



New and Emerging Technology - Coverage Status

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

New and emerging medical and behavioral healthcare procedures, pharmaceuticals, and devices (collectively "technologies") are often prescribed by physicians and/or marketed to the public before FDA or other government agency approval, or research is available in peer-reviewed literature documenting efficacy, safety, and long-term positive outcomes.

New and emerging technologies are reviewed by the New Technologies and Operational Criteria (NTOC) Committee which is chaired by a PacificSource Medical Director. The PacificSource Behavioral Health Medical Director or behavioral healthcare professional designee is involved in the decision-making process for behavioral healthcare services. Pharmaceuticals are reviewed by the PacificSource Pharmacy and Therapeutics (P&T) committee.

The NTOC Committee bases its recommendation of coverage on review and evaluation of the following resources:

- Available peer-reviewed and evidenced-based literature
- Survey of standards of care and coverage
- Consultation with specialists and expert professionals
- PacificSource group and individual contracts
- Medicare and Medicaid requirements

This “New and Emerging Technologies – Coverage Status” policy outlines the evaluation process of new and emerging technology as well as coverage status of items considered experimental, investigational, or unproven.

Procedure

Commercial

Evaluation Process

The NTOC Committee reviews and evaluates new technology and new application of existing technology of medical and behavioral healthcare procedures and devices. NTOC Committee members represent key departments and stakeholders who have operational insight or responsibility for applying the criteria developed by the Committee. A PacificSource Medical Director chairs the NTOC Committee and ensures the Behavioral Health Medical Director or behavioral healthcare professional designee is involved in the decision-making process for behavioral healthcare services.

Agenda items for the NTOC Committee to review for coverage status are collected from multiple sources, which include, but are not limited to:

- New CPT or HCPCS codes
- New FDA approvals
- Provider inquiries
- Reports of new technology acquired by a community provider or anticipated to have widespread acceptance
- Utilization reviews and trends
- Vendor requests – vendor requests for reassessment of coverage position are limited to an annual review unless there is a change in FDA status or Hayes, Inc. rating

To inform its decision-making, the NTOC Committee reviews peer-reviewed and evidence-based information, which indicates if the technology is in general use or a community standard, is under continued scientific review (testing/research), is shown to have a demonstrable benefit, or is shown to be safe and efficacious). The reviews may consist of the following:

- Technology assessment consisting of:
 - Information from appropriate government regulatory bodies such as Food and Drug Administration (FDA) and Centers for Medicare & Medicaid Services (CMS)
 - Assessment of peer-reviewed literature and their conclusions concerning:
 - Effect of the technology on health outcomes, with emphasis on random controlled clinical trial outcomes
 - Evidence comparing new technology to established alternatives
 - Results attained outside of investigational settings, with emphasis on studies that were not underwritten by the manufacturer or other sponsor with financial interest in the service or technology
 - Report on long term studies indicating improved health outcomes and clinical trials now recruiting or in process

- Information available from evidence-based resources may vary depending on treatment procedure or device. The evidenced-based resources, which relies on the judgment of experts, include the following resources, with additional resources reviewed as necessary based on the technology being reviewed:
 - Agency for Healthcare Research and Quality (AHRQ)
 - Carelon Medical Benefits Management Clinical Guidelines, formerly AIM (AIM Specialty Health) Clinical Guidelines
 - Alliance of Community Health Plans (ACHP)
 - American College of Radiology® (ACR)
 - American Hospital Formulary Service Drug Information (AHFS® DI™)
 - Bree Collaborative – Foundation for Health Care Quality
 - Centers for Disease Control and Prevention (CDC)
 - Cochrane Collaboration
 - Facts and Comparison®
 - Hayes, Inc., and Hayes Genetic Testing Evaluation Service
 - MCG Health
 - MEDLINE® (component of PubMed®)
 - Micromedex®
 - National Comprehensive Cancer Network® (NCCN)
 - National Institute for Health and Care Excellence (NICE)
 - Oregon Health Evidence Review Commission (HERC)
 - Professional Societies Recommendations and Practice Guidelines
 - UpToDate®
 - U.S. Pharmacopeia Dispensing Information
 - Washington Health Technology Assessment (HTA)
 - Washington Health Technology Clinical Committee (HTCC)
- Survey of similar market carriers and their published coverage position and/or medical policy concerning the service of technology under review
- Utilization and authorization data, as available and applicable

The PacificSource Medical Director may seek input or consult with specialists and professionals who have expertise in the technology when additional information is needed.

The NTOC committee, which includes a Medical Director, makes a determination based on the review of the technology that results in one of two options:

- Covered service, which may include developing specific clinical guidelines criteria
- Deemed experimental, investigational, or unproven (E/I/U) and added to the “New and Emerging Technologies – Coverage Status” policy or as an E/I/U item to an existing policy related to the technology reviewed

- A technology may be indicated for archival (i.e., remains unproven but only requires a review upon request) when the following conditions are met:
 - The scientific evidence does not support clinical efficacy of the technology demonstrated by ONE of the following:
 - There is no general use within the medical community, i.e., the technology does not meet community standards
 - There have not been clinical studies for five or more years, indicating the technology is no longer under scientific review
 - The technology has not been proven to have a demonstratable benefit or been shown to be safe and efficacious
 - Claims utilization indicates PacificSource has not received a request for a period of at least two years
- The unproven technology which has been determined to be archivable, will be moved to an excel sheet (NTOC Agenda Review Schedule) on the [Special Function SharePoint site](#) and noted as archived in the modification history along with associated codes

Quality Oversight

The “New and Emerging Technologies – Coverage Status” policy will be reviewed at least annually.

In addition, an annual report summarizing the NTOC review activity is presented to our Clinical Quality and Utilization Management (CQUM) committee, which consists of external providers and PacificSource Medical Directors, for review.

Medicaid

PacificSource Community Solutions (PCS) follows Guideline Notes 172 and 173 of the OHP Prioritized List of Health Services for guidance on New and Emerging Technology. In the absence of OHP guidance, PCS will follow this policy.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Experimental/Investigational/Unproven Determinations for Coverage Status

The new and emerging medical technologies, in the following list have been determined by the NTOC Committee to be experimental, investigational, or unproven (E/I/U) and therefore are not covered. The impact of these technologies on health outcomes has not been established as the current scientific evidence is either not yet sufficient or does not support clinical efficacy.

The NTOC Committee has the authority to add new technologies or revise the determinations listed below based on additional review of current scientific evidence, advice, and recommendations by the NTOC Committee.

Experimental/Investigational/Unproven Determinations for Coverage Status

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

PROCEDURE	CPT HCPCS	COVERAGE STATUS
AcuDetoX (Auricle Acupuncture) treatment for prevention, treatment, and harm reduction of substance use.	No Specific Code 97810 97811	Not Covered (Experimental/Investigational/Unproven) (Refer to Contract for coverage as well)
Allogeneic haemopoietic stem cell transplantation (HSCT) for Crohn's Disease	No Specific Code 36240	Not Covered (Experimental/Investigational/Unproven)
Artificial Iris (Custom Flex) for the Treatment of Aniridia (e.g. Custom Flex Artificial Iris)	C1839	Not Covered (Experimental/Investigational/Unproven)
Artificial Retina prosthesis device (Retinal Prosthesis) (e.g., the Angus I & II)	C1842 C1841 L8608	Not Covered (Experimental/Investigational/Unproven)
Autologous Serum Eye Drops for treatment of dry eye disease and all other indications.	No specific code 68899	Not Covered (Experimental/Investigational/Unproven)
Avise CTD, Avise SLE, Avise MCV, Avise MTX, SLE-key-Rule Out Test – Prognostic tests for Systemic Lupus Erythematosus (SLE) and Connective Tissue diseases	0312U, 0062U	Not Covered (Experimental/Investigational/Unproven)
Cala Trio (Cala Health, Inc.) for Treatment of Essential Tremor – (also referred to as transcutaneous afferent patterned stimulation (TAPS)) (e.g.; Cala One and Cala Trio)	E0734; A4542	Not Covered (Experimental/Investigational/Unproven)
Coil embolization of hemorrhoids (Emborrhoid technique) embolization of the hemorrhoidal arteries.	No Specific Code 37241, 37244	Not Covered (Experimental/Investigational/Unproven)
Continuous Passive Motion (CPM) for Knees and all other indications	E0935, E0936	Not Covered (Experimental/Investigational/Unproven) (Legacy Employee Health Plan covers for knees)
Cryoablation for chronic rhinitis (allergic or nonallergic) (e.g., ClariFix device)	No Specific Code 31243	Not Covered (Experimental/Investigational/Unproven)

PROCEDURE	CPT HCPCS	COVERAGE STATUS
Cranial Electrotherapy Stimulation (CES), also known as cranial electrical stimulation, transcranial electrical stimulation (e.g., Alpha Stim Device, CES Ultra) for all indications	E0732, A4596	Not Covered (Experimental/Investigational/Unproven)
Deep Brain Stimulation (e.g. Reclaim DBS) for Obsessive-compulsive disorder and comorbid psychiatric disorders.	No specific Code CPT Codes: 61863 61864 61867 61868 61880 61850 61860 HCPC Codes: L8680 L8685 L8686 L8687 L8688	Not Covered (Experimental, Investigational/Unproven)
DISC Nucleoplasty (Radiofrequency Coblation) a percutaneous disc decompression (PDD) or radiofrequency coblation -used to treat herniated discs (e.g., ArthroCare System, Per-D Spine Wand)	S2348	Not Covered (Experimental, Investigational/Unproven)
EarliPoint™ Evaluation - diagnosing and assessing autism in children 16 to 30 months old	No specific Code 97110 97112	Not Covered (Experimental/Investigational/Unproven).
Endothelial Function Assessment or testing - Non-invasive (e.g., EndoPAT 2000 test, Peripheral Arterial Tonometry (PAT)) for risk of atherosclerosis and cardiovascular disease	No Specific Code 93998	Not Covered (Experimental/Investigational/Unproven).
Esophageal cooling device (e.g.; ensoETM) for all indications	No Specific Code 43499 C1889	Not Covered (Experimental/Investigational/Unproven).
External Trigeminal Nerve Stimulation (eTNS) System (e.g. Monarch; NeuroSigma) indication ADHD in children aged 7 to 12 years	E0733 A4541	Not Covered (Experimental/Investigational/Unproven).
Extracorporeal shock wave therapy (ESWT),	28890	Not Covered (Experimental/Investigational/Unproven).
Gastric Emptying Breath Test – (Cairn 13C-Spirulina Gastric	0106U	Not Covered

PROCEDURE	CPT HCPCS	COVERAGE STATUS
Emptying Breath Test (GEBT) - measurement of the rate of gastric emptying in adults		(Experimental/Investigational/Unproven)
Gait Analysis (computerized) (Motion Analysis) for all indications.	96000, 96001	Not Covered (Experimental/Investigational/Unproven)
Ganglion Impar block for Coccydynia, pelvic pain, and all other indications	No Specific Code 64999	Not Covered (Experimental/Investigational/Unproven)
Geniculate artery embolization (GAE) (embolization of the knee) – treatment of osteoarthritis related knee pain	No Specific Code 37242	Not Covered (Experimental/Investigational/Unproven) Approved for coverage of knee hemarthrosis
Implantable shock absorber (e.g., MISHA knee system) for all indications	No Specific Code L8699 27599	Not Covered (Experimental;/investigational/Unproven)
Interactive Metronome Training (e.g., attention deficit hyperactivity disorder or any other indication)	No Specific Code 97110, 97112	Not Covered (Experimental/Investigational/Unproven)
Interferential Current Stimulation Therapy (IFS/ICT) (electrical stimulation) for all indications.	S8130, S8131	Not Covered (Experimental/Investigational/Unproven)
Intra-arterial Infusion (Embolization) of imipenem/cilastatin sodium (IPM/CS) refractory interphalangeal (DIP) joint- Osteoarthritis (OA) and all other indications.	No Specific Code 37242 20999	Not Covered (Experimental/Investigational/Unproven)
Intravascular Lithotripsy (IVL) – (Shockwave intravascular lithotripsy system (IVL)) Coronary	C1761	Not Covered (Experimental/Investigational/Unproven)
iovera (Pacira Biosciences Inc.) System (cold injection) for Knee Osteoarthritis	No Specific Code 64640, 0441T	Not Covered (Experimental/Investigational/Unproven)
IsoPSA blood-based test to assess prostate cancer risk	0359U	Not Covered (Experimental/Investigational/Unproven)
Jaw Motion Rehab System--(e.g., TheraBite Jaw Motion Rehabilitation System, OraStretch	E1700, E1701, E1702	Not Covered (Experimental/Investigational/Unproven)

