Score	All

Page **19** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0067U	Oncology (Breast), Immunohistochemistry, Protein Expression Profiling Of 4 Biomarkers (Matrix Metalloproteinase-1 [Mmp-1], Carcinoembryonic Antigen-Related Cell Adhesion Molecule 6 [Ceacam6], Hyaluronoglucosaminidase [Hyal1], Highly Expressed In Cancer Protein [Hec1]), Formalin- Fixed Paraffin- Embedded Precancerous Breast Tissue, Algorithm Reported As Carcinoma Risk Score	All
0069U	Oncology (Colorectal), Microrna, Rt-Pcr Expression Profiling Of Mir- 31-3P, Formalin- Fixed Paraffin- Embedded Tissue, Algorithm Reported As An Expression Score	All
0075T	Transcatheter Placement Of Extracranial Vertebral Artery Stent(S), Including Radiologic Supervision And Interpretation, Open Or Percutaneous; Initial Vessel	All
0076T	Each Additional Vessel (Lis Separately In Addition To Code For Primary Procedure).	All
0078U	Pain Management (Opioid-Use Disorder) Genotyping Panel, 16 Common Variants (Ie, Abcb1, Comt, Dat1, Dbh, Dor, Drd1, Drd2, Drd4, Gaba, Gal, Htr2A, Httlpr, Mthfr, Muor, Oprk1, Oprm1), Buccal Swab Or Other Germline Tissue Sample, Algorithm Reported As Positive Or Negative Risk Of Opioid-Use Disorder	All
0080U	Oncology (Lung), Mass Spectrometric Analysis Of Galectin-3-Binding Protein And Scavenger Receptor Cysteine- Rich Type 1 Protein M130, With Five Clinical Risk Factors (Age, Smoking Status, Nodule Diameter, Nodule- Spiculation Status And Nodule Location), Utilizing Plasma, Algorithm Reported As A Categorical Probability Of Malignancy	All

Page **20** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0082U	Drug Test(S), Definitive, 90 Or More	All
	Drugs Or Substances, Definitive	
	Chromatography With Mass	
	Spectrometry, And Presumptive, Any	
	Number Of Drug Classes, By	
	Instrument Chemistry Analyzer (Utilizing Immunoassay), Urine,	
	Report Of Presence Or Absence Of	
	Each Drug, Drug Metabolite Or	
	Substance With Description And	
	Severity Of Significant Interactions	
	Per Date Of Service	
0083U	Oncology, Response To	All
	Chemotherapy Drugs Using Motility	
	Contrast Tomography, Fresh Or	
	Frozen Tissue, Reported As	
	Likelihood Of Sensitivity Or	
	Resistance To Drugs Or Drug	
	Combinations	
0084U	Red Blood Cell Antigen Typing,	All
	Dna, Genotyping Of 10 Blood	
	Groups With Phenotype Prediction	
	Of 37 Red Blood Cell Antigens	
0085T	Algorithm Reported As A Rejection	T86.20-T86.298 Z48.21
000711	Risk Score.	Z94.1
0087U	Cardiology (Heart Transplant),	All
	Mrna Gene Expression Profiling By	
	Microarray Of 1283 Genes,	
	Transplant Biopsy Tissue, Allograft	
	Rejection And Injury Algorithm	
0088U	Reported As A Probability Score Transplantation Medicine (Kidney	All
00000	Allograft Rejection), Microarray	Att
	Gene Expression Profiling Of 1494	
	Genes, Utilizing Transplant Biopsy	
	Tissue, Algorithm Reported As A	
	Probability Score For Rejection	
0089U	Oncology (Melanoma), Gene Expression	All
	Profiling By Rtqpcr, Prame And	
	Linc00518, Superficial Collection Using	
	Adhesive Patch (Es)	

Page **21** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0090U	Oncology (Cutaneous Melanoma), Mrna Gene Expression Profiling By Rt-Pcr Of 23 Genes (14 Content And 9 Housekeeping), Utilizing Formalin- Fixed Paraffin-Embedded Tissue, Algorithm Reported As A Categorical Result (Ie, Benign, Indeterminate, Malignant)	All
0091U	Oncology (Colorectal) Screening, Cell Enumeration Of Circulating Tumor Cells, Utilizing Whole Blood, Algorithm, For The Presence Of Adenoma Or Cancer, Reported As A Positive Or Negative Result	All
0092U	Oncology (Lung), Three Protein Biomarkers, Immunoassay Using Magnetic Nanosensor Technology, Plasma, Algorithm Reported As Risk Score For Likelihood Of Malignancy	All
0095U	Inflammation (Eosinophilic Esophagitis), Elisa Analysis Of Eotaxin-3 (Ccl26 [C-C Motif Chemokine Ligand 26]) And Major Basic Protein (Prg2 [Proteoglycan 2, Pro Eosinophil Major Basic Protein]), Specimen Obtained By Swallowed Nylon String, Algorithm Reported As Predictive Probability Index For Active Eosinophilic Esophagitis	All

Page **22** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

000711	Control Dathana Multiple	All
0097U	Gastrointestinal Pathogen, Multiplex	All
	Reverse Transcription And Multiplex	
	Amplified Probe Technique, Multiple	
	Types Or Subtypes, 22 Targets	
	(Campylobacter [C. Jejuni/C. Coli/C.	
	Upsaliensis], Clostridium Difficile [C.	
	Difficile] Toxin A/B, Plesiomonas	
	Shigelloides, Salmonella, Vibrio [V.	
	Parahaemolyticus/V. Vulnificus/V.	
	Cholerae], Including Specific	
	Identification Of Vibrio Cholerae,	
	Yersinia Enterocolitica,	
	Enteroaggregative Escherichia Coli	
	[Eaec], Enteropathogenic Escherichia	
	Coli [Epec], Enterotoxigenic	
	Escherichia Coli [Etec] Lt/St, Shiga-	
	Like Toxin-Producing Escherichia Coli	
	[Stec] Stx1/Stx2 [Including Specific	
	Identification Of The E. Coli O157	
	Serogroup Within Stec],	
	Shigella/Enteroinvasive Escherichia	
	Coli [Eiec], Cryptosporidium,	
	Cyclospora Cayetanensis, Entamoeba	
	Histolytica, Giardia Lamblia [Also	
	Known As G. Intestinalis And G.	
	Duodenalis], Adenovirus F 40/41,	
	Astrovirus, Norovirus Gi/Gii, Rotavirus	
	A, Sapovirus [Genogroups I, Ii, Iv, And	
	(V1)	
0100T	Placement Of A Subconjunctival	All
	Retinal Prosthesis Receiver And	
	Pulse Generator, And Implantation	
	Of Intra-Ocular Retinal Electrode	
	Array, With Vitrectomy.	
0101T	Extracorporeal Shock Wave	M72.2
	Therapy; Involving Musculoskeletal	M75.20-M75.22 M77.00-M77.02
	System, Not Otherwise Specified;	M77.10-M77.12 M84.311-M84.38
	High Energy	M87.051-M87.059

Page 23 of 85 Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

	•	
0101U	Hereditary Colon Cancer Disorders (Eg,	All
	Lynch Syndrome, Pten Hamartoma	
	Syndrome, Cowden Syndrome, Familial	
	Adenomatosis Polyposis), Genomic	
	Sequence Analysis Panel Utilizing A	
	Combination Of Ngs, Sanger, Mlpa, And	
	Array Cgh, With Mrna Analytics To	
	Resolve Variants Of Unknown	
	Significance When Indicated (15 Genes	
	[Sequencing And	
	Deletion/Duplication], Epcam And	
	Grem1 [Deletion/Duplication Only])	
0102T	Extracorporeal Shock Wave Therapy;	M72.2
01021	High Energy, Performed By A	M75.20-M75.22 M77.00-M77.02
	Physician, Requiring Anesthesia Other	M77.10-M77.12 M84.311-M84.38
	Than Local, Involving Lateral Humeral	M87.051-M87.059
	Epicondyle.	M07.031-M07.039
040311	. ,	All
0102U	Hereditary Breast Cancer-Related	All
	Disorders (Eg, Hereditary Breast	
	Cancer, Hereditary Ovarian Cancer,	
	Hereditary Endometrial Cancer),	
	Genomic Sequence Analysis Panel	
	Utilizing A Combination Of Ngs,	
	Sanger, Mlpa, And Array Cgh, With	
	Mrna Analytics To Resolve Variants Of	
	Unknown Significance When Indicated	
	(17 Genes [Sequencing And	
	Deletion/Duplication])	
0103U	Hereditary Ovarian Cancer (Eg,	All
	Hereditary Ovarian Cancer,	
	Hereditary Endometrial Cancer),	
	Genomic Sequence Analysis Panel	
	Utilizing A Combination Of Ngs,	
	Sanger, Mlpa, And Array Cgh, With	
	Mrna Analytics To Resolve Variants Of	
	Unknown Significance When Indicated	
	(24 Genes [Sequencing And	
	[Deletion/Duplication Only])	
	Deletion/Duplication], Epcam	

Page **24** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0105U	Nephrology (Chronic Kidney Disease), Multiplex Electrochemiluminescent Immunoassay (Eclia) Of Tumor Necrosis Factor Receptor 1A, Receptor Superfamily 2 (Tnfr1, Tnfr2), And Kidney Injury Molecule-1 (Kim-1) Combined With Longitudinal Clinical Data, Including Apol1 Genotype If Available, And Plasma (Isolated Fresh Or Frozen), Algorithm Reported As Probability Score For Rapid Kidney Function Decline (Rkfd)	All
0106T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Touch Pressure Stimuli To Assess Large Diameter Sensation	All
0106U	Gastric Emptying, Serial Collection Of 7 Timed Breath Specimens, Non- Radioisotope Carbon-13 (13C) Spirulina Substrate, Analysis Of Each Specimen By Gas Isotope Ratio Mass Spectrometry, Reported As Rate Of 13Co2 Excretion	All
0107T	Using Vibration Stimuli To Assess Large Diameter Fiber Sensation	All
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
0108T	Using Cooling Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia	All
0108U	Gastroenterology (Barrett'S Esophagus), Whole Slide-Digital Imaging, Including Morphometric Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amacr, P53, Cd68, Cox-2, Cd45Ro, Hif1A, Her- 2, K20) And Morphology, Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Risk Of Progression To High-Grade Dysplasia Or Cancer	All

Page **25** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0109T	Using Heat-Pain StiQuantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia  CONJUNCTION WITH CPT® CODE 67306	All
0110T	Using Other Stimuli To Assess Sensation.	All
0110U	Prescription Drug Monitoring, One Or More Oral Oncology Drug(S) And Substances, Definitive Tandem Mass Spectrometry With Chromatography, Serum Or Plasma From Capillary Blood Or Venous Blood, Quantitative Report With Steady-State Range For The Prescribed Drug(S) When Detected	All
0113U	Oncology (Prostate), Measurement Of Pca3 And Tmprss2-Erg In Urine And Psa In Serum Following Prostatic Massage, By Rna Amplification And Fluorescence- Based Detection, Algorithm Reported As Risk Score	All
0114U	Gastroenterology (Barrett's Esophagus), Vim And Ccna1 Methylation Analysis, Esophageal Cells, Algorithm Reported As Likelihood For Barrett'S Esophagus	All
0116U	Prescription Drug Monitoring, Enzyme Immunoassay Of 35 Or More Drugs Confirmed With Lc-Ms/Ms, Oral Fluid, Algorithm Results Reported As A Patient-Compliance Measurement With Risk Of Drug To Drug Interactions For Prescribed Medications	All