PROCEDURE	CPT HCPCS	COVERAGE STATUS
press, and Dynasplint Trismus System) – all indications		
Latera Nasal Implant (Absorbable nasal implants) for all indications	No Specific Code 30999 30468	Not Covered (Experimental/Investigational/Unproven)
LipiView II Ocular Surface Interferometer images with Dynamic Meibomian Imaging (DMI)	92285	Not Covered (Experimental/Investigational/Unproven)
Lymphaticovenous Anastomosis (LVA) (Lymphovenous bypass or shunt) for lymphedema	No Specific Code 38999, 38308	Not Covered (Experimental/Investigational/Unproven)
Magnetic Resonance Neurography (MRN), (also known as Magnetic Resonance Neurogram or MR Imaging of the Peripheral Nerves (PNI)) for all indications	No Specific Code 76498	Not Covered (Experimental/Investigation/Unproven) (Carelon does not review)
Micro-Current Nerve Therapy (Stimulator) (MET) Devices (e.g., micro-electrical therapy (MET) - decreases pain and facilitate the healing process.	No Specific Code E1399	Not Covered (Experimental/Investigational/Unproven) (May available over the counter without a prescription refer to contract language for over the counter)
MicroGen DX qPCR & NGS Test (MicroGenDX) (also known as Next Generation testing) - test for bacterial/fungi Infection (outpatient only)	0112U	Not Covered (Experimental/investigational/unproven)
MI-HEART Ceramides Risk Score (measures the risk of adverse cardiovascular events) – for all indications	0119U	Not Covered (Experimental/Investigational/Unproven)
MiraDry System aka Microwave or electromagnetic energy (microwave thermolysis) for all indications of hyperhidrosis	No Specific Code 17999	Not Covered (Experimental/Investigational/Unproven)
Nd: YAG laser vitreolysis (YAG Reflex Laser Systems, Ellex) - treatment of vitreous floaters or any other indication	No Specific Code 67031, 67299	Not Covered (Experimental/Investigational/Unproven)
Navigated Transcranial Magnetic Stimulation (nTMS) (Nexstim) Navigated transcranial magnetic	No Specific Code 64999	Not covered (Experimental/Investigational/Unproven)

PROCEDURE	CPT HCPCS	COVERAGE STATUS
stimulation (nTMS) presurgical planning		
Neurofilament light chain (NfL) testing – for all indications	0361U	Not Covered (Experimental/Investigational/Unproven)
Nociceptive Trigeminal Inhibition Tension Suppression System (NTI-TSS or NTI-tension suppression system) for Headaches and Migraines	No Specific Code 21110, D7880, D8210	Not Covered (Experimental/Investigational/Unproven)
Nodify CDT, Nodify XL2 (BDX-XL2); EarlyCDT Test for the risk of malignancy of a lung nodule and all other indications	0360U; 0080U	Not Covered (Experimental/Investigational/Unproven)
Non-Pneumatic Active Dynamic Compression (Dayspring (Koya Medical Inc.)) for Treatment of Lymphedema	No Specific Code E0678, E0679, E0680, E0681, E0682	
Occipital Nerve Stimulation (ONS) - intended to prevent migraines headaches and all other headaches	No Specific Code 64553; 61885; 61886; 64999	Not Covered (Experimental/Investigational/Unproven)
Occipital Nerve Decompression Surgery (ONS) (Also known as Peripheral Occipital nerve decompression surgery or migraine surgery) for Migraine Headaches	No Specific Code 64716, 64722, 64999, 64640	Not Covered (Experimental/Investigational/Unproven).
OSSIOfiber Trimmable Nail System/Compression Screws - Orthopedic Surgeries fixation devices for all indications.	No Specific Code L8699	Not Covered (Experimental/Investigation/Unproven) (May be included in surgical procedure)
Ovarian or Internal Iliac Vein Embolization for Treatment of Pelvic Congestion Syndrome	No Specific Code 37241	Not Covered (Experimental/Investigational/unproven)
Patency Capsule Testing (e.g., PillCam System, Agile System/Capsule) for all indications	No specific code, 91299	Not Covered (Experimental/Investigational/Unproven)
Percutaneous Needled Tenotomy (PNT) (US Percutaneous Needle Tenotomy, Percutaneous Fasciotomy) with or without Tenex	No Specific Code 20999, 27599, 17999, 25999	Not Covered (Experimental/Investigational/Unproven) (May be coded depending on the area of treatment)

PROCEDURE	CPT HCPCS	COVERAGE STATUS
Treatment System - for all indications		
Percutaneous electrical nerve stimulation (PENS)/percutaneous neuromodulation therapy (PNT) all indications (e.g., chronic musculoskeletal or neuropathic pain)	No specific code E1399, 64999	Not Covered (Experimental/Investigational/Unproven).
Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	92972	Not Covered (Experimental/Investigational/Unproven)
PortableConnect/ ROMTech (ROMTech Portable Connect Rehab Adaptive Device) (e.g., postsurgical rehabilitative exercises) for all indications	No Specific Code E1399 90091	Not Covered (Experimental/Investigational/Unproven)
Prescription Digital Therapeutics (PDT) (prescription-only software to manage medical disorders or diseases)	No Specific Code 99199, E1399, T1505, A9291, A9999, A9292	Not Covered (Experimental/Investigational/Unproven)
Pulsed electromagnetic stimulation (PEMF)/Target Pulsed Electromagnetic field therapy (tPEMF)/Electrical Magnetic Therapy (e.g., OthroCor Active Knee System, SoftPulse Device) for all indications	E0761	Not Covered (Experimental/Investigation/Unproven)
Radiofrequency Intradiscal Biacuplasty (IBD) (e.g., Bialys TransDiscal System or Biacuplasty) (referred to as (TIPs)) for all indications	No Specific Code 22899	Not Covered (Experimental/Investigational/Unproven)
Radiofrequency Nasal Valve w/VivAer Device – Treatment of nasal airway obstruction	30469	Not Covered (Experimental/Investigational/Unproven)
Reverse Axillary Lymphatic Mapping (ARM Technique where dye is injected - all indications	No Specific Code 38999, C9756, 92240	Not Covered (Experimental/Investigational/Unproven)
RhinAer Procedure (Aerin Medical) (posterior nasal nerve ablation	No Specific Code 31242 30999	Not Covered (Experimental/Investigational/Unproven)

PROCEDURE	CPT HCPCS	COVERAGE STATUS
using radiofrequency) for Treatment of Chronic Rhinitis		
ShuntCheck® to detect fluid flow in CSF shunt	62252	Not Covered (Experimental/Investigational/Unproven)
SofPulse pulsed electromagnetic therapy (tPEMF) (Shortwave Diathermy device) for all indications	No Specific Code E0761	Not Covered (Experimental/Investigational/Unproven)
Sphenopalatine Ganglion Nerve Block (with or without use of the Spheno-Cath device) for any indication including, but may not be limited to, headaches or trigeminal neuralgia.	No Specific Code 64505	Not Covered (Experimental/Investigational/Unproven)
Subacromial Balloon Spacer Implantation (InSpace) Rotator cuff repair or any other indication	No Specific Code 29999, C9781	Not Covered (Experimental/Investigational/Unproven)
Supraorbital Nerve Block Injection w/Ultrasound (SON) - for all indications (e.g., Migraine Headaches suboccipital neuralgia)	No Specific Code 64400 64999	Not Covered (Experimental/Investigational/Unproven)
Thermal Capsular Shrinkage Therapy (e.g.; Thermal capsulorrhaphy or Electrothermal Shrinkage) for all orthopedic indications	No Specific Code 29999, S2300, 25320	Not Covered (Experimental/Investigational/Unproven)
TissueCypher Barrett's Esophagus Assay (e.g., diagnosis and management of Barrett's esophagus and other esophageal disorders)	0108U	Not Covered (Experimental/Investigational/Unproven)
Trabecular Bone Score (TBS) Bone Mineral Density Measurement) to Predict Fracture Risk in Postmenopausal Patients	77089, 77090, 77091, 77092	Not Covered (Experimental/Investigational/Unproven)
Transcutaneous Vagal Nerve Stimulator (t-VNS) and Vagus Nerve Stimulation (VNS non-implantable) (e.g., depression/Bipolar/psychological disorders and all other indications)	E0735	Not Covered (Experimental/Investigational/Unproven)

PROCEDURE	CPT HCPCS	COVERAGE STATUS
Ultrasound-guided Percutaneous Barbotage procedure (needling and lavage procedure) -all indication except calcific tendinosis of the shoulder	No Specific Code 27299	Not Covered (Experimental/Investigational/Unproven)
Vagus Nerve Stimulation (Non-implantable, noninvasive tVNS, gammaCore Sapphire Device) for cluster and migraine headaches	E0735	Not Covered (Experimental/Investigation/Unproven)
Vascular Lymph Node Transfer (VLNT) also called lymph node transfer (LNT); Lymphatic By-pass Procedure) for all indications	No Specific Code 38999, 38308	Not Covered (Experimental/Investigational/Unproven)
Vertebral axial decompression (e.g., Lordex; VAX-D; DRX, and DRS System), (mechanized spinal distraction therapy or non-surgical traction device) for back pain	S9090	Not Covered (Experimental/Investigational/Unproven)
Virtual Reality Cognitive Behavioral Health therapy device	E1905	Not Covered (Experimental/Investigational/Unproven) (All “T” code related to Virtual Reality denied per Category III Policy)
Whole Body Vibration Platform (Galileo Plate) for all indications	No Specific Code E1399	Not Covered (Experimental/Investigational/Unproven)
Wireless GI Motility Monitoring Capsule Testing (e.g., SmartPill Mobility Testing System) – for all indications	91112	Not Covered (Experimental/Investigational/Unproven)

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Related Policies

Category III Current Procedural Terminology (CPT) Codes

Medical Necessity Reviews

Appendix

Policy Number:

Effective: 1/1/2021

Next review: 2/1/2025

Policy type: Enterprise

Author(s): Pat Hand; Polly Watt-Geier; Eric Lowery

Depts.: Health Services

Applicable regulation(s): NC Social Security Act Section §1862 (a), 42 CFR 411.15(o), NCQA UM 10(A)(B) – Evaluation of New Technology; Guideline Notes 172 and 173 of the OHP Prioritized List of Health Services for guidance on New and Emerging Technology; WAC 284-44-043, WAC 284-46-507, IDS 41-3930, 41-5903, MCA 33-32-103, ARM 37.82.102(c)QA UM 10(A)(B) – Evaluation of New Technology; Guideline Notes 172 and 173 of the OHP Prioritized List of Health Services for guidance on New and Emerging Technology; WAC 284-44-043, WAC 284-46-507, IDS 41-3930, 41-5903, MCA 33-32-1003, ARM 37.82.102(c)

Commercial OPs: 6/2024

Government OPs: 7/2024

Modification History

Date	Modified By	Reviewed By	Modifications
6/18/2024	P. Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD Jeffrey Davis, MD	Added: Esophageal cooling device -CPT Codes 43499 C1889; Deep Brain Stimulation for OCD (multiple codes); Removed: External Trigeminal Nerve Stimulation CPT Codes: K1016, K1017 deleted codes; Cranial Electrotherapy CPT Code: K1002 – deleted code; Archived from annual review (remains E/I/U): Implantable intracardiac pressure monitors (e.g.; CardioMEMS™ Heart Failure (HF) System CPT Code 93264 33289 C2624; HART CADhs® and HART CVE – for all indications (Not FDA Approve) 0308U 0309U; Bronchial Thermoplasty (BT) (e.g., Alair) CPT Codes 31660 31661; Internal Neurolysis “nerve brushing or combing” 64727 69990 (Bundle code) MCG/Contract: No new reviews
5/21/2024	P. Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD Jeffrey Davis, MD	Added: CPT Code S2348 - DISC Nucleoplasty; Nodify CDT test, Nodify XL2 (BDX-XL2) and EarlyCDT Codes 0360U & 0080U Removed: CPT Codes 83520, 84999 & 81599 Avise Lupus testing, CPT Code 96003 -Surface EMG; External Iliac Atherectomy -0238T, 0234T, 0235T, 0236T, 0237T; Archived from annual review (remains E/I/U): Surface electromyography (SEMG) Codes S3900, 96002, 96004; Automated percutaneous lumbar discectomy (Instrumented Spinal Surgery) Code 62287; Auricular electrostimulation Code S8930; Axial Lumbar Interbody Fusion Code 22586 (Instrumented Spinal Surgery); Palatal Stiffening Procedures (Sleep Disorder Treatment) CPT Code 42299, Low-frequency ultrasound debridement devices (e.g.; MIST Therapy System) CPT Code 97610; Monochromatic infrared energy (MIRE) CPT Codes: 97026, A4639, E0221; Pregnancy Ultrasound 4D & 5D CPT Code: 76999, 76499; MCG/Contract: No referral
4/16/2024	Pat Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD Jeffrey Davis, MD	Added: Whole Body Vibration Platform (Galileo Plate) all indications – E1399; EarliPoint™ Evaluation for Autism Spectrum Disorder 97110 97112; Outpatient only to MicroGenDX qPCR+NGS test Removed: Schroth Method –on Manual Therapy Policy (E/I/U);

			<p>Archived from annual review: DCISionRT Test (PreludeDx) -CPT Code 0295U; Prolotherapy CPT Code M0076; Vagus/vagal nerve block, (vagal blocking for obesity control (VBLOC) - 64999– Bariatric Surgery policy</p> <p>MCG/Contract: none</p>
3/19/2024	Pat Hand RN	Justin Montoya MD Miriam McDonell MD Mark Buchholz MD Jeff Davis MD Amy Strachan MD	<p>Added: The iovera° System (cold injection) CPT Code 64640, 0441;</p> <p>Removed: Craniotherapy/ Craniosacral therapy (CST) refer to Manual Therapy Policy; TenoTac® Soft Tissue Fixation System L8641 L8642 to Metatarsophalangeal Joint Replacement Policy; Platelet-rich plasma 0232T P9020 G0460 G0465 to Bone and Tendon Graft policy; Interphalangeal Joint implants/ metatarsophalangeal joint implants (e.g., Cartiva) to Metatarsophalangeal Joint Replacement – multiple codes; Bone Marrow Aspiration 38232, moved to Bone and Tendon Graft Substitute policy.</p> <p>Archived: Comprehensive Arthroscopic Management (CAM) for the Shoulder 29999; Platelet-rich plasma 0232T P9020 G0460 G0465 on Bone and Tendon Graft Policy; Bioelectrical Impedance Spectroscopy (BIS)/ Bioimpedance analysis (MFBIA) CPT Codes 93702; Avance Nerve Graft 64910 64912 64913</p> <p>MCG/Contract: None</p>
2/20/2024	Pat Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD Jeffrey Davis, MD	<p>Code Correction- Percutaneous Transluminal Coronary Code 92975 corrected to 92972.</p> <p>Added: Non-Pneumatic Active Dynamic Compression (Dayspring (Koya Medical Inc.)) for Treatment of Lymphedema E0679 E0678 E0680 E0681 E0682; AcuDetox Treatment (Auricular Acupuncture) 97810 97811;</p> <p>Removed remains E//U: Platelet Rich Plasma (PRP) therapy -Moved to Bone and Tendon Graft Substitute policy; Removed 30117 from RhinAer, Three-Dimensional (3D) Printed Orthopedic Implants “T” codes use Category III Policy; Patient-Specific Cutting Guides “T” codes use Category III Policy; Transcatheter Mitral Valve Implant - 0483T 0484T refer to Category III policy</p> <p>Archived remains E//U: Juvenile cartilage allograft tissue implantation (e.g., DeNovo NT) 27599 29999 -on PS Policy: Osteochondral Allografts and Autografts; Transoral Incisionless Fundoplication (TIF) 43210 43257; Actigraphy (Actimetry Sensor) 95803 on Sleep Disorder Policy; Whole-body hyperthermia for cancer 77605 on PS Policy: Hyperthermic Cancer Treatment;</p> <p>MCG/Contract: Refer to contract for AcuDetox Treatment as well;</p>
1/25/2024	M. Bach J. Viola P. Hand P. Watt-Geier	PNP Committee Miriam McDonell, MD Amy Strachan, MD	Added: SOE Statement. Minor wording updates for policy clarity and flow. Added “which relies on the judgement of experts” for evidence-based resources to align with NCQA UM 10, Element B, Factor 3. Updated Appendix, including applicable regulations. Approved as part of consent agenda.
1/16/2024	P. Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Bhavesh Rajani, MD	Added: 92972 Percutaneous transluminal coronary lithotripsy (T- code replaced with new code 1/2024); Cranial electrotherapy stimulation New code E0732 replaced K1002;

		Jeffrey Davis, MD	<p>Removed: CPT Code C9771 ClariFix replace with 1/1/2024 New code 31243; Hydrogen or Methane Breath Test (HBT) – Code 91065 – Approved- No PA</p> <p>Archived continue experimental/investigational: Antigen Leukocyte Antibody Test (ALCAT Test) CPT Codes: 83516; Lysis of adhesions (e.g., RACZ catheter procedure) CPT Code 62263, 62264; Transcutaneous electrical joint stimulation (TEJSD) CPT Codes E0762</p> <p>MCG/Contract: None</p>
12/19/2023	P. Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD	<p>Added: Intra-arterial Infusion (Embolization) of imipenem/cilastatin sodium (IPM/CS) CPT Code: 37242, 20999</p> <p>Removed: Regeneten Bioinductive Implant (RegenePro) for all indications – on Skin Substitute Policy</p> <p>Archived (remains E/I/U): Liquid Sublingual Immunotherapy CPT Codes: 95199; Subtalar arthroereisis (STA) , (also referred to as Extra-osseous TaloTarsal Stabilization (EOTTS)) CPT/HCPC codes: 28899, S2117; Electrocardiogram (ECG) signal analysis technologies CPT Code: 93278, 93799; Breath Test for Heart Transplant Rejection CPT Code: 84999 (deleted code 0085T); Trunk Compression Garment for lymphedema E1399 E0677; Automated Point-of-Care Nerve Conduction Studies CPT Codes: 95905, 95999, G0255; Functional luminal imaging probe (FLIP) module 91040</p> <p>Reference to contract/MCG – No items</p>
11/21/2023	P. Hand RN	Justin Montoya, MD Amy Strachan, MD Kyle Ash, DDS Mark Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD	<p>Added: Neurofilament light chain (NfL) testing CPT Codes 0361U; External Iliac Atherectomy CPT Codes 0238T 0234T 0235T 0236T 0237T</p> <p>Removed CPT Code 24357 from Tenex; Augment Bone Graft CPT Code C1734 -Bone Graft Policy;</p> <p>Archived (Remains E/I/U): Thermography -CPT Codes 76498 93740 93799; Phenol Neurolysis – (Chemical Ablation neurolysis) CPT Code 62281; Portable electronic device (Biofeedback Device e.g., RESPeRate device) CPT Codes E1399; Radiofrequency thermocoagulation CPT Code 22526, 22527; Intra-vascular Optical coherence tomography (OCT) Cardiac -CPT Codes 92978 92979; Anorectal Fistula Plug (AFP) (Skin Substitute policy) 46707 Q4100</p> <p>Referred to MCG/Contract: Endoscopic Sympathectomy injection (ETS) CPT Code ONLY 32664 MCG S-1072</p>
11/15/2023	P. Watt-Geier		Approved by Medicare Advantage UM Committee
10/26/2023	P. Watt-Geier	PNP Committee Miriam McDonell, MD Amy Strachan, MD	Updated Medicare Section to clarify coverage when CMS is silent. Approved as part of consent agenda.
10/25/2023	P. Hand RN		Added back on policy: Augmented Bone Graft – ankle and/or hind foot C1734 – cont. E/I/U – missed on original review
10/17/2023	P. Hand RN	Justin Montoya, MD Miriam McDonell, MD Mark Buchholz, MD Kyle Ash, DDS Amy Strachan, MD	<p>Added: Virtual Reality Cognitive Behavioral Health therapy device E1905; PortableConnect/ ROMTech Rehab Adaptive Device CPT Code E1399; TissueCypher Barrett's Esophagus Assay CPT Code 0108U; Allogeneic stem cell transplant for Crohn's Disease 38240</p> <p>Archived (remains E/I/U) : Scintimammography (Exception LEHP) -S8080; Corneal Hysteresis (CH) 92145; Salivary Hormone Test (SHT) Menopause, and aging S3650; Lipoprotein, direct measurement; small</p>

			<p>dense 83722; Perineural injection therapy (PIT) -64999 17999, 25999,27599</p> <p>Removed: Removed CPT Codes: Perineural injection therapy – 20553 64445; Genuiculate Artery Embolization: Codes 37241, 37243,</p> <p>Refer to MCG criteria: Left atrial appendage closure or occlusion (LAA) - M-333</p>
9/19/2023	P. Hand RN	Justin Montoya, MD Amy Strachan, MD Bhavesh Rajani, MD Kyle Ash, DDS	<p>Added: Transcatheter Mitral Valve Implant (TMVI) or replacement 0483T 0484T</p> <p>Removed: CPT Codes: 30999, 30801, 31299, C2526, 30465 from policy for Radiofrequency energy of nasal valve</p> <p>Archived (remains E/I/U) : Dry Needling 20560 & 20561 (E/I/U); Blood Brain Barrier Osmotic Disruption Therapy Codes 64999 96549; Alpha 2 Macroglobulin Human Plasma injections Codes S2150; Athletic Pubalgia – 49999, 49659 27299; Posterior Nasal Nerve Neurotomy (PNN) CPT codes 30999 31231</p> <p>Refer to MCG/Contract language for Coverage: Fully and Partially implantable devices refer to MCG: ACG: A-0404 (AC) (e.g.; Esteem, Vibrant, Maxum) Codes V5095 S2230</p> <p>Removed: Vertebral Artery Angioplasty and/or Stenting 0075T 0076T</p>
8/15/2023	P. Hand RN	Justin Montoya, MD Jeffrey Davis, MD Kyle Ash, DDS Mark Buchholz, MD	<p>Added: MI-HEART Ceramides Risk Score CPT Code 0119U; HART CADhs® and HART CVE 0308U 0309U Ultrasound-guided Percutaneous Barbotage procedure 27299; Implantable shock absorber (e.g., MISHA knee system) L8699;</p> <p>Removed: CPT Code 76942 from Supraorbital; Fractional Laser Treatment (Carbon Dioxide (CO2) – Med Nec. Review for cosmetic exclusion, NavDx Test 81479, 0356U (Refer to Carelon); Sprint Peripheral Nerve Stimulation System (60-day therapy) 64555 64999 (Spinal Cord and Peripheral Nerve Stimulators)</p> <p>Archived: (Remain E/I/U) - Biodesign Otologic Repair Graft (Porcine Graft) Q4100; Kotler Airway Nasal Valve (airway only) 30999</p> <p>Removed all item listed with a “T” code - Refer to PS Policy: Category III Current Procedural Terminology (CPT) Codes for all “T” codes being reviewed – (Remains E/I/U) - Artificial Iris; Artificial Retina; Autologous adipose-derived regenerative cell therapy; Baroreflex stimulation implanted devices; Coronary Intravascular Lithoplasty; Electronic Brachytherapy (EBT); Eyelid Thermal Pulsation Therapy; LipiView II Ocular Surface; Quantitative Sensory Testing; Remote Exercise Monitoring Equipment/devices; Remote Retinal Optical Coherence Tomography; Stem Cell Therapy for Peripheral Artery Disease; Subchondroplasty; Therapeutic Apheresis high-density lipoprotein; Transcatheter Renal Sympathetic Denervation; Transcutaneous Electrical Modulation Pain Reprocessing; Ultrasound-Guided Breast Cancer Cryoablation; Virtual Reality Therapy; VIA Disc Nucleus Pulposus; IB-Stim; Radiofrequency of Benign thyroid nodule; ER: YAG (laser skin resurfacing procedure)</p>
7/27/2023	P. Hand E. Lowery K. Wiley P. Watt-Geier	PNP Committee	Added archive process. Added related policy section and policies.