Page **26** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0117U	Pain Management, Analysis Of 11 Endogenous Analytes (Methylmalonic Acid, Xanthurenic Acid, Homocysteine, Pyroglutamic Acid, Vanilmandelate, 5- Hydroxyindoleacetic Acid, Hydroxymethylglutarate, Ethylmalonate, 3- Hydroxypropyl Mercapturic Acid (3-Hpma), Quinolinic Acid, Kynurenic Acid), Lc- Ms/Ms, Urine, Algorithm Reported As A Pain-Index Score With Likelihood Of Atypical Biochemical Function Associated With Pain	All
0118U	Transplantation Medicine, Quantification Of Donor-Derived Cell- Free Dna Using Whole Genome Next- Generation Sequencing, Plasma, Reported As Percentage Of Donor- Derived Cell- Free Dna In The Total Cell-Free Dna	All
0119U	Cardiology, Ceramides By Liquid Chromatography Tandem Mass Spectrometry, Plasma, Quantitative Report With Risk Score For Major Cardiovascular Events	All
0120U	Oncology (B-Cell Lymphoma Classification), Mrna, Gene Expression Profiling By Fluorescent Probe Hybridization Of 58 Genes (45 Content And 13 Housekeeping Genes), Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As Likelihood For Primary Mediastinal B-Cell Lymphoma (Pmbcl) And Diffuse Large B-Cell Lymphoma (Dlbcl) With Cell Of Origin Subtyping In The Latter	All
0121U	Sickle Cell Disease, Microfluidic Flow Adhesion (Vcam-1), Whole Blood	All
0122U	Sickle Cell Disease, Microfluidic Flow Adhesion (P-Selectin), Whole Blood	All
0123U	Mechanical Fragility, Rbc, Shear Stress And Spectral Analysis Profiling	All

Page **27** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	Z13.6
0129U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Genomic Sequence Analysis And Deletion/Duplication Analysis Panel (Atm, Brca1, Brca2, Cdh1, Chek2, Palb2, Pten, And Tp53)	All
0130U	Hereditary Colon Cancer Disorders (Eg, Lynch Syndrome, Pten Hamartoma Syndrome, Cowden Syndrome, Familial Adenomatosis Polyposis), Targeted Mrna Sequence Analysis Panel (Apc, Cdh1, Chek2, Mlh1, Msh2, Msh6, Mutyh, Pms2, Pten, And Tp53) (List Separately In Addition To Code For Primary Procedure)	All
0131U	Hereditary Breast Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Targeted Mrna Sequence Analysis Panel (13 Genes) (List Separately In Addition To Code For Primary Procedure)	All
0132U	Hereditary Ovarian Cancer-Related Disorders (Eg, Hereditary Breast Cancer, Hereditary Ovarian Cancer, Hereditary Endometrial Cancer), Targeted Mrna Sequence Analysis Panel (17 Genes) (List Separately In Addition To Code For Primary Procedure)	All
0133U	Hereditary Prostate Cancer-Related Disorders, Targeted Mrna Sequence Analysis Panel (11 Genes) (List Separately In Addition To Code For Primary Procedure)	All

Page **28** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0134U	Hereditary Pan Cancer (Eg, Hereditary Breast And Ovarian Cancer, Hereditary Endometrial Cancer, Hereditary Colorectal Cancer), Targeted Mrna Sequence Analysis Panel (18 Genes) (List Separately In Addition To Code For Primary Procedure)	All
0135U	Hereditary Gynecological Cancer (Eg, Hereditary Breast And Ovarian Cancer, Hereditary Endometrial Cancer, Hereditary Colorectal Cancer), Targeted Mrna Sequence Analysis Panel (12 Genes) (List Separately In Addition To Code For Primary Procedure)	All
0136U	Atm (Ataxia Telangiectasia Mutated) (Eg, Ataxia Telangiectasia) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	All
0137U	Palb2 (Partner And Localizer Of Brca2) (Eg, Breast And Pancreatic Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	All
0138U	Brca1 (Brca1, Dna Repair Associated), Brca2 (Brca2, Dna Repair Associated) (Eg, Hereditary Breast And Ovarian Cancer) Mrna Sequence Analysis (List Separately In Addition To Code For Primary Procedure)	All
0139U	Neurology (Autism Spectrum Disorder [Asd]), Quantitative Measurements Of 6 Central Carbon Metabolites (Ie, A-Ketoglutarate, Alanine, Lactate, Phenylalanine, Pyruvate, And Succinate), Lc-Ms/Ms, Plasma, Algorithmic Analysis With Result Reported As Negative Or Positive (With Metabolic Subtypes Of Asd	All
0152U	Infectious Disease (Bacteria, Fungi, Parasites, And Dna Viruses), Dna, Pcr And Next- Generation Sequencing, Plasma, Detection Of >1,000 Potential Microbial Organisms For Significant Positive Pathogens	All

Page **29** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0153U	Oncology (breast), mRNA, gene expression profiling by next-generation	All
	sequencing of 101 genes, utilizing	
	formalin-fixed paraffin-embedded tissue, algorithm reported as a triple	
	negative breast cancer clinical	
	subtype(s) with information on	
	immune cell involvement	
0156U	Copy Number (Eg, Intellectual Disability, Dysmorphology), Sequence	All
	Analysis	
0163T	Total Disc Arthroplasty (Artificial	All
	Disc), Anterior Approach, Including	
	Discectomy To Prepare Interspace (Other Than For Decompression),	
	Each	
0163U	Oncology (colorectal) screening,	All
	biochemical enzyme-linked	
	immunosorbent assay (ELISA) of 3	
	plasma or serum proteins (teratocarcinoma derived growth	
	factor-1 [TDGF-1, Cripto-1],	
	carcinoembryonic antigen [CEA],	
	extracellular matrix protein [ECM]),	
	with demographic data (age, gender,	
	CRC-screening compliance) using a	
	proprietary algorithm and reported as	
	likelihood of CRC or advanced	
0164T	adenomas  Additional Interspace, Lumbar (List	All
01041	Separately In Addition To Code For	Att
	Primary Procedure)	
0164U	Gastroenterology (irritable bowel	All
	syndrome [IBS]), immunoassay for	
	anti-CdtB and anti- vinculin	
	antibodies, utilizing plasma,	
	algorithm for elevated or not elevated qualitative results	
0165T	Revision including replacement of	All
	total disc arthroplasty (artificial	
	disc), anterior approach, each	
	additional interspace, lumbar (List	
	separately in addition to code for	
	primary procedure)	

Page **30** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	All
0166U	Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	All
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	All
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	All
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	All
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	All
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	All

Page **31** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin- embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	All
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	All
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	All
0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	All
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	All
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3- galactosyltransferase) gene, including subtyping, 7 exons	All
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	All
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	All

Page **32** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4	All
	member 1 [Diego blood group]) exon	
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	All
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	All
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	All
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	All
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1- 4	All
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	All
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	All
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	All
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	All
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	All

Page **33** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo- endopeptidase [Kell blood group]) exon 8	All
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	All
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	All
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner- Wiener blood group]) exon 1	All
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	All
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	All
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	All
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	All
0202T	Posterior Vertebral Joint(S) Arthroplasty (Eg, Facet Joint[S] Replacement) Including Facetectomy, Laminectomy, Foraminotomy And Vertebral Column Fixation, Injection Of Bone Cement, When Performed, Including Fluoroscopy, Single Level, Lumbar Spine	All

Page **34** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

	T	1
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	All
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	All
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected	All
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDITOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	All
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase Cepsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	All
0207T	Evacuation Of Meibomian Glands, Automated, Using Heat And Intermittent Pressure, Unilateral.	H04.121-H04.129

Page **35** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	All
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	All
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	All
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	All
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non- uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	All
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	All

Page **36** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood orsaliva, identification and characterization of genetic variants	All
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	All
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	All
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	All
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	All
0225U	[Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected]	All

Page **37** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	All
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	All
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	All
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	All
0243U	Obstetrics (preeclampsia), biochemical assay of placental- growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for	All
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	All

Page **38** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

02.4711	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	All
0247U	Obstetrics (preterm birth), insulin-	All
	like growth factor-binding protein 4	
	(IBP4), sex hormone-binding	
	globulin (SHBG), quantitative	
	measurement by LC-MS/MS,	
	utilizing maternal serum, combined	
	with clinical data, reported as	
	predictive-risk stratification for	
	spontaneous preterm birth	
0248U	Oncology (brain), spheroid cell	All
32.33	culture in a 3D microenvironment,	,
	12 drug panel, tumor-response	
	prediction for each drug	
0249U	· · · · · · · · · · · · · · · · · · ·	All
02470	Oncology (breast),	All
	semiquantitative analysis of 32	
	phosphoproteins and protein	
	analytes, includes laser capture	
	microdissection, with algorithmic	
	analysis and interpretative report	
0250U	Oncology (solid organ neoplasm),	All
	targeted genomic sequence DNA	
	analysis of 505 genes, interrogation	
	for somatic alterations (SNVs	
	[single nucleotide variant], small	
	insertions and deletions, one	
	amplification, and four	
	translocations), microsatellite	
	instability and tumor-mutation	
	burden	
0251U	Hepcidin-25, enzyme-linked	All
	immunosorbent assay (ELISA),	
	serum or plasma	
0252U	Fetal aneuploidy short	All
	tandem?repeat comparative	/ ***
	analysis, fetal DNA from products	
	of conception, reported as normal	
	(euploidy), monosomy, trisomy, or	
	partial deletion/duplications,	
	mosaicism, and segmental	
02527	aneuploidy	All
0253T	Insertion Of Anterior Segment	All
	Aqueous Drainage Device, Without	
	Extraocular Reservoir, Internal	
	Approach, Into The Suprachoroidal	
	Space	

Page **39** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

025211	Demonstration and dist	LAH
0253U	Reproductive medicine	All
	(endometrial receptivity analysis),	
	RNA gene expression profile, 238	
	genes by next-generation	
	sequencing, endometrial tissue,	
	predictive algorithm reported as	
	endometrial window of	
	implantation (eg, pre-receptive,	
	receptive, post-receptive)	
0263T	Intramuscular Autologous Bone Marrow	All
02031	Cell Therapy, With Preparation Of	A
	Harvested Cells, Multiple Injections,	
	One Leg, Including Ultrasound	
	Guidance, If Performed; Complete	
	Procedure Including Unilateral Or	
004.4	Bilateral Bone Marrow Harvest	
0264T	Intramuscular Autologous Bone	All
	Marrow Cell Therapy, With	
	Preparation Of Harvested Cells,	
	Multiple Injections, One Leg,	
	Including Ultrasound Guidance, If	
	Performed; Complete Procedure	
	Excluding Bone Marrow Harvest	
0265T	Intramuscular Autologous Bone	All
	Marrow Cell Therapy, With	
	Preparation Of Harvested Cells,	
	Multiple Injections, One Leg,	
	Including Ultrasound Guidance, If	
	Performed; Unilateral Or Bilateral	
	Bone Marrow Harvest Only For	
	Intramuscular Autologous Bone	
	Marrow Cell Therapy.	
0266T	Implantation Or Replacement Of	All
02001	· ·	All
0247T	Baroflex Activation Devices	All
0267T	Implantation Or Replacement Of	All
02/07	Baroflex Activation Devices	A11
0268T	Implantation Or Replacement Of	All
	Baroflex Activation Devices	
0269T	Implantation Or Replacement Of	All
	Baroflex Activation Devices	
0270T	Implantation Or Replacement Of	All
	Baroflex Activation Devices	
0271T	Implantation Or Replacement Of	All
	Baroflex Activation Devices	
0272T	Implantation Or Replacement Of	All
	Baroflex Activation Devices	
0273T	Implantation Or Replacement Of	All
52,51	Baroflex Activation Devices	TW
1	Parones Activation Devices	