7/18/2023	P. Hand RN	Justin Montoya, MD Miriam McDonell, MD Mark Buchholz, MD Kyle Ash, DDS Bhavesh Rajani, MD	<p>Added: Ultrasound-Guided Breast Cancer Cryoablation – Code 0581T; IsoPSA blood-based test – Code 0359U; RhinAer Procedure Code 30117 & 30999;</p> <p>Removed: Removed Code 64772 from Thermal Shrinking; Removed Codes 22899 C1754 from IDET Intradiscal Electrothermal Therapy</p> <p>MCG - Use Criteria: Presacral Neurectomy ACG: A-0236 (AC)</p> <p>Archived: (Remains E/I/U) IDET (Intradiscal Electrothermal Annuloplasty Therapy – CPT Codes 22526 22527 remains E/I/U; Magnetic sphincter augmentation (e.g., LINX Reflux Management System)- CPT Code 43284 43285 43289 – remains E/I/U</p>
6/20/2023	P. Hand RN	Miriam McDonell, MD Jeffrey Davis, MD Kyle Ash, DDS Bhavesh Rajani, MD	<p>Added: Virtual Reality Therapy – 0770T 0771T 0772T 0773T 0774T E1905; Cala Trio K1018 K1019; Three-Dimensional (3D) Printed Orthopedic Implants- 0559T 0560T L8699; Patient-Specific Cutting Guides (Patient-specific instruments ((PSI) 0561T 0562T</p> <p>Removed: MAGnetic Expansion Growing Rods (MaGEC Rods) CPT Code 22899 Place on Instrumented Spine Surgery;</p> <p>Archived: No items</p>
5/16/2023	P. Hand RN	Justin Montoya, MD Miriam McDonell, MD Jeffrey Davis, MD Mark Buchholz, MD Kyle Ash, DDS Bhavesh Rajani, MD	<p>Added: Teno Tac procedure- No Specific code L1841; Bioelectrical impedance Analysis added CPT Code 0358T; DCISionRT test is covered by LEHP;</p> <p>Removed: Avance Nerve graft – removed CPT Code 64911 not applicable; Craniosacral Therapy (CST)/ Craniotherapy CPT Code 97139 97799 see Manual Therapy policy;</p> <p>Archive: No items</p>
4/18/2023	P. Hand RN	Justin Montoya, MD Miriam McDonell, MD Jeffrey Davis, MD Kyle Ash, DDD Bhavesh Rajani, MD	<p>Added: Gastric Emptying Breath Test – (Cairn 13C-Spirulina Gastric Emptying Breath Test (GEBT)) CPT Codes: 0106U; No PA denies at Claims level; Continue E/I/U- Ovarian or Internal Iliac Vein Embolization</p> <p>Removed: Radiofrequency of Benign thyroid nodule CPT Codes: 60699 0673T(Radiofrequency Neurotomy Policy); SpineJack Expansion Kit -22513, 22514, 22515; C1062, C7507, C7508 removed code 0201T N/A – Approved coverage (Instrumented Spinal Surgery);</p> <p>Archived: No items</p>
3/21/2023	P. Hand RN	Justin Montoya, MD Miriam McDonell, MD Jeffrey Davis, MD Bhavesh Rajni, MD Mark Buchholz, MD	<p>Added: No new items added</p> <p>Removed: Extra Corporeal Shock Wave Therapy (ESWT) for musculoskeletal conditions 0101T, 0102T, 0512T, 0513T, 28890 – Refer to MCG A-0223; Multitarget Polymerase Chain Reaction (PCR) Testing for Bacterial vaginitis/vaginosis 81513, 81514 Approved for coverage; Stimulan Bone Void Filler (Stimulan Rapid Cure, Stimulan Bullet Mat, Stimulan Kits), (Calcium Sulfate Antibiotic carrier) CPT Codes: C1713, 11981 covered on Bone Graft Policy;</p> <p>Archived: No NTOC items archived</p>
2/21/2023	P. Hand RN	Justin Montoya, MD	<p>Added: Coil embolization of hemorrhoids (Emborrhoid technique) No Specific Code 37241 37244,</p>

		Miriam McDonell, MD Kyle Ash, DDS	Removed: High Intensity Focused Ultrasound (HIFU) for any other indication including, as an initial treatment for localized prostate cancer with associated codes 55880, 55899, C9734. Now located as E/I/U on High-intensity Focused Ultrasound (HIFU) for Recurring Prostate Cancer. Archived: No items archived
2/16/2023	P. Watt-Geier	PNP Committee Justin Montoya, MD	Minor sentence structure formatting throughout to improve policy flow. Added clarification to NTOC Committee peer-reviewed and evidenced-based information “which indicates if the technology is in general use or a community standard, is under continued scientific review (testing/research), is shown to have a demonstrable benefit, or is shown to be safe and efficacious.” Updated evidenced-based resource AIM to “Carelton Medical Benefits Management Clinical Guidelines, formerly AIM (AIM Specialty Health) Clinical Guidelines. Updated appendix: next review date, applicable regulations, Commercial and Government OPs.
1/17/2023	P. Hand RN	Justin Montoya MD Jeffrey Davis, MD Kyle Ash, DDS David Buchholz, MD Miriam McDonell, MD Bhavesh Rajani, MD	Added: VIA Disc Nucleus Pulposus (NP) procedure CPT Codes 0627T 0628T 0629T 0630T; Therapeutic Apheresis 0342T (E/I/U) Removed: Subchondroplasty CPT Code 27599; Therapeutic Apheresis CPT Codes 36516 36514(covered CPT Codes. Archived: No item archived
12/20/2022	P. Hand RN	Justin Montoya, MD Jeffrey Davis, MD Miriam McDonell, MD Bhavesh Rajani, MD Mark Buchholz, MD	Added: No new items added Removed: CPT Codes 28725, 28585 per PA Auth Grid request for Subtalar Joint Implant; CPT Code 92240 not applicable for Axillary Lymphatic Mapping; Stellate Ganglion Nerve Block for Severe Stress/Posttraumatic Stress Disorder (PTSD) CPT Code 64510 refer to MCG A-0230, Arthroflex Graft (Arthrex) (Aflex Graft) CPT Code Q4125 moved to Skin and Soft Tissue Substitutes policy; Posterior intrafacet implant (Allograft Dowel) - alternative technique to surgical fusion 0219T 0220T 0221T 0222T placed on Placed on Instrumented Spinal Fusion policy (E/I/U) Archived: No items archived.
11/23/2022	P. Hand RN	Justin Montoya, MD CQUM Committee	Annual Report and NTOC Policy reviewed by CQUM Committee – a motion was made, seconded, and passed to approve.
11/15/2022	P. Hand P. Watt-Geier A. Dina RN	Justin Montoya, MD Miriam McDonell, MD Bhavesh Rajani, MD Kyle Ash, DDS	Removed: Per SPAM Mtg. Approved Coverage-Lapiplasty 3D Bunion Correction (Treace Medical Bunion System) CPT Codes No Specific Code 28297 28740 C1713 (No PA required); Scintimammography Removed CPT Codes 78800, 78801, 78801, 78803, 78804, Cool Cap/Scalp Cooling removed from policy-see Auth Grid, Radiofrequency thermocoagulation removed CPT Code 22899; Nucleic Acid amplification ME panel CPT Code 87483- approved no PA required; Added: Pregnancy US CPT Code 76999; Archived: None
10/18/2022	P. Hand	Justin Montoya, MD	Added: Genuiculate Artery Embolization added CPT Code 37242 37243 37244; Remote Exercise Monitoring

		Jeffrey Davis, MD Miriam McDonell MD Bhavesh Rajani MD Kyle Ash DDS	Equipment/devices (e.g., PortableConnect/ ROMTech) CPT Codes E1399 99091 0733T 0734T, Fully implantable and Semi-implantable middle ear hearing systems (e.g., Esteem) CPT Codes S2230 69799 V5095; Ganglion of Impar block CPT Code 64999: Sprint PNS System – 64555 64999; Perineural Injection CPT Code 64449 Removed: Occipital Nerve Stimulation CPT Code 64555; Perineural Injection Removed CPT Codes 20553, 64445; Archived: Carotid intima-media thickness (Ultrasonographic Measurement) (CIMT) Cont. E/I/U Codes 93895 93998 93799
9/30/2022	P. Hand	Justin Montoya MD Jeff Davis MD Miriam McDonell MD Bhavesh Rajani MD Kyle Ash DDS Mark Buchholz MD	Added: Nucleic acid ME panel 87483 (reviewed 8/26/2019 was to be placed on NTOC E/I/U); CPT Code A4596 Cranial electrotherapy stimulation Gait Analysis (computerized) 91000, 91001; Electronic Brachytherapy (EBT) new CPT Code 0735, Latera added CPT Code 31299; Removed: Iontophoresis (Home use) CPT Code: 97033 (No PA required), LipiView removed CPT Codes 0507T 0330T
8/26/2022	P. Hand	Justin Montoya MD Jeff Davis MD Miriam McDonell MD Kyle Ash DDS	Added: CPT Codes 31299, C2526, 30645 to RFA nasal valve VivAer; CPT Code 84999 added CPT Code removed 0085T from Breath Test; Added EndoFLIP CPT 91040; Nd: YAG laser vitreolysis -CPT Codes 67031 67299; Trabecular Bone Score (TBS)- CPT Codes 77089 77090 77091 77092; Quoustic Wound Therapy System; Removed C9741 from CardioMEMS code deleted 2019; Flower AmnioFlow Injection Q4177 (Skin Substitute Policy); Laser Interstitial Thermal Therapy 61736 61737 6499 -See Policy Sent to Kim P RN PnP for review: Integra MOZAIK™ C9359 C9362
7/19/2022	P. Hand	Justin Montoya MD Jeff Davis MD Miriam McDonell MD Kyle Ash DDS	Remove: Transcervical Uterine Fibroid Ablation w/US guidance radiofrequency (T-RFA) -Sonata – 0404T-Policy being developed. Added: AVISE CTD, AVISE SLE Prognostic tests and SLE-key Rule-out Test 84999,81599, 0312U, 83520, 0062U, DCISion RT Testing 0295U 81599; Subacromial Balloon Spacer Implantation (InSpace) 29999, C9781, Artificial Iris 66999 C1839, 0616T, 0617T, 0618T
6/21/2022	P. Hand	Justin Montoya MD David Stenstrom MD Bhavesh Rajani MD Kyle Ash DDS	Removed: Suction Assisted Protein Lipectomy CPT Codes 15877 15878 15879 – New policy being developed for coverage; Photodynamic Therapy MCG A-0254 criteria ; Monochromatic infrared energy (MIRE) removed CPT Codes 97032 97139 97799; Magnetic Sphincter Augmentation (LINX Reflux Management System) removed CPT Code C9737
5/25/2022	P. Hand RN	CQUM	Approved by CQUM
5/17/2022	P. Hand	Justin Montoya MD David Stenstrom MD Jeffrey Davis MD Bhavesh Rajani MD Kyle Ash DDS	Removed: SilverHawk Artherectomy Peripheral Plaque Excision System for peripheral vascular disease (PAD) – No Specific Code -37799 – Approved coverage, Added: Lymphaticovenous anastomosis (LVA) Added new code 38308
4/19/2022	P Hand	Justin Montoya MD David Stenstrom MD Jeffrey Davis MD	Removed: Low Level Laser Therapy – On Policy 5/13/2019 CPT Codes 97039 97139 0552T S8948; CPT Code 95976 – NO PA required; MRI full body -scan- 76498 refer to AIM for review; SPAM Meeting