Page **40** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0274T	Percutaneous	All
02/71	Laminotomy/Laminectomy	All l
	(Intralaminar Approach) For	
	· · · · · · · · · · · · · · · · · · ·	
	Decompression Of Neural Elements	
	(With Or Without Ligamentous	
	Resection, Discectomy, Facetectomy	
	And/Or Foraminotomy), Any Method	
	Under Indirect Image Guidance (Eg,	
	Fluoroscopic, [Computed Tomography]	
	Ct), With Or Without The Use Of An	
	Endoscope, Single Or Multiple Levels,	
	Unilateral Or Bilateral; Cervical Or	
	Thoracic	
0275T	Percutaneous	All
	laminotomy/laminectomy	
	(interlaminar approach) for	
	decompression of neural elements,	
	(with or without ligamentous	
	resection, discectomy, facetectomy	
	and/or foraminotomy), any method,	
	under indirect image guidance (eg,	
	fluoroscopic, CT), single or multiple	
	levels, unilateral or bilateral; lumbar	
0278T	Transcutaneous Electrical Modulation	All
32/01	Pain Reprocessing (Eg, Scrambler	
	Therapy), Each Treatment Session	
	(Includes Placement Of Electrodes)	
0312T	Vagus Nerve Blocking Therapy	All
03121	(Morbid Obesity); Laparoscopic	Att
	Implantation Of Neurostimulator	
	Electrode Array, Anterior And	
	Posterior Vagal Trunks Adjacent To	
	Esophagogastric Junction (Egj),	
	With Implantation Of Pulse	
0242T	Generator, Includes Programming	All
0313T	Laparoscopic Revision Or	All
	Replacement Of Vagal Trunk	
	Neurostimulator Electrode Array,	
	Including Connection To Existing	
004.4	Pulse Generator	A11
0314T	Laparoscopic Removal Of Vagal	All
	Trunk Neurostimulator Electrode	
	Array And Pulse Generator	
0315T	Neurostimulator Pulse Generator	All
	Electronic Analysis, Includes	
	Reprogramming When Performed	
	Reprogramming which i chomica	<u> </u>

Page **41** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0317T	Neurostimulator Pulse Generator	All
	Electronic Analysis, Includes Reprogramming When Performed	
0330T	Tear Film Imaging, Unilateral Or Bilateral, With Interpretation And Report.	H04.121-H04.129
0332T	Myocardial Sympathetic Innervation Imaging; Planar Qualitative And Quantitative Assessment, And With Tomographic Spect	150.1-150.9
0335T	Insertion Of Sinus Tarsi Implant OR Extra-Osseous Subtalar Joint Implant For Talotarsal Stabilization	All
0338T	Transcatheter Renal Sympathetic Denervation, Percutaneous Approach Including Arterial Puncture, Selective Catheter Placement(S) Renal Artery(les), Fluoroscopy, Contrast Injection(S), Intraprocedural Roadmapping And Radiological Supervision And Interpretation, Including Pressure Gradient Measurements, Flush Aortogram And Diagnostic Renal Angiography When Performed; Unilateral: And Bilateral	110.0-115.9
0339T	Transcatheter Renal Sympathetic Denervation, Percutaneous Approach Including Arterial Puncture, Selective Catheter Placement(S) Renal Artery(les), Fluoroscopy, Contrast Injection(S), Intraprocedural Roadmapping And Radiological Supervision And Interpretation, Including Pressure Gradient Measurements, Flush Aortogram And Diagnostic Renal Angiography When Performed; Unilateral: And Bilateral	110-115.9
0394T	High Dose Rate Electronic Brachytherapy, Skin Surface Application, Per Fraction, Includes Basic Dosimetry, When Performed	C44.211-C44.219 C44.221- C44.299 C44.310-C44.319 C44.320-C44.329 C44.41 C44.42
0397T	Endoscopic Retrograde Cholangiopancreatography (Ercp) With Optical Endomicroscopy	K22.70-K22.719 Z13.810 Z13.811 Z13.83

Page **42** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0399T 0400T	Myocardial Strain Imaging (Quantitative Assessment Of Myocardial Mechanics Using Image- Based Analysis Of Local Myocardial Dynamics) (List Separately In Addition To Code For Primary Procedure)	C43.0-C43.9 D22.0-D22.9 D23.0-
04001	Multi-Spectral Digital Skin Lesion Analysis Of Clinically Atypical Cutaneous Pigmented Lesions For Detection Of Melanomas And High Risk Melanocytic Atypia: One To Five Lesions	D23.9
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions	
0406T	Nasal Endoscopy, Surgical, Ethmoid Sinus, Placement Of Drug Eluting Implant	All
0407T	Nasal Endoscopy, Surgical, Ethmoid Sinus, Placement Of Drug Eluting Implant; With Biopsy, Polypectomy Or Debridement	All
0449T	Insertion Of Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Subconjunctival Space; Initial Device	All
0450T	Insertion Of Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Subconjunctival Space; Each Additional Device (List Separately In Addition To Code For Primary Procedure)	All
0506T	Macular Pigment Optical Density Measurement By Heterochromatic Flicker Photometry, Unilateral Or Bilateral, With Interpretation And Report	All
0507T	Near-Infrared Dual Imaging (Ie, Simultaneous Reflective And Trans- Illuminated Light) Of Meibomian Glands, Unilateral Or Bilateral, With Interpretation And Report	All

Page **43** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

	T	T
0508T	Pulse-Echo Ultrasound Bone Density	All
	Measurement Resulting In Indicator	
	Of Axial Bone Mineral Density,	
	Tibia	
0509T	Electroretinography (Erg) With	All
	Interpretation And Report, Pattern	
	(Perg)	
0510T	Removal Of Sinus Tarsi Implant	All
0511T	Removal And Reinsertion Of Sinus	All
	Tarsi Implant	
0512T	Extracorporeal Shock Wave For	All
00.12.	Integumentary Wound Healing, High	7.11
	Energy, Including Topical Application	
	And Dressing Care; Initial Wound	
0513T	Extracorporeal Shock Wave For	All
00131	Integumentary Wound Healing, High	All
	Energy, Including Topical Application	
	And Dressing Care; Each Additional	
	Wound (List Separately In Addition To	
054.4 <b>T</b>	Code For Primary Procedure)	All
0514T	Intraoperative Visual Axis	All
	Identification Using Patient Fixation	
	(List Separately In Addition To Code	
	For Primary Procedure)	
0515T	Insertion Of Wireless Cardiac	All
	Stimulator For Left Ventricular	
	Pacing, Including Device Interrogation	
	And Programming, And Imaging	
	Supervision And Interpretation, When	
	Performed; Complete System	
	(Includes Electrode And Generator	
	[Transmitter And Battery])	
0516T	Insertion Of Wireless Cardiac	All
	Stimulator For Left Ventricular	
	Pacing, Including Device Interrogation	
	And Programming, And Imaging	
	Supervision And Interpretation, When	
	Performed; Complete System	
	(Includes Electrode And Generator	
	[Transmitter And Battery])	
0517T	Insertion Of Wireless Cardiac	All
55171	Stimulator For Left Ventricular	
	Pacing, Including Device Interrogation	
	And Programming, And Imaging	
	Supervision And Interpretation, When	
	Performed; Pulse Generator	
	Component(S) (Battery And/Or	
	Transmitter) Only	

Page **44** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0518T	Removal Of Only Pulse Generator Component(S) (Battery And/Or Transmitter) Of Wireless Cardiac Stimulator For Left Ventricular Pacing	All
0519T	Removal And Replacement Of Wireless Cardiac Stimulator For Left Ventricular Pacing; Pulse Generator Component(S) (Battery And/Or Transmitter)	All
0520T	Removal And Replacement Of Wireless Cardiac Stimulator For Left Ventricular Pacing; Pulse Generator Component(S) (Battery And/Or Transmitter), Including Placement Of A New Electrode	All
0521T	Interrogation Device Evaluation (In Person) With Analysis, Review And Report, Includes Connection, Recording, And Disconnection Per Patient Encounter, Wireless Cardiac Stimulator For Left Ventricular Pacing	All
0522T	Programming Device Evaluation (In Person) With Iterative Adjustment Of The Implantable Device To Test The Function Of The Device And Select Optimal Permanent Programmed Values With Analysis, Including Review And Report, Wireless Cardiac Stimulator For Left Ventricular Pacing	All
0523T	Intraprocedural Coronary Fractional Flow Reserve (Ffr) With 3D Functional Mapping Of Color-Coded Ffr Values For The Coronary Tree, Derived From Coronary Angiogram Data, For Real-Time Review And Interpretation Of Possible Atherosclerotic Stenosis(Es) Intervention (List Separately In Addition To Code For Primary Procedure)	All

Page **45** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0E24T	Fodovenova Cothetas Discretad	All
0524T	Endovenous Catheter Directed	All
	Chemical Ablation With Balloon	
	Isolation Of Incompetent Extremity	
	Vein, Open Or Percutaneous,	
	Including All Vascular Access,	
	Catheter Manipulation, Diagnostic	
	Imaging, Imaging Guidance And	
	Monitoring	
0525T	Insertion Or Replacement Of	All
	Intracardiac Ischemia Monitoring	
	System, Including Testing Of The Lead	
	And Monitor, Initial System	
	Programming, And Imaging	
	Supervision And Interpretation;	
	Complete System (Electrode And	
	Implantable Monitor)	
0526T	Insertion Or Replacement Of	All
33231	Intracardiac Ischemia Monitoring	TW.
	System, Including Testing Of The Lead	
	And Monitor, Initial System	
	Programming, And Imaging	
	<u> </u>	
	Supervision And Interpretation;	
05075	Electrode Only	A11
0527T	Insertion Or Replacement Of	All
	Intracardiac Ischemia Monitoring	
	System, Including Testing Of The Lead	
	And Monitor, Initial System	
	Programming, And Imaging Supervision	
	And Interpretation; Implantable	
	Monitor Only	
0528T	Programming Device Evaluation (In	All
	Person) Of Intracardiac Ischemia	
	Monitoring System With Iterative	
	Adjustment Of Programmed Values,	
	With Analysis, Review, And Report	
0529T	Interrogation Device Evaluation (In	All
	Person) Of Intracardiac Ischemia	
	Monitoring System With Analysis,	
	Review, And Report	
0530T	Removal Of Intracardiac Ischemia	All
	Monitoring System, Including All	
	Imaging Supervision And	
	Interpretation; Complete System	
	(Electrode And Implantable Monitor)	
0531T	Removal Of Intracardiac Ischemia	All
03311		Att
	Monitoring System, Including All	
	Imaging Supervision And	
I	Interpretation; Electrode Only	

Page **46** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0532T	Removal Of Intracardiac Ischemia Monitoring System, Including All Imaging Supervision And Interpretation; Implantable Monitor Only	All
0533T	Continuous Recording Of Movement Disorder Symptoms, Including Bradykinesia, Dyskinesia, And Tremor For 6 Days Up To 10 Days; Includes Set-Up, Patient Training, Configuration Of Monitor, Data Upload, Analysis And Initial Report Configuration, Download Review, Interpretation And Report	All
0534T	Continuous Recording Of Movement Disorder Symptoms, Including Bradykinesia, Dyskinesia, And Tremor For 6 Days Up To 10 Days; Set-Up, Patient Training, Configuration Of Monitor	All
0535T	Continuous Recording Of Movement Disorder Symptoms, Including Bradykinesia, Dyskinesia, And Tremor For 6 Days Up To 10 Days; Data Upload, Analysis And Initial Report Configuration	All
0536T	Continuous Recording Of Movement Disorder Symptoms, Including Bradykinesia, Dyskinesia, And Tremor For 6 Days Up To 10 Days; Download Review, Interpretation And Report	All
0541T	Myocardial Imaging By Magnetocardiography (Mcg) For Detection Of Cardiac Ischemia, By Signal Acquisition Using Minimum 36 Channel Grid, Generation Of Magnetic-Field Time-Series Images, Quantitative Analysis Of Magnetic Dipoles, Machine Learning-Derived Clinical Scoring, And Automated Report Generation, Single Study;	All