		Bhavesh Rajani MD	<p>determination- Patient-Specific Instrumentation (Cutting Guides) (PSI) place on 3-D Implant policy w/criteria, Optical Coherence Tomography CPT Code C1753, 37252, 37253, Vagus nerve Stimulation (Cluster and migraine headaches) E1399, K1020; Whole Body Hyperthermia refer to Hyperthermic Intraperitoneal Chemotherapy for Peritoneal Cancer policy; Anser IFX, Anser VDZ, Anser ADA, Anser UST for Inflammatory Bowel Disease, PredictriPK covered No PA required refer to PA grid; Photodynamic Therapy policy or MCG being used. Check PA grid.</p> <p>Added: Latera Nasal Implant Added new code 31299, Biodesign Otologic Skin Graft Repair CPT Codes 21235, 15275 C1763 Q4100; Vagus Nerve Stimulation for cluster/migraine headaches CPT Codes E1399 K1020; Cryosurgical Tool for Chronic Rhinitis (e.g., ClariFix) CPT Codes C9771, 30999</p>
4/18/2022	K. McLean M. Hodge A. Prinzing P. Hand A. Dina K. Pittman P. Watt-Geier	David Stenstrom, MD Mark Buchholz, MD	<p>Minor formatting of policy outline, sentence structure, punctuation and spacing. Added sentence, "New or updated guidelines and resources will be added, as appropriate, when new product lines added." The list of evidenced-based resources was expanded by adding AIM, ACHP, Bree Collaborative, CDC, National Cancer Institute, NICE, UpToDate®, Professional Societies Recommendations and Practice Guidelines, and HTA. Added Medicaid and Medicare sections with criteria language. Updated appendix: applicable regulations, Commercial and Government OPs.</p>
3/15/2022	P. Hand	Justin Montoya MD Mike Franz MD Jeffrey Davis MD Mark Buchholz MD Bhavesh Rajani MD	<p>Removed: Annulotomy-Listed on Spinal Policy-Barricaid Procedure—No Specific Code; CPT code 77002 removed from DISC Nucleoplasty; Disposable Negative Pressure Wound Therapy systems, single-use NPWT system and Portable, battery powered, disposable NPWT systems (Snap, Pico, Prevena VAC Via) A9272 97607 97608 G0456 G0457 approved for coverage; Removed Codes from Vagus Nerve Stimulation C1767, C1822, E1399, K1020.</p> <p>Updated Codes effective 1/2022: Laser interstitial thermal therapy (LITT) 61736 61738</p> <p>Added: Ovarian or Internal Iliac Vein Embolization-No specific code 37241; Radiofrequency of Benign thyroid nodule 60699 0673T</p>
2/15/2022	P. Hand	Justin Montoya MD Kyle Ash DDS Jeffery Davis MD Bhavesh Rajani MD Mark Buchholz MD	<p>Removed: Electron Beam Tomography (EBT) CPT Code S8092 (7/21/2020) Refer to AIM- TRUS fusion biopsy of prostate (e.g., BioJet) refer to AIM for review; Pulmonary Tumor(s) Cryoablation (percutaneous cryoablation, Cryotherapy or Cryosurgery) - Lung cancer - 32998 32994 C2618 Policy to be developed (e.g., under policy Microwave Ablation Lung Tumor),</p> <p>Added: Interphalangeal Joint implants (e.g., Integra Silicone Implant, Cartiva) 28291, L8641, L8642; Regeneten Bio-inductive Implant (RegenePro) all indications 15777, 29827, 29999;</p>
1/18/2022	P. Hand	Justin Montoya MD Bhavesh Rajani MD Mark Buchholz MD Jeffrey Davis MD	<p>Removed: CPT Code 0304T deleted 1/1/2018 Pulmonary Tumor Cryoablation</p> <p>Added: MicroGenDx q PCR & NGS CPT Code 0112U</p> <p>Replaced: Bone Marrow Aspirate Concentrate CPT code 20939 with 38232.</p>
12/21/2021	P. Hand	Justin Montoya MD David Stenstrom MD Kyle Ash DDM	<p>Removed: Fenestrated Abdominal Aortic Aneurysm (AAA) 34847 34841 34842 34845 34846 34848 34839 see Auth Grid for coverage; Removed CPT Codes 38220, 38232 Bone Marrow Aspiration (Diagnostic codes); Digital</p>

			<p>Motion X-ray archived 11/11/2018 CPT Codes 76120, 76125; 76496; Laparoscopic US RFA Ablation (Acessa) 58674 58578 (covered); Hip Orthosis L1685, L1686 L1652 L1640 L1690 L1680 refer to DME Policy for coverage.</p> <p>Added: Magnetic Resonance Neurography (MRN) No Specific Code 76498; Arthroflex Graft No Specific Code 29999, Q4125; OSSIOfiber Trimmable Nail System/Compression Screws No specific, L8699 (maybe listed with surgery procedure)</p> <p>Archived E//U Neutralizing Antibody (NAbFeron) (MxA Induction Assay) MS Testing 87253 86382 86384; OrthoFlo No specific code Q4139; for</p>
12/01/2021	P Hand	Justin Montoya CQUM Committee	<p>Annual Report and NTOC Policy reviewed by CQUM Committee – Approved</p> <p>SPAM Meeting determination: Remove Computed Tomography (CT) of the Knee for pre-operative mapping or planning CPT Codes 73700, 737001, 73702—refer to PA Grid</p>
11/16/2021	P. Hand	Justin Montoya MD Alison Little MD	<p>Added: Lipoprotein small dense LDL Cholesterol CPT Codes: 83722; Coronary Intravascular Lithotripsy (IVL) CPT Code C1761; TRUS added CPT Codes 76872 55899 No Specific code—Approval for criteria listed –E//U other indications; Pregnancy Ultrasound: (4D) or (5D) dimensional imaging CPT Code 76499 No specific code; Stimulan C1713 also placed on Bone Substitute policy</p> <p>Removed: MRI/TRUS removed MRI CPT Codes 72195 7f2196 72197 reviewed by AIMS; Prostate Arterial Embolization (PAE) to PS Policy: Benign Prostate Hyperplasia CPT Codes 37242 37243; Intraosseous RFA Nerve System (Intracapt) 22899 C9752 C9753 64999 placed on Radiofrequency Neurotomy Policy; Pregnancy Ultrasound (3D) CPT Codes 76376 76377 refer to 3D imaging policy; ScolioScore Test (archived) 0004M 81479; Quantitative Pupillometry/Pupillography 92499 –placed on Unbundle policy.</p> <p>Archived: ScolioScore Test CPT Codes: 0004M 81479</p>
10/19/2021	P. Hand	Justin Montoya MD	<p>Added: OSSIOfiber Trimmable Nail System/Compression Screws CPT Codes: No Specific Codes – L8699; Geniculate artery embolization (GAE) CPT Codes No Specific Codes 37244 (Approve for Hemarthrosis S/P Knee</p> <p>Archived: FIBROSpect/FibroSure/ActiTest CPT Codes: 0002M, 0003M 81596 - Non-invasive Tests for Hepatic Fibrosis with coverage criteria. PS Policy retired.</p> <p>Removed: MRI of the Knee for pre-operative mapping or planning AIM review -76376 76377 on 3D Imaging policy; OVA1 84999 – AIM reviews; OsteoAMP (Bone Marrow) No CPT Code Bone Substitute Policy; Propel Bioabsorbable Steroid-releasing Sinus Implant place on Balloon Sinus Ostial Dilation Policy- S1091, 31299, C2625, Whole-Body Hyperthermia removed CPT Code 77600; Electromagnetic Navigation Bronchoscopy-Policy being developed</p>
9/21/2021	P Hand	Justin Montoya MD	<p>Added: NavDX TTMV HPV Test CPT Code 81479, Cool Cap/Scalp Cooling Devices New CPT Codes 0662T 0663T</p> <p>Removed: Phrenic Nerve Stimulation (Diaphragm Pacing) for Central Sleep Apnea (CSA) place on Sleep Disorder Policy. CPT Codes 64575 64580 64590 95976 64999; Microwave Ablation of liver and pulmonary tumors</p>

			No Specific code or 32998 47370 47382 C9751 Policy being develop for coverage;
8/17/2021	P Hand	Justin Montoya MD	<p>Added: MiraDry Microwave System-No Specific Code 17999; Supraorbital Nerve Block Injection with Ultrasound (SON)-No Specific Code 64400 76942; Perineural Injection Therapy No Specific Code 20533 64445.</p> <p>Removed: CxBladder Detect; CxBladder Triage, CxBladder Monitor; CxBladder Resolve placed on Genetic Testing policy; Dorsal Root Ganglion (DRG) Stimulator L8680, 63650, 63685 Placed on policy, Balloon Dilation of Eustachian Tube No Specific code 69799 69705 69706 policy to be developed;</p>
7/20/2021	P Hand	Justin Montoya MD	<p>Removed: 3D-Printed Orthopedic Implants (Additive Manufacturing) No Specific Code, 0559T,0560T,0561T 0562T L8699 (Policy being developed), Balloon Dilation of Eustachian Tube Deleted CPT Code C9745 added CPT Codes 69705, 69706; Latera Nasal Implant Deleted C9749 replaced with 30468; ViviGen Cellular Bone Matrix No Specific code moved to Bone Substitute Policy; CyPass Microstent recall by vendor 2018 (removed), Pro-dense 20900 moved to Bone Substitute policy; Micronized Dehydrated Human/ Chorion Membrane (dHCAM) injectable All indications (Amnioflex/AmnioFlex Fluid Injections) Q4100 on Skin Substitute policy;</p> <p>Added: Stellate Ganglion Nerve Block Stress and PSTD No Specific Code 64510; Axillary Reverse Lymphatic Mapping (ARM) No Specific Code 38999; Flower AmnioFlo Injection Q4177</p>
6/15/2021	P Hand	Justin Montoya M.D	<p>Removed: Nerve Integrity Monitoring CPT 95937 95940 95941 refer to Intraoperative Neurophysiologic Monitoring.- Naltrexone (Vivitrol) Abdominal implants- J2315-J3490 Reviewed by Pharmacy, Network Spinal Analysis No specific codes 97139 (Contract Chiropractic Service) Chelation Therapy per 2/17/2017 Mod section- Use MCG A-0297 Actigraphy CPT Code 95803 Placed on Sleep Disorder Treatment Policy Added: Occipital Nerve Stimulation -64999 Possible code 64553 64555, Propel Implants S1091, 31299, C2625, RF Nasal Valve –VivAer Procedure 30999, 30801, Anser Tests 84999, 80299, Platelet Rich Plasma- all indications-0232T G0460 P9020, Lymphaticovenous Anastomosis (LVA) 38999,</p>
5/18/2021	P Hand	Justin Montoya M.D	<p>Removed 0126T (retired) replaced w/93998 on Carotid intima-media thickness.</p> <p>Added: Anodyne Therapy is listed under Monochromatic infrared energy (MIRE), Percutaneous Needled Tenotomy CPT Code: No Specific Code, 27599, 20999, Prescription digital therapeutics (PDT) No Specific Code, 99199 E1399 T1505; Schroth Method Therapy No Specific Code,</p>
4/20/2021	P Hand	Justin Montoya M.D.	<p>Removed: it not Capsule Endoscopy Refer to MCG A-0134(CPT Codes 91110 & 91111) Latera Nasal Implant Removed CPT Code C9749 replaced with 30468</p> <p>Added CPT Code 0561T 0562T to 3D Printed Implant, Monarch External Trigeminal Nerve Stimulation CPT K1016 K1017; Multitarget Polymerase Chain Reaction Testing (Multiple codes); Remote Retinal Optical Coherence Tomography 0604T 0605T 0606T; Jaw Motion Rehab System CPT Codes E1700, E1701, E1702</p>
3/16/2021	P Hand	Justin Montoya M.D.	<p>Archived: Intracardiac Ischemia Monitoring, Holotranscobalmin, Accuscope, Cefaly Antimigraine Devise, VersaJet Hydrosurgery System Removed/added: Bioelectrical impedance (CPT Code Removed code 0239T), Vagus Nerve Stimulator (Depression) added CPT</p>