Page **47** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0542T	Myocardial Imaging By	All
	Magnetocardiography (Mcg) For	
	Detection Of Cardiac Ischemia, By Signal Acquisition Using Minimum 36	
	Channel Grid, Generation Of	
	Magnetic-Field Time-Series Images,	
	Quantitative Analysis Of Magnetic	
	Dipoles, Machine Learning-Derived	
	Clinical Scoring, And Automated	
	Report Generation, Single Study;	
	Interpretation And Report	
0543T	Transapical Mitral Valve Repair,	All
	Including Transthoracic	
	Echocardiography, When Performed,	
	With Placement Of Artificial Chordae Tendineae	
0545T	Transcatheter Tricuspid Valve	All
03131	Annulus Reconstruction With	Au .
	Implantation Of Adjustable Annulus	
	Reconstruction Device,	
	Percutaneous Approach	
0546T	Radiofrequency Spectroscopy, Real	All
	Time, Intraoperative Margin	
	Assessment, At Time Of Partial	
0547T	Mastectomy, With Report	All
054/1	Bone-Material Quality Testing By Microindentation(S) Of The	All
	Tibia(S), With Results Reported As	
	A Score	
0548T	Transperineal Periurethral Balloon	All
	Continence Device; Bilateral	
	Placement, Including Cystoscopy And	
	Fluoroscopy	
0549T	Transperineal Periurethral Balloon	All
	Continence Device; Unilateral	
	Placement, Including Cystoscopy And	
0550T	Fluoroscopy Transperineal Periurethral Balloon	All
03301	Continence Device; Removal, Each	Att
	Balloon	
0551T	Transperineal Periurethral Balloon	All
	Continence Device; Adjustment Of	
	Balloon(S) Fluid Volume	

Page **48** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0553T	Percutaneous Transcatheter Placement Of Iliac Arteriovenous Anastomosis Implant, Inclusive Of All Radiological Supervision And Interpretation, Intraprocedural Roadmapping, And Imaging Guidance Necessary To Complete The Intervention	All
0554T	Bone Strength And Fracture Risk Using Finite Element Analysis Of Functional Data, And Bone-Mineral Density, Utilizing Data From A Computed Tomography Scan; Retrieval And Transmission Of The Scan Data, Assessment Of Bone Strength And Fracture Risk And Bone Mineral Density, Interpretation And Report	All
0555T	Bone Strength And Fracture Risk Using Finite Element Analysis Of Functional Data, And Bone- Mineral Density, Utilizing Data From A Computed Tomography Scan; Retrieval And Transmission Of The Scan Data	All
0556T	Bone Strength And Fracture Risk Using Finite Element Analysis Of Functional Data, And Bone-Mineral Density, Utilizing Data From A Computed Tomography Scan; Assessment Of Bone Strength And Fracture Risk And Bone Mineral Density	All
0557T	Bone Strength And Fracture Risk Using Finite Element Analysis Of Functional Data, And Bone- Mineral Density, Utilizing Data From A Computed Tomography Scan; Interpretation And Report	All
0558T	Computed Tomography Scan Taken For The Purpose Of Biomechanical Computed Tomography Analysis	All
0559T	Anatomic Model 3D-Printed From Image Data Set(S); First Individually Prepared And Processed Component Of An Anatomic Structure	All

Page **49** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

OFCOT	
O560T Anatomic Model 3D-Printed From All	
Image Data Set(S); Each Additional	
Individually Prepared And Processed	
Component Of An Anatomic Structure	
(List Separately In Addition To Code	
For Primary Procedure)	
<b>0561T</b> Anatomic Guide 3D-Printed And All	
Designed From Image Data Set(S); First	
Anatomic Guide	
O562T Anatomic Guide 3D-Printed And All	
Designed From Image Data Set(S);	
Each Additional Anatomic Guide (List	
Separately In Addition To Code For	
Primary Procedure)	
	1-H04.129
using heat delivered through	
wearable, open-eye eyelid treatment	
devices and manual gland expression,	
bilateral (For evacuation of	
meibomian gland using manual gland	
expression only	
0564T Oncology, Chemotherapeutic Drug All	
Cytotoxicity Assay Of Cancer Stem	
Cells (Cscs), From Cultured Cscs	
And Primary Tumor Cells,	
Categorical Drug Response	
Reported Based On Percent Of	
Cytotoxicity Observed, A Minimum	
Of 14 Drugs Or Drug Combinations	
0565T Autologous Cellular Implant All	
Derived From Adipose Tissue For	
·	
The Treatment Of Osteoarthritis Of	
The Knees; Tissue Harvesting And	
Cellular Implant Creation	
O566T Injection Of Cellular Implant Into All	
Knee Joint Using Ultrasound	
Guidance, Unilateral	
Permanent Fallopian Tube Occlusion All	
With Degradable Temporary	
Biopolymer Implant, Trans-Cervical	
Approach, Including Transvaginal	
Ultrasound	
O568T Introduction Of Mixture Of Saline All	
And Air For Sonosalpingography To	
Confirm Occlusion Of Fallopian	
O569T Transcatheter Tricuspid Valve All	
Repair, Percutaneous Approach;	
Initial Prosthesis	l

Page **50** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0570T	Each Additional Prosthesis During Same Session (List Separately	All
0581T	Ablation, Malignant Breast Tumor(S), Percutaneous, Cryotherapy, Including Imaging Guidance When Performed, Unilateral	All
0582T	Transurethral Ablation Of Malignant Prostate Tissue By Direct Current Heated High Energy Water Vapor Thermotherapy, Including Intraoperative Imaging And Needle Guidance	All
0583T	Tympanostomy (Requiring Insertion Of Ventilating Tube), Using An Automated Tube Delivery System, Iontophoresis Local Anesthesia	All
0587T	Percutaneous Implantation Or Replacement Of Integrated Neurostimulation System Including Electrode Array And Receiver Or Pulse Generator, Including Analysis, Programming, And Imaging Guidance When Performed, Posterior Tibial Nerve	All
0588T	Revision Or Removal Of Integrated Neurostimulation System Including Electrode Array And Receiver Or Pulse Generator, Including Analysis, Programming, And Imaging Guidance When Performed, Posterior Tibial Nerve	All
0589T	Electronic Analysis With Simple Programming Of Implanted Integrated Neurostimulation System (Eg, Electrode Array And Receiver), Including Contact Group[S], Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Dose Lockout, Patient Selectable Parameters, Responsive Neurostimulation, Detection Algorithms, Closed-Loop Parameters, And Passive Parameters When Performed By Physician Or Other Qualified Health Care Professional, Posterior Tibial Nerve, 1-3 Parameters	All

Page **51** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

OFOOT	Floring to an about 101	All
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional,	All
	posterior tibial nerve, 4 or more	
	parameters	
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	All
0596T	Temporary female intraurethral	All
	valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	All
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	All
0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)	All

Page **52** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	All
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	All
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	All
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	All
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	All
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	All

Page **53** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

OCOOT	Demoke many 1 1 1 1	LAH
0608T	Remote monitoring of an external	All
	continuous pulmonary fluid	
	monitoring system, including	
	measurement of radiofrequency-	
	derived pulmonary fluid levels, heart	
	rate, respiration rate, activity,	
	posture, and cardiovascular rhythm	
	(eg, ECG data), transmitted to a	
	remote 24-hour attended surveillance	
	center; analysis of data received and	
	transmission of reports to the	
	physician or other qualified health	
	care professional	
0609T	Magnetic resonance spectroscopy,	All
00071		Att
	determination and localization of	
	discogenic pain (cervical, thoracic,	
	or lumbar); acquisition of single	
	voxel data, per disc, on biomarkers	
	(ie, lactic acid, carbohydrate,	
	alanine, laal, propionic acid,	
	proteoglycan, and collagen) in at	
	least 3 discs	
0610T	Magnetic resonance spectroscopy,	All
00101	determination and localization of	Att
	discogenic pain (cervical, thoracic,	
	or lumbar); transmission of	
	biomarker data for software	
	analysis	
0611T	Magnetic resonance spectroscopy,	All
	determination and localization of	
	discogenic pain (cervical, thoracic,	
	or lumbar); postprocessing for	
	algorithmic analysis of biomarker	
	data for determination of relative	
	chemical differences between discs	
0642T		All
0612T	Magnetic resonance spectroscopy,	All
	determination and localization of	
	discogenic pain (cervical, thoracic,	
	or lumbar); interpretation and	
	report	
0613T	Percutaneous transcatheter	All
	implantation of interatrial septal	
	shunt device, including right and	
	left heart catheterization,	
	intracardiac echocardiography, and	
	9 1 7	
	imaging guidance by the	
	proceduralist, when performed	

Page **54** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0614T	Removal and replacement of substernal implantable defibrillator pulse generator	All
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	All
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	All
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	All
0621T	Trabeculostomy ab interno by laser	All
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	All
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	All
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	All

Page **55** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0625T	Automated quantification and	All
00231	characterization of coronary	
	atherosclerotic plaque to assess	
	severity of coronary disease, using	
	data from coronary computed	
	tomographic angiography;	
	computerized analysis of data from	
	coronary computed tomographic	
	_ · · · · · · · · · · · · · · · · · · ·	
0626T	angiography Automated quantification and	All
06261	characterization of coronary	Att
	1	
	atherosclerotic plaque to assess	
	severity of coronary disease, using	
	data from coronary computed	
	tomographic angiography; review of	
	computerized analysis output to	
	reconcile discordant data,	
06277	interpretation and report	All
0627T	Percutaneous injection of allogeneic	All
	cellular and/or tissue-based product,	
	intervertebral disc, unilateral or	
	bilateral injection, with fluoroscopic	
0/007	guidance, lumbar; first level	All
0628T	Percutaneous injection of allogeneic	All
	cellular and/or tissue-based product,	
	intervertebral disc, unilateral or	
	bilateral injection, with fluoroscopic	
	guidance, lumbar; each additional	
	level (List separately in addition to	
04207	code for primary procedure)	All
0629T	Percutaneous injection of allogeneic	All
	cellular and/or tissue-based product,	
	intervertebral disc, unilateral or	
	bilateral injection, with CT guidance,	
04207	lumbar; first level	All
0630T	Percutaneous injection of allogeneic	All
	cellular and/or tissue-based product,	
	intervertebral disc, unilateral or	
	bilateral injection, with CT guidance,	
	lumbar; each additional level (List	
	separately in addition to code for	
0424	primary procedure)	All
0631T	Transcutaneous visible light	All
	hyperspectral imaging measurement	
	of oxyhemoglobin, deoxyhemoglobin,	
	and tissue oxygenation, with	
	interpretation and report, per	
Ī	extremity	

Page **56** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0/22	Davas da manas a dua mente de la com	All
0632T	Percutaneous transcatheter ultrasound ablation of nerves	All
	innervating the pulmonary arteries,	
	including right heart catheterization,	
	pulmonary artery angiography, and all	
	imaging guidance	
0633T	Computed tomography, breast,	All
	including 3D rendering, when	
	performed, unilateral; without	
	contrast material	
0634T	Computed tomography, breast,	All
	including 3D rendering, when	
	performed, unilateral; with contrast	
	material(s)	
0635T	Computed tomography, breast,	All
	including 3D rendering, when	
	performed, unilateral; without	
	contrast, followed by contrast	
	material(s)	
0636T	Computed tomography, breast,	All
	including 3D rendering, when	
	performed, bilateral; without contrast	
	material(s)	
0637T	Computed tomography, breast,	All
	including 3D rendering, when	
	performed, bilateral; with contrast	
	material(s)	
0638T	Computed tomography, breast,	All
	including 3D rendering, when	
	performed, bilateral; without	
	contrast, followed by contrast	
06207	material(s)	All
0639T	Wireless skin sensor thermal	All
	anisotropy measurement(s) and	
	assessment of flow in cerebrospinal	
	fluid shunt, including ultrasound	
0640T	guidance, when performed  Noncontact near-infrared	All
00401	spectroscopy studies of flap or	All
	wound (eg, for measurement of	
	deoxyhemoglobin, oxyhemoglobin,	
	and ratio of tissue oxygenation	
	[StO2]); image acquisition,	
	interpretation and report, each	
	flap or wound	
	Trap or would	

Page **57** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

		-
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	All
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	All
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	All
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	All
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	All
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	All