			Codes 64568, 64569, 64570, C1767, L8680, Occipital Nerve decompression (remove 37609 and 37799), Add 64640 64999 64732,
2/16/2021	P Hand	Justin Montoya M.D.	<p>Added: Fractional Ablative Laser No Specific Code 0479T 0480T, Transcervical Uterine Fibroid Ablation CPT Code 0404T, Disposable Negative Pressure Wound Therapy added Prevena and (Inpatient post-op uses requires a claims review), Augmented Bone Graft –ankle and/or hindfoot fusions No Specific Code C1743.</p> <p>Removed: Dynesys Spinal System-on Instrumented Spinal Surgery policy, Sleep Apnea Surgery removed on Sleep Disorder Treatment Policy CPT Codes: C9727 41530 41512 S2080</p>
1/19/2021	P Hand	Justin Montoya, M.D.	<p>Added: 3D Printed Orthopedic Implants CPT Code: No Specific Code 0559T, 0560T, L8699.</p> <p>Removed: Dynesys Spinal System-No Specific Code-On Instrumental Spinal Surgery Policy, Sleep apnea surgeries: CPT Code C9727, 41530, 41512, S2080-on Sleep Disorder Policy.</p>
1/7/2021	P. Hand L. LaFerriere M. Eld	Justin Montoya MD	<p>Added: Interactive Metronome Therapy-no specific codes -97110-97112- added CPT Code 58999 -High Intensity Focused Ultrasound (HIFU), 69705-69706 -Balloon dilation of the Eustachian tube, 0604T-0605T-0606T- Optical coherence tomography (OCT), 31626- Electromagnetic Navigational Bronchoscopy, C1763, L8641, L8642, L8658, 28291- Cartiva Synthetic Cartilage Implant, No specific code, 0101T, 0102T, 0512T, 0513T 28890- Extra Corporeal Shock Wave Therapy (ESWT) for musculoskeletal conditions Removed: Accufill Bone Substitute, Vitoss, Bio4th, Trinity elite allograft, Bone Marrow Aspirate Concentrate(BMAC) /Bone Marrow Aspirate for spinal fusion, Cerament Bone void Filler, Platelet-Rich-Plasma (PRP) Injections –located on Bone Graft Substitutes used for Spinal Fusion policy) DeNovo NT Natural Tissue Graft or DeNova ET Tissue Graft, Menaflex, BioCartilage – (located on Osteochondral Allografts and Autografts policy), Radiofrequency Ablation (RFA) of the Genicular Nerve, Radiofrequency Ablation (RFA) of the thoracic spine, Pulsed Radiofrequency Ablation/Cooled Radiofrequency Ablation –(located on Radiofrequency Neurotomy policy), ReWalk exoskeleton (motorized exoskeleton orthosis) – located on Durable Medical Equipment, Rezum –located on Benign Prostatic Hyperplasia, Sacroiliac Joint Fusion (SI joint stabilization) open—(located on Instrumented Spinal Surgery), Static progressive stretch devices- (located on Low Load Prolonged Duration Stretch (LLPS Devices policy), Percutaneous Electrical Nerve Stimulation aka Percutaneous Neuromodulation Therapy (PENS/PNT) (Updated the title only)</p>
11/18/2020	P. Hand M. Eld L. LaFerriere K. McLean	Justin Montoya, MD	<p>Added Intracept Intraosseous Nerve Ablation No Specific Code, 22899, C9752, C9753, 64999; K1002 to AlphaStim, separated Kotler airway valve and Latera nasal Implant. Deleted Geniyte laser treatment (located on the Stress and Urge Urinary Incontinence policy); Nxt Panel (Progenity) located on the Genetic Testing policy); POEM (located on the POEM policy); Proprio Microprocessor ankle/foot (located on the DME Prosthetic, orthosis, and Supplies policy); RFA Sacroiliac joint (located on the Radiofrequency Neurotomy policy)</p>
10/12/2020	P. Hand M. Eld	Justin Montoya, MD	<p>Removed: AlloDerm Skin Substitute used during septoplasty/rhinoplasty, AM morning aligner, AmnioExcel/BioDexcel (skin substitute-amniotic</p>

	L. LaFerriere		<p>extracellular membrane), AmnioFix amniotic membrane (both wrap and injectable forms), AmnioMatrix or BioDMatrix for all indications, Amniotic Fluid Injections, ArthroFlex Decellularized Dermal Allograft, Biodesign® Surgisis® AFP™ Anal Fistula, DermACELL skin substitute, DuraGen, Dura-Guard, DuraSeal, Durepair, Epicord (skin substitute), EpiFix Injection, E-Z Derm Porcine Xenograft (Mesh),Grafix Core, Grafix Prime, Integra Meshed Bilayer Matrix Wound Dressing (BMWWD), Integra Omnigraft Dermal Regeneration Matrix, Hyalomatrix Skin Substitute, Matristem Skin Substitute, MedSkin, Mirragen Skin Substitute, PriMatrix skin substitute, Repriza, Stravix Skin Substitute- (skin substitutes located on the skin substitutes policy. Trinity Elite Allograft - (located on Bone Graft Substitutes used for Spinal fusion policy). Renessa Lyrette - (located on Stress and Urge Urinary Incontinence policy). Inhaled Nitric Oxide (iNO) - (located on Inhaled Nitric oxide policy). ClariVein Mechanochemical Ablation (MOCA) and VenaSeal Closure System - (located on Varicose Vein treatment policy). Digestive enzyme cartridge - (located on Enteral Nutrition and Pumps policy). Matrix Induced Autologous Chondrocyte Implantation (MACI), OATS and Mosaicplasty - (located on Osteochondral Allografts and Autografts policy). MTHFR and MuSK antibody located on Genetic Testing policy). Provent Sleep Apnea Therapy and AM morning aligner - (located on the sleep disorder treatment policy). Static progressive stretch devices, Dynamic Splints - (located on Low Load prolonged duration Stretch devices policy. Axial Lumbar Interbody Fusion, Coflex Interlaminar Device, Minimally Invasive Lumbar Decompression Instruments, (MILD) procedure devices - (located on the Instrumented Spinal Surgery policy). Berkley Heart Labs - (located on Cholesterol Testing policy). Artificial Intervertebral Disc, Lumbar (located on Intervertebral Artificial Disc Arthroplasty policy).</p>
9/10/2020	P. Hand M. Eld L. LaFerriere	Alison Little, MD Justin Montoya, MD	<p>Deleted codes for Preoperative Cutting Guides for joint arthroplasty & added "Look at each total joint operative report and look for "customized implant; use of computer guides created from an MRI and CT scan data. (Examples: Conformis; PeerWell; <i>Biomet</i>)" - (located on NTOC policy). Deleted hippotherapy (located on the Utilization Management Clinician Determinations of Non-coverage policy). Hypoglossal nerve stimulator - (located on Sleep Disorder Treatment policy). Removed the following: BluePrint Breast Cancer panel, 4K Score testing, Afirma Genomic Sequencing Classifier (GSC),Agendia Breast Cancer Test Suite (MammaPrint and Blueprint),Ambry Genetic™ PancNext panel, Anser IFX & Anser ADA, Anser UST, Anser VDZ, Boston Heart Cardiovascular Risk Panel – Genetic test (Boston Heart Diagnostic®) Boston Heart Labs Statin-induced myopathy genotype testing, BRCAplus Ambry Genetics™, Breast Cancer Index (BCI),BreastNext Generation Ambry Genetics™ BROCA Cancer Risk Panel, Cardiac Panel of Molecular Tests (Vantari Genetics, LLC) CardioNext, Cell Culture Drug Resistance Testing (CCDRT) Chemoresistance assay, CellSearch Circulating Tumor Cell Test, Chromosome Analysis, High Resolution (Telomere Analysis), clonoSEQ assay, ColoNext (Ambry Genetics),ColonSentry</p>

			<p>Comprehensive Molecular Genetic Survey MTL™ Panels, ConfirmMDx for Prostate Cancer (MDxHealth)</p> <p>Counsyl Foresight™ Carrier Screen (formerly Counsyl Family Prep Screen), Counsyl Reliant Hereditary Cancer Screen, Decision Dx-GBM (Castle Biosciences) gene expression profile test</p> <p>Decision DX-Melanoma (Castle Biosciences) gene expression profile test, Fibrotest/Actitest</p> <p>FoundationOne™ and FoundationOne Heme</p> <p>FoundationOne CDx. GeneDX comprehensive brain malformations panel, GeneSight® ADHD assay</p> <p>GeneSight® Analgesic, GeneSightRx® Psychotropic assay, Genetic Testing for Spinocerebellar Ataxia</p> <p>GeneTrails AML, MDS Genotyping Panel (Knight Diagnostic Laboratory, gMS Dx. anti-glycan antibody testing (Glycominds), Guardant360 (Guardant Health Inc.), HE4 Assay, HERmark Breast Cancer Assay (Monogram Biosciences Inc.), Inflammatory Bowel Disease Markers pANCA and ASCA, Invitae Hyperparathyroid panel, Invitae Multi-Cancer panel, Invitae Pancreatic Cancer Panel (21 gene panel), Medical Management Panel (Vantari Genetics)</p> <p>Millennium PGT pharmacogenetic laboratory testing</p> <p>Morphometric analysis of tumors, MTHFR for all indications, Multitarget Polymerase Chain Reaction (PCR) Testing for vaginitis/ vaginosis (e.g., OneSwab, BD Max, NuSwab, SureSwab), Myeloid Molecular Profile (MMP), OncoGeneDx - Hereditary Pancreatic Cancer Panel, OncoGeneDx High/Moderate Risk Panel, OncoPanel, Oncotype DX Colon Cancer Assay</p> <p>Oncotype DX DCIS, OncoVue Breast Cancer Risk Test, PancaGen DNA analysis (interspace), PCA3 Detection Test for Prostate Cancer, Percepta bronchial genomic classifier, PGXL Lab CYP1A2 Drug Metabolism Gene Assay, PGxOne Plus (pharmacogenetics gene panel), Preparent Standard Panel (genetic testing for procreative management, Prolaris Test for Prediction of Prostate Cancer Progression, Prometheus Anser UST test, ustekinumab antibody detection, Prometheus Anser VDZ Test, vedolizumab antibody detection, Prometheus IBD sgi diagnostic testing</p> <p>Proove Narcotics Risk Genetic Profile, Proove Drug Metabolism, Comprehensive and Proove Pain Perception Genetic Profile panels, RAD50 genetic testing, Riscover Hereditary Cancer panel</p> <p>SelectMDx (MDxHealth Inc.) for prostate cancer</p> <p>SensiGene Fetal RHD Genotyping, ST2 Assay</p> <p>STA2R SureGene Test, Symphony Personalized Breast Cancer Genomic Profile, TAADNext – Next Generation Sequencing (Ambry Genetics), ThyGenX</p> <p>ThyraMir oncogene panel, Vectra DA (multi-biomarker blood test), VeriStrat Testy, Whole Genome/Exome Sequencing - (Genetic tests now located on the Genetic Testing policy).</p>
8/3/2020	L. LaFerriere	Alison Little, MD Justin Montoya, MD	<p>Added Patency Capsule Testing No Specific Code 91299. Deleted MR elastography; Oncotype DX Prostate Cancer Assay; mobile cardiac Outpatient telemetry; Tissue plasminogen activator (tPA) Alteplase lower DVT j2997, 37212, 37213</p>