Page **58** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0649T	Quantitative magnetic resonance	All
	for analysis of tissue composition	/***
	(eg, fat, iron, water content),	
	including multiparametric data	
	acquisition, data preparation and	
	transmission, interpretation and	
	report, obtained with diagnostic	
	MRI examination of the same	
	anatomy (eg, organ, gland, tissue,	
	target structure) (List separately in	
	addition to code for primary	
	procedure)	
0652T	Esophagogastroduodenoscopy,	All
	flexible, transnasal; diagnostic,	
	including collection of specimen(s)	
	by brushing or washing, when	
	performed (separate procedure)	
0653T	Esophagogastroduodenoscopy,	All
	flexible, transnasal; with biopsy,	
	single or multiple	
0654T	Esophagogastroduodenoscopy,	All
00541	flexible, transnasal; with insertion	All
	of intraluminal tube or catheter	
0655T	Transperineal focal laser ablation	All
00331	I	Att
	of malignant prostate tissue,	
	including transrectal imaging	
	guidance, with MR-fused images or	
0/5/5	other enhanced ultrasound imaging	All
0656T	Vertebral body tethering, anterior;	All
	up to 7 vertebral segments	
0657T	Vertebral body tethering, anterior;	All
	8 or more vertebral segments	
0658T	Electrical impedance spectroscopy	All
	of 1 or more skin lesions for	
	automated melanoma risk score	
0659T	Transcatheter intracoronary	All
	infusion of supersaturated oxygen	
	in conjunction with percutaneous	
	coronary revascularization during	
	acute myocardial infarction,	
	including catheter placement,	
	imaging guidance (eg, fluoroscopy),	
	angiography, and radiologic	
	supervision and interpretation	
0660T	Implantation of anterior segment	All
30001	intraocular nonbiodegradable drug-	Att
	eluting system, internal approach	

Page **59** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

0661T	Pomoval and roimplantation of	All
00011	Removal and reimplantation of anterior segment intraocular	All
	nonbiodegradable drug-eluting	
	implant	
0664T		All
00041	Donor hysterectomy (including cold	All
	preservation); open, from cadaver donor	
0665T		All
00031	Donor hysterectomy (including cold	All
	preservation); open, from living donor	
0666T		All
00001	Donor hysterectomy (including cold	All
	preservation); laparoscopic or	
0667T	robotic, from living donor	All
06671	Donor hysterectomy (including cold	All
	preservation); recipient uterus	
	allograft transplantation from	
0668T	cadaver or living donor	All
00001	Backbench standard preparation of	All
	cadaver or living donor uterine	
	allograft prior to transplantation,	
	including dissection and removal of	
	surrounding soft tissues and	
	preparation of uterine vein(s) and	
0669T	uterine artery(ies), as necessary  Backbench reconstruction of	All
00091	cadaver or living donor uterus	Att
	allograft prior to transplantation;	
	venous anastomosis, each	
0670T	Backbench reconstruction of	All
00701	cadaver or living donor uterus	Att
	allograft prior to transplantation;	
	arterial anastomosis, each	
15780	Dermabrasion; Total Face (Eg, For	L71.0-L71.9
13700	Acne Scarring, Fine Wrinkling,	L7 1.0 L7 1.7
	Rhytids, General Keratosis)	
15781	Dermabrasion; Segmental, Face	L71.0-L71.9
15782	Dermabrasion; Regional, Other	L71.0-L71.9
13702	Than Face	L7 1.0 L7 1.7
15783	Dermabrasion; Superficial, Any	L71.0-L71.9
13703	Site, (Eg, Tattoo Removal)	271.0 271.7
15788	Chemical Peel, Facial; Epidermal	L71.0-L71.9
15789	Chemical Peel, Facial; Dermal	L71.0-L71.9
15792	Chemical Peel, Nonfacial; Epidermal	L71.0-L71.9
15792	Chemical Peel, Nonfacial; Dermal	L71.0-L71.9
15824	Rytidectomy	G43.001-G43.919
13024	Rytidectomy	G44.0-G44.89
15826	Glabellar Frown Lines	G43.001-G43.919 G44.0-G44.89
13020	Glabellai Filowii Lilles	U43.001-043.717 044.0-044.89

Page **60** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

17000	Destruction By Any Method, Including	L71.0-L71.9
17000	Laser, With Or Without Surgical	L/1.0-L/1./
	Curettement, All Benign Or Pr	
17003	Destruction By Any Method, Including	L71.0-L71.9
17003	Laser, With Or Without Surgical	L/1.0-L/1.9
	,	
17004	Curettement, All Benign Or Pr Destruction By Any Method, Including	L71.0-L71.9
17004	Laser, With Or Without Surgical	L/1.0-L/1.9
	,	
17106	Curettement, All Benign Or Pr	L71.0-L71.9
17106	Destruction Of Cutaneous Vascular	L/1.0-L/1.9
	Proliferative Lesions (Eg, Laser	
17107	Technique); Less Than 10 Sq Cm	L71.0-L71.9
17107	Destruction Of Cutaneous Vascular	L/1.0-L/1.9
	Proliferative Lesions (Eg, Laser	
47400	Technique); 10.0 - 50.0 Sq Cm	174 0 174 0
17108	Destruction Of Cutaneous Vascular	L71.0-L71.9
	Proliferative Lesions (Eg, Laser	
20540	Technique); Over 50.0 Sq Cm	All
20560	Needle Insertion(S) Without	All
	Injection(S); 1 Or 2 Muscle(S)	
20561	Needle Insertion(S) Without	All
20074	Injection(S); 3 Or More Muscles	
20974	Electrical Stimulation To Aid Bone	M43.22
	Healing; Noninvasive (Non-Operative)	
20975	Electrical Stimulation to Aid Bone	M43.15-M43.17 M48.05-M48.07
	Healing; Incvasive (Operative)	M51.04-M51.9
22526	Percutaneous Intradiscal	All
	Electrothermal Annuloplasty,	
	Unilateral Or Bilateral Including	
	Fluoroscopic Guidance; Single Level	
22527	Or More Additional Levels (List	All
	Separately In Addition To Code For	
	Primary Procedure	
22857	Total Disc Arthroplasty (Artificial	All
	Disc), Anterior Approach, Including	
	Discectomy To Prepare Interspace	
	(Other Than For Decompression),	
	Single Interspace, Lumbar	
22862	Revision Including Replacement Of	All
	Total Disc Arthroplasty (Artificial	
	Disc), Anterior Approach, Single	
	Interspace; Lumbar	

Page **61** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level Second Level (List Separately In Addition To Code For Primary Procedure	All
22868	Second Level (List Separately In Addition To Code For Primary Procedure	All
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	All
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	All
28890	Extracorporeal Shock Wave, High Energy, Performed By A Physician, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia	M72.2 M75.20-M75.22 M77.00-M77.02 M77.10-M77.12 M84.311-M84.38 M87.051-M87.059
30130	Excision Inferior Turbinate Partial Or Complete, Any Method	G43.001-G43.919 G44.0-G44.89
30140	Submucous Resection Inferior Turbinate, Partial Or Complete, Any Method	G43.001-G43.919 G44.0-G44.89
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	All
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft	
30660	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial Thermoplasty, 1 Lobe	All
30661	With Bronchial Thermoplasty, 2 Or More Lobes	All

Page **62** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

31626	Bronchoscopy, Rigid Or Flexible, Including fluoroscopic Guidance, When Performed; Withplacement Of Fiducial Markers, Single Or Multiple	C34.00- C34.92
31627	Bronchoscopy, Rigid Or Flexible, Including fluoro-Scopic Guidance, When Performed; Withcomputer- Assisted, Image- Guided Navigation (List Separately In Addition To Code For Primary	C34.00- C34.92
31647	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, When Performed, Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valve(S), Initial Lobe	All
31648	With Removal Of Bronchial Valve(S), Initial Lobe	All
31649	With Removal Of Bronchial Valve(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure).	All
31651	With Balloon Occlusion, When Performed, Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valve(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure[S])	All
31660	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Bronchial Thermoplasty, 1 Lobe	All
31661	With Bronchial Thermoplasty, 2 Or More Lobes	All
33274	Transcatheter Insertion Or Replacement Of Permanent Leadless Pacemaker, Right Ventricular, Including Imaging Guidance (Eg, Fluoroscopy, Venous Ultrasound, Ventriculography, Femoral Venography) And Device Evaluation (Eg, Interrogation Or Programming), When Performed	All
33275	Transcatheter Removal Of Permanent Leadless Pacemaker, Right Ventricular	All

Page **63** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

33289	Transcatheter Implantation Of Wireless Pulmonary Artery Pressure Sensor For Long- Term Hemodynamic Monitoring, Including Deployment And Calibration Of The Sensor, Right Heart Catheterization, Selective Pulmonary Catheterization, Radiological Supervision And Interpretation, And Pulmonary Artery Angiography, When Performed	All
33548	Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Performed (Eg, Ventricular Remodeling, Svr, Saver, Dor Procedures)	125.3 125.5 142.0
34701	Endovascular Repair Of Infrarenal Aorta By Deployment Of An Aorto-Aortic Tube Endograft Including Pre-Procedure Sizing And Device Selection, All Nonselective Catheterization(S), All Associated Radiological Supervision And Interpretation, All Endograft Extension(S) Placed In The Aorta From The Level Of The Renal Arteries To The Aortic Bifurcation, And All Angioplasty/Stenting Performed From The Level Of The Renal Arteries To The Aortic Bifurcation; For Other Than Rupture (Eg, For Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer)	171.00-171.9

Page **64** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

- 1=-c	T_ , _ ,	174 00 174 0
34702	Endovascular Repair Of Infrarenal	I71.00-I71.9
	Aorta By Deployment Of An Aorto-	
	Aortic Tube Endograft Including Pre-	
	Procedure Sizing And Device	
	Selection, All Nonselective	
	Catheterization(S), All Associated	
	Radiological Supervision And	
	Interpretation, All Endograft	
	Extension(S) Placed In The Aorta From	
	The Level Of The Renal Arteries To	
	The Aortic Bifurcation, And All	
	Angioplasty/Stenting Performed From	
	The Level Of The Renal Arteries To	
	The Aortic Bifurcation; For Rupture	
	Including Temporary Aortic And/Or	
	Iliac Balloon Occlusion, When	
	Performed (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
	Penetrating Ulcer, Traumatic	
	Disruption)	
34703	Endovascular Repair Of Infrarenal	171.00-171.9
	Aorta And/Or Iliac Artery(Ies) By	
	Deployment Of An Aorto- Uni-Iliac	
	Endograft Including Pre-Procedure	
	Sizing And Device Selection, All	
	Nonselective Catheterization(S), All	
	Associated Radiological Supervision	
	And Interpretation, All Endograft	
	Extension(S) Placed In The Aorta From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation, And All	
	Angioplasty/Stenting Performed From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation; For Other Than	
	Rupture (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
	Penetrating Ulcer)	

Page **65** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

34704	Endovescular Donair Of Infrarent	I71.00-I71.9
34/04	Endovascular Repair Of Infrarenal	1/ 1.00-1/ 1.7
	Aorta And/Or Iliac Artery(les) By	
	Deployment Of An Aorto-Uni- Iliac	
	Endograft Including Pre-Procedure	
	Sizing And Device Selection, All	
	Nonselective Catheterization(S), All	
	Associated Radiological Supervision	
	And Interpretation, All Endograft	
	Extension(S) Placed In The Aorta From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation, And All	
	Angioplasty/Stenting Performed From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation; For Rupture	
	Including Temporary Aortic And/Or	
	Iliac Balloon Occlusion, When	
	Performed (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
	Penetrating Ulcer, Traumatic	
	Disruption)	
34705	Endovascular Repair Of Infrarenal	171.00-171.9
	Aorta And/Or Iliac Artery(Ies) By	
	Deployment Of An Aorto-Bi- Iliac	
	Endograft Including Pre-Procedure	
	Sizing And Device Selection, All	
	Nonselective Catheterization(S), All	
	Associated Radiological Supervision	
	And Interpretation, All Endograft	
	Extension(S) Placed In The Aorta From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation, And All	
	Angioplasty/Stenting Performed From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation; For Other Than	
	Rupture (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
i	Penetrating Ulcer)	