6/22/2020	L. LaFerriere	Alison Little, MD Justin Montoya, MD	Added (covered for cancer related oral mucositis) to Light wave therapy, deleted X-Stop spinal decompression device.
5/11/2020	L. LaFerriere	Alison Little, MD Justin Montoya, MD	Deleted MyoSure LITE and MyoSure XL no specific code 58558, 58555, 58559, 58561, A464. Added Matrix Induced Autologous chondrocyte Implantation (MACI), 27412, J7330; Occipital Nerve Decompression Surgery, for Migraine no specific code 37609, 37799, 64716, 64722
4/2/2020	L. LaFerriere	Alison Little, MD Justin Montoya, MD	Added Suction assisted Protein Lipectomy 15877-15879, 15830; Treace lapiplasty system no specific code, 28297. Deleted Coronary CT 75571; Morcellator with laparoscopic procedures no specific codes C1782, 58541-58548, 58578,58579; NMES no specific code E0744, E0745, E1399
2-18-2020	M. Gabbard K. Wiley D. Despot L. LaFerriere	Alison Little, MD Justin Montoya, MD	Deleted CFnxt (Progenity) 81220-81224; deleted Noninvasive Prenatal Testing- Microdeletion No specific code 81403, 81416, 81417, 81420, 81425, 81426, 81427, 81479, 81507, 81599, 88271; deleted neurofeedback (EEG biofeedback 90875, 90876; added covered for breast reconstruction) to DermACELL; added codes 20560, 20561 for dry needling, added the code 92978, 92979 and deleted 0292T, 0292T for Optical Coherence Tomography
1/13/2020	L. LaFerriere M. Gabbard	David Stenstrom, MD	Added ArthroFlex Decellularized Dermal Allograft Q4125, Mirragen Skin substitute, no specific code. SpineJack System, no specific code, 22513, -22515 64624 to RFA, Genicular Nerve. Deleted 88271 from Noninvasive prenatal Testing-Microdeletion
12/9/2019	L. LaFerriere M. Gabbard	Justin Montoya, MD	Added Cartiva Synthetic Cartilage Implant (SCI) C1763, no specific code, Low Level Laser therapy 0552T, MR Elastography, 76391, Sphenopalatine Ganglion Block for Migraine, no specific code, 64999, 64505. Added S3711 and 89240 to CellSearch circulating Cell test.
10/28/2019	L. LaFerriere	David Stenstrom, MD	Added Avance Nerve graft, 64910, 64912, 64913; PRO-DENSE Injectable Regenerative Graft no specific code 20900, Kotler Airway Valve and Latera Absorbable Nasal Implant no specific code 30999, C9749; Fibrospect 83520, 83883, 84999; EpiCord skin substitute Q4187, Supplies for the MyoSure A4649; . RFA of the SI joint 64635, 64636, Iontophoresis for home use no specific code E1399; LLLT add cold laser therapy, Iontophoresis for home use no specific code E1399.
9/9/2019	L. LaFerriere	Justin Montoya, MD	Added Cold caps E1399, A9273; Fenestrated AAA Endovascular graft 34841-34848, 34839; Fibrotest/Actitest, 81596; Nucleic Acid ME panel, 87483.
7/22/2019	L. LaFerriere	David Stenstrom, MD Justin Montoya, MD Alison Little, MD	Added L8680, 63650, 63685 and deleted C1713, C1763 for Dorsal Root Ganglion, OneSwab testing for any vaginitis diagnosis, No specific code 87798, 87481, 87801, 87640, 87653, Prometheus IBD sgi diagnostic testing no specific code 81479. Vascular Lymph Node Transfer (VLNT) no specific code 38999.
6/24/2019	L. LaFerriere M. Gorozpe	Justin Montoya, MD Alison Little, MD	Added Dorsal Root Ganglion (DRG) Stimulator no specific code L8680, 63650, 63685, Stimulan beads (off label use for antibiotic administration) no specific code C1713, C1763; DuraGen, DuraGuard, DuraMatrix, DuraSeal no specific code Q4100, C9399
6/10/2019	L. LaFerriere M. Gabbard	Justin Montoya, MD	Deleted reference to the FDA in the Background section and added evidence-based guidelines and positions of leading national health professional organizations and

	D. Despot		<p>added "without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy" as the last sentence in the background section.</p> <p>Added to Multitarget polymerase chain reaction (PacificSource covers screening for chlamydia and gonorrhea 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87800, 87590, 87591, 87850, 87800), AM (morning) aligner (mandible splint) S8262, MyoSure LITE and MyoSure XL no specific code 58558, 58555, 58559, 58561, added 0037U to FoundationOne CDx. added Prometheus Anser, add Anser UST and Anser VDZ 84999, 80299 no specific code, Tenex Health TX system (percutaneous ultrasonic ablation) no specific code 17999, 20999, 25999. Deleted "for all indications C9747" and added (Except for prostate cancer radiotherapy recurrence) from High Intensity Focused Ultrasound. Deleted "or percutaneous (i.e., iFuse Implant System) 27279" from Sacroiliac Joint Fusion (SI joint stabilization) open" and deleted Vacuum Assisted Socket System (VASS) L5781, L5782. Changed the Integra Meshed Bilayer Matrix code from Q4104 to C9363. Added (except for use in burns) to Integra Omnigraft dermal regeneration matrix Q4105.</p>
5/21/2019	C. Gilmore L. LaFerriere K. Kernutt	Justin Montoya, MD	<p>Deleted "Digestive enzymes added to enteral formula via a cartridge device attached to" added "Digestive enzyme cartridge that connects in-line with existing tubing." Deleted code Q9994, no specific code; added code B4105.</p>
4/8/2019	L. LaFerriere M. Gabbard	Justin Montoya, MD Alison Little, MD	<p>Added 31231, deleted 32231 to Posterior nasal Neurectomy; added 76376, deleted 73676 to Pregnancy ultrasound; added 84112, deleted 84412 & S3628 for Placental Alpha Microglobulin; Added 64999, deleted 64699 for Radiofrequency ablation; deleted 0334T for Sacroiliac Joint Fusion; deleted 82455 for PCA3 Detection Test. Added Rezum (transurethral destruction of the prostate, 53854.</p>
3/11/2019	L. LaFerriere M. Gabbard	Justin Montoya, MD Alison Little, MD	<p>Added Afirma Genomic Sequencing Classifier (GSC) no specific code 81210, 81275, 81311, 81401, 81406, 81455; Percepta bronchial genomic classifier no specific code 81479; 81521 added to Agendia Breast Cancer Suite; 22899 added to Axial Interbody fusion; 22867-22870 added to Coflex Interlaminar Device; E1815 to dynamic Splinting Devices. Deleted Chek 2. Deleted 0195T, 0196T from Axia-lif; 0182T deleted from brachytherapy; 90780-90784 from Chelation therapy; 0171T, 0172T from coflex interlaminar Device; 93760, 93762 from computerized thermal imaging, 0181T from Corneal Hysteresis; E1825 from dynamic splinting devices, 0019T from Extra corporeal Shockwave; deleted 83980, 83982, 83894, 83898, 83900, 83901, 83912, 83914 from GeneSight psychotropic; 0092T, 0098T, 22856, 22861, 22864, 32998, 47382 deleted from microwave ablation of pulmonary tumors.</p>
1/14/2019	L. LaFerriere	Justin Montoya, MD Alison Little, MD	<p>Deleted BRAF V600E Testing for thyroid cancer 81218, 81545, 81599. Added Digestive enzymes added to enteral formula via a cartridge device attached to the tubing for enteral feedings (e.g. Relizorb), Q9994; Durepair (Dura Regeneration Matrix) No specific code Q4100, C9399; Cerament bone void filler No specific code 20900, C1713, Multitarget Polymerase Chain Reaction Testing for vaginitis/vaginosis (e.g. OneSwab, BD Max, NuSwab,</p>

			SureSwab) No specific code 87481, 87482, 87511, 87512, , 87661, 87801, 87640, 87653, 87798, 87799, 87999,
11/26/2018	L. LaFerriere	Justin Montoya, MD Alison Little, MD	Added CyPass Microstent, 0474T, Ketamine for use in depression, bipolar disorder and migraine headache, no specific code J3490, Matristem Skin Substitute, Q4118, PancreGen DNA analysis (Interpace), no specific code 84999, Phrenic Nerve Stimulation for Central Sleep Apnea (CSA), No specific code 64575, Vitoss (tricalcium phosphate bone filler), No specific code 20930, 20931, 20900, 20999, Wireless GI Motility Capsule Testing (e.g. SmartPill), No specific code 91112. Deleted Pathfinder TG topographic genotyping (Redpath Integrated Pathology), No specific code: 84999
10/08/2018	L. LaFerriere L. Mason	Justin Montoya, MD	Added "Medicaid and Medicare use this policy as a resource to determine coverage, when there are no Medicaid or Medicare Coverage criteria guidelines (e.g., NCD/LCD and/or Medicaid defined criteria)," changed to enterprise policy. Added 63055, 63056, 63057, 63075 to AccuraScope, except for LEHP to computed tomography of the knee for pre-operative mapping, CxBladder Detect no specific code 81479, DermACELL skin substitute Q4122, added 97799 to dry needling, Added to FoundationOne CDx 81201, 81206, 81210, 81211, 81235, 81242, 81245, 81270, 81275, 81292, 81295, 81298, 81310, 81315, 81321, 88360, High Intensity Focused Ultrasound for all indications, C9734, C9747, 0071T, 0072T, 0398T, 55899, Micronized dehydrated Human/Chorion membrane (dHCAM) injectable for plantar fasciitis no specific code J3590, added except for LEHP for MRI of the knee for pre-operative mapping, for Makoplasty, added 81541 to Prolaris Test, VenaSeal Closure system 36482, 36483. Deleted O-Arm StealthStation surgical Navigation for thoracolumbar pedicle screw placement 61781, 61782, 61783.
8/13/2018	L. LaFerriere L. Mason	Justin Montoya, MD	Added Disposable Negative Pressure wound therapy (e.g., SNaP, PICO, VACVia), 97607, 97608, G0456, G0457; clonoSEQ assay no specific code 81479, deleted SNaP system; labiaplasty/vulvectomy no specific code 56620, 15839
7/9/2018	L. LaFerriere	Justin Montoya, MD	Delete Prometheus TPMT phenotyping 82657, 82491, 82542
6/25/2018	L. Mason L. LaFerriere	Justin Montoya, MD	Deleted Balloon Sinuplasty and codes 17260-17266, 77610, 77615, 77620, 96549, 77605 for LITT and added no specific code 19499, 32999, 47399, 48999, 53899, 55899, 60699, 64999, except for Visualase for medically refractory seizures to LITT
6/11/2018	L. Mason L. LaFerriere	Justin Montoya, MD	Added Grafix Core Q4132, Grafix prime Q4133, Except LEHP to CPM knee, Internal Neurolysis "nerve combing" no specific code 64727, RAD50 no specific code 81479.
5/11/2018	L. Mason L. LaFerriere	Justin Montoya, MD Alison Little, MD	Added Agendia Breast cancer suite no specific code S3854, 81599, BluePrint Breast Cancer genomic profile no specific code S3854, 81599, Dry Needling add code 64999, Extra Corporeal Shockwave Therapy (ESWT) for musculoskeletal conditions 0101T, 0102T, 0019T, 0299T, 0300T, 28890, MAGEC (magnetic expansion control system) 22899 no specific code, Percutaneous Neuromodulation Therapy (PNT) add code 64555, Posterior Nasal Neurectomy (PNN) 30999, 31231 no specific code, Prometheus TMPT Enzyme panel add (except for Billings Clinic) (G0037418), Transcutaneous Vagal Nerve Stimulator (t-VNS) for cluster headaches 64553, E1399 no specific code, AlphaStim - for

			craniotherapy, back pain, post CVA pain no specific code: E1399, ThyGenX 81455, 81479 no specific code, Counsyl reliant hereditary cancer screening no specific code, Riscover Hereditary Cancer panel screen, no specific code deleted Corneal Collagen Cross-linking.
3/12/2018	L. LaFerriere L. Mason	Justin Montoya, MD	Added FoundationOne CDx 81445, 81479, Hip orthosis (post-op) L1685, L1686, PriMatrix Q4110, ThyraMIR 0018U, ThyGenX 81445, 81479 and deleted EndoPredict, fecal calprotectin.
2/12/2018	L. LaFerriere L. Mason	Justin Montoya, MD	Added Integra Meshed Bilayer Wound Matrix Q4104, Patient Specific Instrumentation (PSI) is not covered for any joint including preoperative imaging, cutting guides and custom implants, SNaP Therapy System (disposable negative pressure wound therapy) 97607, 97608, Nerve Intraoperative Monitoring (Medtronic NIM) Endotracheal, 95920, 95937, 95940, 95941. Fecal calprotectin for all groups except LEHP. Delete MAKOplasty from NTOC policy. Added unproven to E/I verbiage.
1/1/2018	L. LaFerriere	Justin Montoya, MD	Added CPM for knee E0935 as non-covered E/I 1/1/2018 per NTOC 10/17/2017.
11/13/2017	L. LaFerriere	Justin Montoya, MD	Added AlloDerm Skin Substitute used during septoplasty, Alpha2 Macroglobulin (A2M)/Alpha 2 Macroglobulin Human Plasma (platelet poor plasma) nonspecific, AmnioExcel/BioDexcel (skin substitute-amniotic extracellular membrane) Balloon Dilatation of Eustachian Tube, Bone Marrow Aspirate Concentrate for treatment of lower extremity bone nonunions, GeneDx comprehensive brain malformations panel (whole exome sequencing), "Smart Pill" for GI motility testing, Stravix Skin Substitute (cryopreserved placental tissue, Preparent Standard Panel, ReWalk exoskeleton, knee Subchondroplasty, Vacuum assisted Socket System (VASS).
9/8/2017	L. LaFerriere L. Mason	Justin Montoya, MD	Added BRAFV600E testing for thyroid cancer, Integra Omnigraft, Hypoglossal Nerve Stimulator, Laser Interstitial Thermal therapy (LITT), and Stretta. Added Code S8948 to Low Level Light therapy. Added E/I to Breast Cancer index. Added S8130, S8131 to Interferential Muscle Stimulators, added 82542 code to Prometheus TMPT Enzyme panel. Removed Watchman and Urolift from policy.
6/26/2017	L. LaFerriere	Justin Montoya, MD	Deleted HLA testing and hormone pellets for women, added MRI/TRUS fusion biopsy of prostate, EndoPredict, Digital Motion X-ray (DMX), CHEK2, Inhaled nitric oxide in Adults and children over 14 days old, Thermal Shrinkage Therapy, PGxOne Plus, Neurofeedback, Invitae p.
2/21/2017	L. Mason	Justin Montoya, MD	Added biacuplasty of the spine, Breast Cancer Index, Invitae Multi-Cancer Panel, Microwave Ablation of liver tumors, RFA of the genicular nerve. Removed reference to HS policy "Chelation Therapy," (archived), removed Mobi-C, SirSheres and TheraSpheres.
1/20/2017	L. Mason	Justin Montoya, MD	Added Amniotic Fluid Injections, Guardant360, and Electromagnetic Navigational Bronchoscopy Deleted Electrical Stimulator for Treatment of GBM (Optune). (From 12/20/16 NTOC). Added MUSE™. SelectMDx, Vulvectomy added to Labiaplasty line. Deleted Transcatheter Closure of PFO. (NTOC 1/17/17). Added MAKOplasty and BSGI as not E/I for LEHP (e-mail 1/20/17)