Page **66** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

34706	Endovascular Repair Of Infrarenal	I71.00-I71.9
	Aorta And/Or Iliac Artery(les) By	
	Deployment Of An Aorto-Bi- Iliac	
	Endograft Including Pre-Procedure	
	Sizing And Device Selection, All	
	Nonselective Catheterization(S), All	
	Associated Radiological Supervision	
	And Interpretation, All Endograft	
	Extension(S) Placed In The Aorta From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation, And All	
	Angioplasty/Stenting Performed From	
	The Level Of The Renal Arteries To	
	The Iliac Bifurcation; For Rupture	
	Including Temporary Aortic And/Or	
	Iliac Balloon Occlusion, When	
	Performed (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
	Penetrating Ulcer, Traumatic	
	Disruption)	
34707	Endovascular Repair Of Iliac Artery	171.00-171.9
	By Deployment Of An Ilio-Iliac Tube	
	Endograft Including Pre-Procedure	
	Sizing And Device Selection, All	
	Nonselective Catheterization(S), All	
	Associated Radiological Supervision	
	And Interpretation, And All	
	Endograft Extension(S) Proximally	
	To The Aortic Bifurcation And	
	Distally To The Iliac Bifurcation, And Treatment Zone	
	Angioplasty/Stenting, When	
	Performed, Unilateral; For Other	
	Than Rupture (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
	Arteriovenous Malformation)	

Page **67** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

2.4700		174 00 174 0
34708	Endovascular Repair Of Iliac Artery	171.00-171.9
	By Deployment Of An Ilio-Iliac Tube	
	Endograft Including Pre-Procedure	
	Sizing And Device Selection, All	
	Nonselective Catheterization(S), All	
	Associated Radiological Supervision	
	And Interpretation, And All	
	Endograft Extension(S) Proximally	
	To The Aortic Bifurcation And	
	Distally To The Iliac Bifurcation,	
	And Treatment Zone	
	Angioplasty/Stenting, When	
	Performed, Unilateral; For Rupture	
	Including Temporary Aortic And/Or	
	Iliac Balloon Occlusion, When	
	Performed (Eg, For Aneurysm,	
	Pseudoaneurysm, Dissection,	
	Arteriovenous Malformation,	
24042	Traumatic Disruption)	NO 4 90
36012	Selective Catheter Placement,	N94.89
	Venous System; Second Order, Or	
	More Selective, Branch (Eg, Left	
37241	Adrenal vein, petrosal sinus)	N94.89
3/241	Vascular Embolization Or Occlusion	1174.07
	Inclusive Of All Radiological	
	Supervision And Interpretation	
	Intraprocedural Roadmapping And	
	Imaging Guidance Necessary To Complete The Intervention; Venous	
	Other	
38242	Allogeneic Donor Lymphocyte	C81.00-C96.9
30242	Infusions	201.00 270.7
41512	Tongue Base Suspension,	G47.09-G47.39
71312	Permanent Suture Technique	G47.07 G47.37
43201	Esophagoscopy, Rigid Or Flexible;	K21.0
43201	With Directed Submucosal	K21.9
	Injection(S), Any Substance	INZ 1.7
43206	Esophagoscopy Rigid Or Flexible;	K22.70-K22.719
.5255	With Optical Endomicroscopy	Z13.810 Z13.811 Z13.83
43210	Esophagogastroduodenoscopy	K21.0 K21.9
13210	Flexible Transoral; With	1421.0141.7
	Esophagogastric Fundoplasty Partial	
	Or Complete Includes	
	Duodenoscopy When Performed	
43212	Esophagoscopy Flexible Transoral;	K21.0 K21.9
73212	With Placement of Endoscopic Stent	NZI.U NZI.7
	(Includes Pre- And Post-Dilation And	
	,	
	Guide Wire Passage When Performed)	

Page **68** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

42252	Hanna Castariatastical Endagana	1/22 70 1/22 740 742 040 742 044
43252	Upper Gastrointestinal Endoscopy	K22.70-K22.719 Z13.810 Z13.811
	Including Esophagus Stomach And	Z13.83
	Either The Duodenum And/Or	
	Jejunumas Appropriate; With Optical Endomicroscopy	
43257	Esophagogastroduodenoscopy Flexible	K21.0 K21.9
	Transoral; With Delivery Of Thermal	
	Energy To The Muscle Of Lower	
	Esophageal Sphincter And/Or Gastric	
	Cardia For Treatment Of	
	Gastroesophageal Reflux Disease	
43284	Laparoscopy Surgical Esophageal	K21.0 K21.9
	Sphincter Augmentation Procedure	
	Placement Of Sphincter Augmentation	
	Device (Ie Magnetic Band) Including	
	Cruroplasty When Performed	
43285	Removal Of Esophageal Sphincter	K21.0 K21.9
	Augmentation Device	
43647	Laparoscopy, Surgical; Implantation Or	
	Replacement Of Gastric	E13.43 K31.89
	Neurostimulator Electrodes, Antrum	
43648	Revision Or Removal Of Gastric	E08.43 E09.43 E10.43 E11.43
	Neurostimulator Electrodes, Antrum	E13.43 K31.89
43881	Implantation Or Replacement Of	E08.43 E09.43 E10.43 E11.43
	Gastric Neurostimulator Electrodes,	E13.43 K31.89
	Antrum, Open	
43882	Revision Or Removal Of Gastric	E08.43 E09.43 E10.43 E11.43
	Neurostimulator Electrodes, Antrum,	E13.43 K31.89
44707	Open	LV(2 2 LV(2 5
46707	Repair Of Anorectal Fistula With Plug	K60.0-K60.5
	(Eg, Procine Small Intestine	
47274	Submucosa [Sis])	622.0.622.0
47371	Laparoscopy, Surgical, Ablation Of	C22.0-C22.9
	1 Or More Liver Tumor(S);	C78.7
47381	Cryosurgical	C22.0-C22.9
4/301	Ablation, Open, 1 Or More Liver	C78.7
47202	Tumor(S); Cryosurgical	
47383	Ablation, 1 Or More Liver Tumor(S),	C22.0-C22.9 C78.7
5171 <b>5</b>	Percutaneous, Cryoablation Endoscopic Injection Of Implant	N39.3 R15.0-R15.9
51715	Material Into The Submucosal Tissues	ל.כוא-ט.כוא כ.לכאו 
	Of The Urethra And/Or Bladder Neck	
EE70/		All
55706	Biopsies, Prostate, Needle,	All
	Transperineal, Stereotactic Template	
	Guided Saturation Sampling, Including	
	Imaging Guidance.	

Page **69** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	All
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	All
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	All
61632	Destruction By Neurolytic Agent, Plantar Common Digital	All
61885	Insertion Or Replacement Of Cranial Neurostimulator Pluse Generator Or Receiver, Direct Or Inductive Coupling; With Connection To A Single Electrode Array	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
61886	Incision And Subcutaneous Placement Of Cranial Neurostimulator Pulse Generator Or Receiver, Direct	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
62263	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (Eg, Hypertonic Saline, Enzyme) Or Mechanical Means (Eg, Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days.	G96.8 G96.9
62264	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (Eg, Hypertonic Saline, Enzyme) Or Mechanical Means (Eg, Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day.	G96.8 G96.9
62287	Percutaneous Decompression Procedure Of The Lumbar Spine	All

Page **70** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

10005	T	T 411
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, I Interspace, Lumbar	All
64454	Injection(S), Anesthetic Agent(S) And/Or Steroid; Genicular Nerve Branches, Including Imaging Guidance, When Performed	All
64553	Percutaneous Implantation Of Neurostimulator Electrodes; Cranial Nerve	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
64568	Incision For Implantation Of Cranial Nervestimulation Electrode Array And Pulse Generator	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
64569	Incision For Implantation Of Cranial Nervestimulation Electrode Array And Pulse Generatorrevision Or Replacement	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
64570	Incision For Implantation Of Cranial Nervestimulation Electrode Array And Pulse Generatorremoval Of The Elctrode Or Generator	F32.0-F33.9 G43.0-G44.89 H93.1-H93.19 H93.A1-H93.A9 M79.7 I50-I50.9 S06-S06.9X9
64590	Insertion Or Replacement Of Peripheral Or Gastri Neurostimulator Pulse Generator Or Receiver, Direct, Or Inductive Coupling	E08.43 E09.43 E10.43 E11.43 E13.43 K31.89
64595	Revision Or Removal Of Peripheral Or Gastric Neurostimulator Pulse Generator Or Receiver	E08.43 E09.43 E10.43 E11.43 E13.43 K31.89
64624	Destruction By Neurolytic Agent, Genicular Nerve Branches Including Imaging Guidance, When Performed	All
64625	Radiofrequency Ablation, Nerves Innervating The Sacroiliac Joint, With Image Guidance (le, Fluoroscopy Or Computed Tomography)	All
64632	Destruction By Neurolytic Agent; Plantar Common Digital Nerve	G57.60-G57.62
64640	Destruction By Neurolytic Agent; Other Peripheral Nerve Or Branch	
64716	Neuroplasty And/Or Transposition; Cranial Nerve (Specify)	G43.001-G43.919 G44.0-G44.89

Page **71** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

64722	Decompression, Unspecified Nerve (Specify)	G43.001-G43.919 G44.0-G44.89
64771	Transection Or Avulsion Of Other Cranial Nerve, Extradural	G43.001-G43.919 G44.0-G44.89
64772	Transection Or Avulsion Of Other Spinal Nerve, Extradural	G43.001-G43.919 G44.0-G44.89
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	C61 N52.0-52.9
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	C61 N52.0-52.9
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	C61 N52.0-52.9
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	C61 N52.0-52.9
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Coronal Approach)	G43.001-G43.919 G44.0-G44.89
75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary Calcium	I25.10-I25.119 I25.700-I25.799 Z13.6
76120	Cineradiography/Videoradiograp, Except Where Specifically Included	All
76125	Cineradiography/Videoradiography To Complement Routine Examination (List Separately In Addition To Code For Primary Procedure)	All
76940	Ultrasound Guidance For, And Monitoring Of, Parenchymal Tissue Ablation	C22.0-C22.9 C78.7
77085	Dual-Energy X-Ray Absorptiometry (Dxa), Bone Density Study, 1 Or More Sites; Axial Skeleton (Eg, Hips, Pelvis, Spine), Including Vertebral Fracture Assessment	M80.08 M80.88 M81.0 M81.6 M81.8 Z13.820 Z13.828
77086	Vertebral Fracture Assessment Via Dual-Energy X-Ray Absorptiometry (Dxa)	M80.08 M80.88 M81.0 M81.6 M81.8 Z13.820 Z13.828
78195	Lymphatics And Lymph Node Imaging	C50.011-C50.929 C61 R92.0-R92.8 Z12.31-Z12.39
78800	Radiopharmaceuti-Cal Localization Of Tumor Or Distribution Of Radiopharmaceutical Agent(S); Limited Area	R92.0-R92.8 Z12.31-Z12.39

Page **72** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

78801	Radiopharmaceuti-Cal Localization Of Tumor Or Distribution Of Radiopharmaceutical Agent(S);	R92.0-R92.8 Z12.31-Z12.39
	Multiple Areas	
78802	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiopharmaceutical Agent(S); Whole Body, Single Day Imaging	R92.0-R92.8 Z12.31-Z12.39
78804	Radiopharmaceutical Localization Of Tumor Or Distribution Of Radiopharmaceutical Agent(S); Whole Body, Requiring 2 Or More Days Imaging	R92.0-R92.8 Z12.31-Z12.39
78835	Radiopharmaceutical Quantification Measurement(S) Single Area (List Separately In Addition To Code For Primary Procedure)	All
81226	Cyp2D6 (Cytochrome P450, Family 2, Subfamily D, Polypeptide 6) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1Xn, *2Xn, *4Xn)	C50.011-C50.929 C79.81 D05.01-D05.99 D07.30-D07.39 Z13.71-Z13.79 Z85.3 Z80.3
81277	Cytogenomic Neoplasia Microarray Analysis	All
81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)	D68.51 D68.52 D68.59 F01-F99 G89-0-G89.4 R52 Z13.6 Z82.41 Z82.49
81313	Pca3/Klk3 (Prostate Specific Antigen 3 [Non- Protein Coding]/Kallikrein- Related Peptidase 3 [Prostate Specific Antigen]) Ratio (Eg, Prostate Cancer)	All
81400	Molecular Pathology Procedure, Level 1 (Eg, Identification Of Single Germline Variant [Eg, Snp] By Techniques Such As Restriction Enzyme Digestion Or Melt Curve Analysis) Includes The Following Test: Lct (Lactase-Phlorizin Hydrolase) (Eg, Lactose Intolerance), 13910 C>T Variant	
81401	Apoe Common Varients	Z13.6 Z82.41 Z82.49

Page **73** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

81403	Molecular Pathology Procedure Level 4 (Eg Analysis Of Single Exon By Dna Sequence Analysis Analysis Of >10 Amplicons Using Multiplex Pcr In 2 Or More Independent Reactions Mutation Scanning Or Duplica Tion/Deletion Variants Of 2-5 Exons) Ang (Angiogen In Ribonuclease Rnase A Family 5) (Eg Amyotrophic	I42.0 O36.0110-O36.0199 Z31.82
81406	Molecular Pathology Procedure, Level 7 (Eg, Analysis Of 11-25 Exons By Dna Sequence Analysis, Mutation Scanning Or Duplication/Deletion Variants Of 26-50 Exons, Cytogenomic Array Analysis For Neoplasia)	142.0
81407	Molecular Pathology Procedure, Level 8 (Eg, Analysis Of 26-50 Exons By Dna Sequence Analysis, Mutation Scanning Or Duplication/Deletion Variants Of >50 Exons, Sequence Analysis Of Multiple Genes On One Platform)	142.0
81415	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis	F70.0-F79
81416	Sequence Analysis, Each Comparator Exome (Eg, Parents, Siblings) (List Separately In Addition To Code For Primary Procedure)	F80.0-F89
81417	Re-Evaluation Of Previously Obtained Exome Sequence (Eg, Updated Knowledge Or Unrelated Condition/Syndrome)	Q00.0-Q99.9
81439	Inherited Cardiomyopathy (Eg, Hypertrophic Cardiomyopathy, Dilated Cardiomyopathy, Arrhythmogenic Right Ventricular Cardiomyopathy) Genomic Sequence Analysis Panel, Must Include Sequencing Of At Least 5 Genes, Including Dsg2, Mybpc3, Myh7, Pkp2, And Ttn (New 01/01/2017)	142.0
81490	Autoimmune (Rheumatoid Arthritis) Analysis Of 12 B Iomarkers Using Immunoassays Utilizing Serum Progn Ostic Algorithm Reported As A Disease Activity Score	All

Page **74** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

81493	Coronary Artery Disease, mRNA, Gene Expression Profiling By Real-Time Rt- Pcr Of 23 Genes, Utilizing Whole Peripheral Blood, Algorithm Reported As A Risk Score.	I25.10 Z15.89 Z13.6
81500	Oncology (Ovarian), Biochemical Assays Of Two Proteins (Ca125 And He4), Utilizing Serum, With Menopausal Status, Algorithm Reported As A Risk Score - Is Specific To The Roma Test.	D27.0-D27.9 D39.10-D39.12 D49.511, D49.512, D49.159, D49.59 R19.01-R19.02
81503	Oncology (Ovarian), Biochemical Assays Of Five Proteins (Ca125, Apolipoprotein A1, Beta-2 Microglobulin, Transferrin And Prealbumin), Utilizing Serum, Algorithm Reported As A Risk Score - Is Specific To Ova1.	D27.0-D27.9 D39.10-D39.12 D49.511, D49.512, D49.159, D49.59 R19.01-R19.02
81504	Oncology (Tissue Of Origin), Microarray Gene Expression Profiling Of >2000 Genes, Utilizing Formalin- Fixed Paraffin Embedded Tissue, Algorithm Reported As Tissue Similarity Scores	C79.9 C80.0 C80.1
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	All

Page **75** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

LOAEAC	Oncolony (hypoth) DNA	All
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-	All
	PCR of 11 genes (7 content and 4	
	housekeeping), utilizing formalin-fixed	
	paraffin-embedded tissue, algorithms	
	reported as percentage risk for	
	metastatic recurrence and likelihood	
	of benefit from extended endocrine	
	therapy	
81535	Oncology (Gynecologic), Live Tumor	C00.0-C96.9
	Cell Culture And Chemotherapeutic	
	Response By Dapi Stand And	
	Morphology, Predictive Algorithm	
	Reported As A Drug Response Score;	
	First Single Drug Or Drug Combination	
81536	Each Additional Single Drug Or Drug	C00.0-C96.9
	Combination (List Separately In	
	Addition To Code For Primary	
	Procedure)	
81538	Oncology (Lung), Mass Spectrometric	C34.10-C34.92
01330	8-Protein Signature, Including Amyloid	63 1. 10 63 1. 72
	A, Utilizing Serum, Prognostic And	
	Predictive Algorithm Reported As Good	
	Versus Poor Overall Survival	
0.4506		All
I X 15 70		
81539	Oncology (High-Grade Prostate	All
81539	Cancer), Biochemical Assay Of Four	All
81539	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact	
81539	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus	
81539	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal	
81539	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of	
81539	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing	
81539	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported	
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score	
81539 81540	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score Oncology (Tumor Of Unknown Origin),	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By	
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As A Probability Of A	C79.9
	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As A Probability Of A Predicted Main Cancer Type And	C79.9
81540	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As A Probability Of A Predicted Main Cancer Type And Subtype  Cardiology (Heart Transplant), mRNA,	C79.9 C80.0 C80.1
81540	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As A Probability Of A Predicted Main Cancer Type And Subtype  Cardiology (Heart Transplant), mRNA, Gene Expression Profiling By Real-Time	C79.9 C80.0 C80.1
81540	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As A Probability Of A Predicted Main Cancer Type And Subtype  Cardiology (Heart Transplant), mRNA, Gene Expression Profiling By Real-Time Quantitative Pcr Of 20 Genes (11	C79.9 C80.0 C80.1
81540	Cancer), Biochemical Assay Of Four Proteins (Total Psa, Free Psa, Intact Psa And Human Kallikrein 2 [Hk2]) Plus Patient Age, Digital Rectal Examination Status, And No History Of Positive Prostate Biopsy, Utilizing Plasma, Prognostic Algorithm Reported As A Probability Score  Oncology (Tumor Of Unknown Origin), mRNA, Gene Expression Profiling By Real-Time Rt-Pcr Of 92 Genes (87 Content And 5 Housekeeping) To Classify Tumor Into Main Cancer Type And Subtype, Utilizing Formalin-Fixed Paraffin- Embedded Tissue, Algorithm Reported As A Probability Of A Predicted Main Cancer Type And Subtype  Cardiology (Heart Transplant), mRNA, Gene Expression Profiling By Real-Time	C79.9 C80.0 C80.1

Page **76** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

82107	Alpha-Fetoprotein (Afp); Afp-L3 Fraction Isoformand Total Afp (Including Ratio)	All
82172	Apolipoprotein	All
82239	Bile acids; total	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
82397	Chemiluminescent	Z13.6 Z82.41 Z82.49
82523	Collagen Cross-Links, Any Method	M81.0-M81.8 Z13.820 Z82.62
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), nondrug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
82610	Cystatin C	All
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	Z13.6 Z82.41 Z82.49
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
82664	Electrophoretic technique, not elsewhere specified	All
82710	Fat or lipids, feces; quantitative	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
82715	Fat differential, feces, quantitative	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89

Page **77** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

		1.0.4.0.4.0.4.0
82725	fatty acids, nonesterified	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8,
		K58.9 K59.8
		K63.9
		K90.89
83006	Growth Stimulation Expressed Gene 2	150.1-150.9
	(St2 Interleukin 1 Receptor Like-1)	
83520	(Immunoassay For Analyte Other Than	A04.8, A04.9 F03.90, F03.91
	Infectious Agent Antibody Or	G30.0-G30.9
	Infectious Agent Antigen;	G31.1 K58.0, K58.1, K58.2,
	Quantitative; Not Otherwise	K58.8,
	Specified)	K58.9 K59.8 K63.9 K90.89 R41.0
92420	Lactoforria focale qualitativo	R41.81 Z13.858
83630	Lactoferrin, fecal; qualitative	A04.8, A04.9
		K58.0, K58.1, K58.2, K58.8, K58.9 K59.8
		K63.9 K90.89
83695	Lipoprotein (A)	Z13.6
	Lipoprotein (A)	Z82.41 Z82.49
83698	Lipoprotein-Associated	Z13.6 Z82.41 Z82.49
	Phospholipase A2 (Lp- Pla2)	
83721	Lipoprotein, direct measurement;	All
	LDL cholesterol	
83722	Lipoprotein, Direct Measurement;	All
	Small Dense Ldl Cholesterol	
83880	Natriuretic Peptide	All
83937	Osteocalcin (Bone G1A Protein)	E21.0
		M81.0-M81.8 M88
02007		N25.0 Z13.820 Z82.62
83986	pH; body fluid, not otherwise	A04.8, A04.9
	specified	K58.0, K58.1, K58.2, K58.8,
		K58.9 K59.8 K63.9 K90.89
83987	pH; exhaled breath condensate	All
84080	Phosphatase, Alkaline; Isoenzymes	E21.0
<del>5-1000</del>	i nospilatase, Athatine, isoenzymes	M81.0-M81.8 M88
		N25.0 Z13.820 Z82.62
84181	Western Blot, With Interpretation	All
-	And Report	
84311	Spectrophotometry, analyte not	A04.8, A04.9
	elsewhere specified	K58.0, K58.1, K58.2, K58.8,
		K58.9 K59.8
		K63.9 K90.89
85384	Fibrinogen; Activity	Z13.6
		Z82.41 Z82.49
85385	Fibrinogen; antigen	All
86141	C-Reactive Protein; High Sensitivity	Z13.6 Z82.41 Z82.49
	(Hscrp)	

Page **78** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

86304	Immunoscov For Tumor Antigon	Z12.73
60304	Immunoassay For Tumor Antigen, Quantitative; Ca-125)	212.73
86305	Human Epididymis Protein 4 (He4).	All
86352	Cellular Function Assay Involving	T86.10-T86.819
0033 <u>2</u>	Stimulation (Eg, Mitogen Or	T86.890-T86.899 Z94.0-Z94.4
	Antigen) And Detection Of	Z94.83-Z94.89 Z94.9
	Biomarker (Eg, Atp).	271.03 271.07 271.7
87045	Culture, bacterial; stool, aerobic, with	A04.8, A04.9
0,015	isolation and preliminary examination	K58.0, K58.1, K58.2, K58.8,
	(eg, KIA, LIA), Salmonella and Shigella	K58.9 K59.8
	species	K63.9 K90.89
87046	Culture, bacterial; stool, aerobic,	A04.8, A04.9
	additional pathogens, isolation and	K58.0, K58.1, K58.2, K58.8,
	presumptive identification of	K58.9 K59.8
	isolates, each plate	K63.9 K90.89
87075	Culture, bacterial; any source,	A04.8, A04.9
	except blood, anaerobic with	K58.0, K58.1, K58.2, K58.8,
	isolation and presumptive	K58.9 K59.8
	identification of isolates	K63.9
		K90.89
87102	Culture, fungi (mold or yeast)	A04.8, A04.9
	isolation, with presumptive	K58.0, K58.1, K58.2, K58.8,
	identification of isolates; other source	K58.9 K59.8
	(except blood)	K63.9
		K90.89
87177	Ova and parasites, direct smears,	A04.8, A04.9
	concentration and identification	K58.0, K58.1, K58.2, K58.8,
		K58.9 K59.8
87209	Control	K63.9 K90.89
8/209	Smear, primary source with	A04.8, A04.9
	interpretation; complex special stain	K58.0, K58.1, K58.2, K58.8, K58.9 K59.8
	(eg, trichrome, iron hemotoxylin) for	K63.9 K90.89
87328	ova and parasites Infectious agent antigen detection	A04.8, A04.9
6/326	1.	
	by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-	K58.0, K58.1, K58.2, K58.8,   K58.9 K59.8
	linked immunosorbent assay [ELISA],	K63.9 K90.89
	immunochemiluminometric assay	105.7 170.07
	[IMCA]) qualitative or	
	semiquantitative, multiple-step	
	method; cryptosporidium	
	methou, cryptosporiulum	

Page **79** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

		1
87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; giardia	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Entamoeba histolytica dispar group	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID- 19])	All
88375	Optical Endomicroscopic Image(S) Interpretation And Report Real- Time Or Referred Each Endoscopic Session	K22.70-K22.719 Z13.810 Z13.811 Z13.83
89160	Meat fibers, feces	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
89161	fibers, feces	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
89240	Unlisted miscellaneous pathology test	A04.8, A04.9 K58.0, K58.1, K58.2, K58.8, K58.9 K59.8 K63.9 K90.89
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	All

Page **80** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

		,
90627	Tick-borne encephalitis virus	All
	vaccine, inactivated; 0.5 mL	
	dosage, for intramuscular use	
90671	Pneumococcal conjugate vaccine,	All
	15 valent (PCV15), for	
	intramuscular use	
90677	Pneumococcal conjugate vaccine,	All
70077		Att
	20 valent (PCV20), for	
00750	intramuscular use	All
90758	Zaire ebolavirus vaccine, live, for	All
	intramuscular use	
90876	Application Of A Modality To One Or	F98.0
	More Areas; Electrical Stimulation	F98.1 N39.3
	(Unattended)	N39.041-N39.498 R15.9
92229	Imaging of retina for detection or	All
	monitoring of disease; point-of-	
	care automated analysis and	
	report, unilateral or bilateral	
92549	Computerized Dynamic	All
	Posturography Sensory Organization	
	Test.	
93050	Arterial Pressure Waveform Analysis	All
/3030	For Assessment Of Central Arterial	Att
	Pressures, Includes Obtaining	
	1	
	Waveform(S), Digitization And	
	Application Of Nonlinear  Mathematical Transformations To	
	Determine Central Arterial Pressures	
	And Augmentation Index, With	
	Interpretation And Report, Upper	
22244	Extremity Artery, Non-Invasive	411
93264	Remote Monitoring Of A Wireless	All
	Pulmonary Artery Pressure Sensor For	
	Up To 30 Days, Including At Least	
	Weekly Downloads Of Pulmonary	
	Artery Pressure Recordings,	
	Interpretation(S), Trend Analysis, And	
	Report(S) By A Physician Or Other	
	Qualified Health Care Professional	
93356	Myocardial Strain Imaging	All
93701	Bioimpedance-Derived Physiologic	150.1-150.9
	Cardiovascular Analysis	
93895	Quantitative Carotid Intima Media	Z13.6
73073	Thickness And Carotid Atheroma	213.0
05012	Evaluation, Bilateral	All
95012	Nitric Oxide Expired Gas	All
	Determination	

Page **81** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

95812	Electroencephalogram (EEG)	F90.0-F90.9
	extended monitoring; 41-60 minutes	
95813	Electroencephalogram (EEG)	F90.0-F90.9
	extended monitoring; 61-119	
05044	minutes	500.0 500.0
95816	Electroencephalogram (EEG); including	F90.0-F90.9
05040	recording awake and drowsy	F00 0 F00 0
95819	Electroencephalogram (EEG);	F90.0-F90.9
	including recording awake and asleep	
95905	Motor And/Or Sensory Nerve	All
73703	Conduction, Using Preconfigured	All
	Electrode Array(S), Amplitude And	
	Latency/Velocity Study, Each Limb,	
	Includes F-Wave Study When	
	Performed, With Interpretation And	
	Report.	
95921	Testing Of Autonomic Nervous	ANY OF A LARGE NUMBER OF
	System Function; Cardiovagal	DIAGNOSIS CODES MIGHT
	Innervation (Parasympathetic	APPLY TO THIS POLICY, THE FOLLOWING IS NOT A
	Function), Including 2 Or More Of The Following: Heart Rate	COMPLETE LIST:
	Response To Deep Breathing With	E10.40-E10.49 E85.1-E85.8
	Recorded R-R Interval, Valsalva	G61.0-G61.9 G90.01-G90.9
	Ratio, And 30:15 Ratio	M32.0-M32.9 M35.00-M35.09 R55
95922	Testing Of Autonomic Nervous System	ANY OF A LARGE NUMBER OF
	Function; Vasomotor Adrenergic	DIAGNOSIS CODES MIGHT APPLY
	Innervation (Sympathetic Adrenergic	TO THIS POLICY, THE
	Function), Including Beat-To-Beat	FOLLOWING IS NOT A COMPLETE
	Blood Pressure And R-R Interval	LIST:
	Changes During Valsalva Maneuver And	E10.40-E10.49 E85.1-E85.89
	At Least 5 Minutes Of Passive Tilt	G61.0-G61.9 G90.01-G90.9
95923	Tosting Of Autonomic Norwous System	M32.0-M32.9 M35.00-M35.09 R55 ANY OF A LARGE NUMBER OF
73723	Testing Of Autonomic Nervous System Function; Sudomotor, Including 1 Or	DIAGNOSIS CODES MIGHT APPLY
	More of The Following: Quantitative	TO THIS POLICY, THE
	Sudomotor Axon Reflex Test (Qsart),	FOLLOWING IS NOT A COMPLETE
	Silastic Sweat Imprint,	LIST:
	Thermoregulatory Sweat Test, And	E10.40-E10.49 E85.1-E85.89
	Changes In Sympathetic Skin Potential	G61.0-G61.9 G90.01-G90.9
		M32.0-M32.9 M35.00-M35.09 R55

Page **82** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

95924	Testing Of Autonomic Nervous System Function; Combined Parasympathetic And Sympathetic Adrenergic Function Testing With At Least 5 Minutes Of Passive Tilt	ANY OF A LARGE NUMBER OF DIAGNOSIS CODES MIGHT APPLY TO THIS POLICY, THE FOLLOWING IS NOT A COMPLETE LIST: E10.40-E10.49 E85.1-E85.89 G61.0-G61.9 G90.01-G90.9 M32.0-M32.9 M35.00-M35.09 R55
95943	Simultaneous, Independent, Quantitative Measures Of Both Parasympathetic Function And Sympathetic Function, Based On Time- Frequency Analysis Of Heart Rate Variability Concurrent With Time- Frequency Analysis Of Continuous Respiratory Activity, With Mean Heart Rate And Blood Pressure Measures, During Rest, Paced (Deep) Breathing, Valsalva Maneuvers, And Head-Up Postural Change	ANY OF A LARGE NUMBER OF DIAGNOSIS CODES MIGHT APPLY TO THIS POLICY, THE FOLLOWING IS NOT A COMPLETE LIST: E10.40-E10.49 E85.1-E85.8 G61.0-G61.9 G90.01-G90.9 M32.0-M32.9 M35.00-M35.09 R55
95957	Digital Analysis Of Electroencephalogram (Eeg) (Eg, For Epileptic Spike Analysis)	F90.0-F90.9
95976	Electronic Analysis Of Implanted Neurostimulator Pulse Generator/Transmitter (Eg, Contact Group[S], Interleaving, Amplitude, Pulse Width, Frequency [Hz], On/Off Cycling, Burst, Magnet Mode, Dose Lockout, Patient Selectable Parameters, Responsive Neurostimulation, Detection Algorithms, Closed Loop Parameters, And Passive Parameters) By Physician Or Other Qualified Health Care Professional; With Simple Cranial Nerve Neurostimulator Pulse Generator/Transmitter Programming By Physician Or Other Qualified Health Care Professional	All

Page **83** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

95977	Electronic Analysis Of Implanted	All
73777	Neurostimulator Pulse	A
	Generator/Transmitter (Eg,	
	Contact Group[S], Interleaving,	
	Amplitude, Pulse Width, Frequency	
	[Hz], On/Off Cycling, Burst, Magnet	
	Mode, Dose Lockout, Patient	
	Selectable Parameters, Responsive	
	Neurostimulation, Detection	
	Algorithms, Closed Loop	
	Parameters, And Passive	
	Parameters) By Physician Or Other	
	Qualified Health Care Professional;	
	With Complex Cranial Nerve	
	Neurostimulator Pulse	
	Generator/Transmitter	
	Programming By Physician Or Other	
	Qualified Health Care Professional	
95980	Electronic Analysis Of Implanted	E08.43 E09.43 E10.43 E11.43
	Neurostimulator Pulse Generator	E13.43 K31.89
	System (Eg, Rate, Pulse Amplitude	
	And Duration, Configuration Of Wave	
	Form, Battery Status, Electrode	
	Selectability, Output Modulation,	
	Cycling, Impedance And Patient	
	Measurements), Gastric	
	Neurostimulator Pulse	
	Generator/Transmitter;	
	Intraoperative, With Programming	
95981	Subsequent, Without	E08.43 E09.43 E10.43 E11.43
	Reprogramming	E13.43 K31.89
95982	Subsequent, With Reprogramming	E08.43 E09.43 E10.43 E11.43
	, , , , , , , , , , , , , , , , , , , ,	E13.43 K31.89
96904	Whole Body Integumentary	C43.0-C43.9
	Photography, Formonitoring Of High	D22.0-D22.9 D23.0-D23.9
	Risk Patients With Dysplasticnevus	
	Syndrome Or A History Of Dysplastic	
	Nevi, Orpatients With A Personal Or	
	Familial History Of Melanoma	
97014	Application of a modality to 1 or more	F98.0 F98.1 N39.3
	areas; electrical stimulation	N39.41 -N39.498 R15.9
	(unattended)	

Page **84** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021

97032	Application Of A Modality To One Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	E08.621 E08.622 E09.621 E09.622 E10.621 E10.622 E11.621 E11.622 E13.621 E13.622 F98.0 F98.1 I83.001-I83.029 I83.201-I83.229 L00-L08.9 L89.00-L89.95 L97.10- L97.929 L98.41-L98.499 L99 N39.3 N39.41-N39.498 R15.9
97033	Ionotphoresis	All
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	All
97610	Low Frequency, Non-Contact, Nonthermal Ultrasound, Including Topical Application(S), When Performed, Wound Assessment, And Instruction(S) For Ongoing Care, Per Day.	E08.621 E08.622 E09.621 E09.622 E10.621 E10.622 E11.621 E11.622 E13.621 E13.622 I83.001-I83.029 I83.201-I83.229 L00-L08.9 L89.00- L89.95 L98.411-L98.499 L97.10-L97.929 L98.411-L98.499
98922	Testing Of Autonomic Nervous System Function; Vasomotor Adrenergic Innervation (Sympathetic Adrenergic Function), Including Beat-To-Beat Blood Pressure And R-R Interval Changes During Valsalva Maneuver And At Least 5 Minutes Of Passive Tilt	ANY OF A LARGE NUMBER OF DIAGNOSIS CODES MIGHT APPLY TO THIS POLICY, THE FOLLOWING IS NOT A COMPLETE LIST: E10.40-E10.49 E85.1-E85.8 G61.0-G61.9 G90.01-G90.9 M32.0-M32.9 M35.00-M35.09 R55

Page **85** of **85** Medical Policy Number: 10.01.VT204 Effective Date: 09/01/2021