12/1/16	L. Mason	Justin Montoya, MD	Per NTOC 12/1/16: Added ST2 Assay, Invitae Hyperparathyroid panel, Presacral Neurectomy; added new 2017 codes: 33340, 43284, 81539
11/28/16	L. Mason	Justin Montoya, MD	Per Dr. Montoya, added 4K Score testing per NTOC 9-20-16.
10/18/16	L. Mason	Justin Montoya, MD	Per NTOC 10/18/16: Added navigated transcranial magnetic stimulation (n-TMS); OrthoFlow amniotic fluid; trunk compression garment for lymphedema
09/27/2016	M. Gabbard	Justin Montoya, MD	Approved as written. 09/13/16 P&P meeting - Ambry Genetic™ CDH1 Genetic testing - adopted MCG guideline A-0779. 09/20/2016 NTOC Blood Brain Barrier Disruption (BBBD) for the treatment of Central Nervous System (CNS) tumors
08/23/2016	M. Gabbard	Justin Montoya, MD	Approved as written. Deleted Intraperitoneal Hyperthermic Chemotherapy. 08/17/16 NTOC added E-Z Derm Porcine Xenograft (mesh), Vectra DA. Sacroiliac Joint Fusion (i.e., iFuse Implant System) added C1713. Added Veritstrat CPT 81538, Morphometric analysis of tumors ChemoFX CPT 81535, 81536. Delete Colaris w/myRisk™ Hereditary panel aka Myriad myRisk™ Hereditary Cancer Panel – use MCG A-0533
07/26/2016	M. Gabbard, L. Mason. J. Viola, C. Gilmore, L. Stern and A. Knight	Justin Montoya, MD	07/19/2016 NTOC added OsteoAmp, Accufill Bone Substitute, Corneal collagen cross linking and CardioNext. Added 96003 and 96004 to Surface electromyography.
06/28/2016	M. Gabbard, L. Mason. J. Viola, C. Gilmore, L. Stern and A. Knight	Justin Montoya, MD	Approved as written. MTHFR – E/I for all indications. 06/21/2016 NTOC added Aurix aka AutoloGel, Decision DX-UM added CPT 81599, 84999 Naltrexone (Vivitrol) Abdominal implants, Repriza and ViviGen Cellular Bone Matrix.
06/07/2016	M. Gabbard	Justin Montoya, MD and Alison Little, MD	Approved as written. 05/19/2016 MCG guideline review meeting: Renamed Microdeletion NIPT to Noninvasive prenatal testing. Added NIPT - Fetal Rhesus D and Monogenic Testing. Added CPT codes 81403, 81416, 81416, 81417, 81425, 81426, 81427 05/17/2016 NTOC added Preoperative Cutting Guides for joint arthroplasty (i.e., Custom Knee, Custom Ankle, Custom Shoulder, Custom Hip), Urolift System, LipiView II Dynamic Meibomian Imaging (DMI)
05/10/2016	M. Gabbard	Justin Montoya, MD	04/19/16 NTOC added Radiofrequency Thermocoagulation (RFTC) Thoracic Interspinous Ligament, Bone Marrow Aspirate Concentrate for Ankle Arthrodesis, Mobi-C 2 level added 0375T, 22858 and L8699, Network Spinal Analysis, Boston Heart labs Statin-induced myopathy genotype testing and Posterior intrafacet implant. Added Optune formally NovoTTF-100A.
03/08/2016	M. Gabbard	Justin Montoya, MD	2/22/16 NTOC added Esteem® Implantable Hearing System, GeneSight® ADHD assay, Comprehensive Arthroscopic Management for the Shoulder, Medical

			Management panel, AmnioMatrix or BioDMatrix, Corneal Hysteresis and Phenol Neurolysis of Interspinous Ligaments T5-6, T6-7, and T7-8
02/19/2016	M. Gabbard and C. Gilmore	Justin Montoya, MD	Clarified language for Microdeletions NIPT. Added Sex determination is considered not medically necessary.
01/26/2016	M. Gabbard	Justin Montoya, MD	Approved as written. Added Interferential Muscle Stimulators – policy retired. 1/18/16 NTOC added Trinity Elite Allograft, BioCartilage™, Tissue plasminogen activator (tPA) in lower extremity DVT, Myeloid Molecular Profile (MMP) and GeneSight Analgesic. CardioMEMS™ HF System added HCPC code C9741, non-specific codes 93799. GeneSight Psychotropic added CPT codes 81225, 81226, 81227, 81401 and 81479. Add CPT code 89240 to chemoresistance
12/22/2015	M. Gabbard	Justin Montoya, MD	Approved as written.
12/15/2015	M. Gabbard	NTOC	12/15/2015 NTOC decisions – Comprehensive Molecular Genetic Survey MTL™ Panels, Prolaris Test for Prediction of Prostate Cancer Progression and Bio4th aka BIO4th – E/I
11/25/2015	M. Gabbard, J. Montoya, M. Franz	NTOC	11/25/2015 NTOC decisions - Radiofrequency Ablation (RFA) of the thoracic spine, OncoGeneDx - Hereditary Pancreatic Cancer Panel, Bioelectrical Impedance and Prostatic arterial embolization (transcatheter embolization). Deleted Chromosomal Microarray genetic testing – adopted MCG criteria ACG: A-0588. 11/18/2015 CQUM policies approved – Deleted elastography now req's PA.
11/03/2015	M. Gabbard	Justin Montoya, MD	Approved as written.
10/20/2015	M. Gabbard	NTOC	Added Bone Marrow Aspirate Concentrate (BMAC) /Bone Marrow Aspirate for spinal fusion and Proove Narcotics Risk Genetic Profile, Proove Drug Metabolism Comprehensive and Proove Pain Perception Genetic Profile panels
10/13/2015	M. Gabbard	Justin Montoya, MD	Approved as written.
09/15/2015	M. Gabbard	NTOC	Added ColonSentry, Hyalomatrix and Pulsed Radiofrequency Ablation/Cooled Radiofrequency Ablation. Deleted Transcranial Magnetic Stimulation.
08/27/2015	M. Gabbard	Justin Montoya, MD	Approved as written.
08/18/2015	M. Gabbard	NTOC	08/18/2015 NTOC Added Watchman™ Left Atrial Appendage Closure Device, CFnxt, NxtPanel, ClariVein Mechanochemical Ablation (MOCA) and BROCA Cancer Risk Panel. Changed Morcellator with hysterectomy to Morcellator with laparoscopic procedures. Deleted Grenz Ray.
08/11/2015	M. Gabbard	Justin Montoya, MD	Approved as written.
07/24/2015	M. Gabbard	4/22/2015 CQUM meeting 5/15/2015 and 7/17/2015 NTOC decisions	Deleted 4/22/2015 CQUM Transcatheter Mitral Valve Repair Percutaneous Approach Added 5/15/2015 NTOC Add Transcatheter Closure of Patent Foramen Ovale (PFO) for Stroke Prevention (i.e., Gore Helix Septal Occluder or Amplatzer Septal Occluder) Deleted 7/17/2015 NTOC Natera One Disease Panel, Inflammatory Bowel Disease - Metabolite (6-TGN, 6-MMPN, TPMT) and genetic markers for TPMT deficiency. Moved Prometheus TPMT Enzyme panel (phenotyping) Added CardioMEMS™ HF System O-Arm StealthStation
05/22/2015	L. Mason	Justin Montoya, MD	Added AccuraScope, EpiFix Injectable, Microdeletion NIPT, Millenium PGT; Defined sublingual immunotherapy

			and added exception that Oralair, Grastek and Ragwitek are covered under pharmacy benefit with PA; added CPT 93702 to bioimpedence spectroscopy (new code 1/1/15); Moved Counsyl Informed pregnancy screen, MaterniT21Plus, veriFi by Progenity, and Panorama to microdeletions; Deleted InformaSeq.
04/17/2015	M. Gabbard	NTOC	04/17/2015 Zio Patch no longer E/I. Add MaterniT21 Plus – includes microdeletions and microduplications, veriFi® Prenatal Test by Progenity– includes microdeletions and microduplications, VeriStrat Test, MuSK (muscle specific kinase) antibody and Electronic Brachytherapy for all indications are considered E/I
03/20/2015	M. Gabbard	NTOC	3/20/2015 Added Microwave Ablation of Pulmonary Tumors, Cefaly Antimigraine Headband, DecisionDx-Melanoma test, TAADNext – Next generation sequencing, OncoGeneDx High/Moderate Risk Panel, Mobi-C Two Level Artificial Intervertebral Disc and Neurova™ Micro Current Nerve Therapy/Stimulator also known as Auricular Electroacupuncture. Carotid intima-media thickness (IMT) NTOC review 05/19/09.
03/12/2015	M. Gabbard	Daniel Roth, MD	3/12/2015 Salvia and Urine Hormone Testing for Menopause and Aging policy retired, still E/I since NTOC 4/23/2013. INTACS no longer E/I. Deleted IDET “Also see the Health Services Department Procedure: Intradiscal Electrothermal Therapy” retired May 2013. Added Ablation, Pulmonary Tumors “Cryoablation” to 0340T E/i. Deleted Percutaneous Tibial Nerve Stimulation no Longer E/I
02/11/2015	M. Gabbard	Daniel Roth, MD	Effective 1/1/2015 Breast Tomosynthesis no longer E/I
01/27/2015	M. Gabbard	NTOC	Added Myriad myRisk™ CPT code 81479. Added labs to Informed Pregnancy Screen and InformaSeq (Counsyl or Verinata/Illumina Co) Breast Tomosynthesis added new CPT/HCPC codes. Sacroiliac Joint Fusion (SI joint stabilization) open or percutaneous (i.e., iFuse implant system) New CPT code 27279, Propel Implant used w/the Relieva Stratus Microflow spacer and POEM transendoscopic therapy for Achalasia
12/16/2014	M. Gabbard	NTOC	Added ConforMIS iUni G2 Unicondylar to Custom Knee Total Knee Arthroplasty and CPT codes 27445, 27446, 27447, 27486, 27487, 27488
11/21/2014	M. Gabbard	NTOC	Added AspirinWorks® Test, Electrocardiogram (ECG) signal analysis technologies, Informed Pregnancy Screen and InformaSeq, Myriad myRisk™ Hereditary Cancer Panel and PGXL Lab CYP1A2 Drug Metabolism Gene Assay
10/21/2014	Marsha Gabbard	NTOC	Prokera Amniotic Membrane removed. Added DeNovo NT Natural Tissue Graft, Intracardiac Ischemia Monitoring, Bioimpedence Spectroscopy, Makoplasty – Total Hip Arthroplasty, Factors 7, 8 and 9 in Disseminated Intravascular Coagulation (DIC) – Not hemophilic, Cardiac Panel of Molecular Tests (Vantari Genetics, LLC), Hippotherapy, Artificial Retina, Holotranscobalamin and Automatic Nerve Conduction Studies/Noninvasive Nerve Conduction Testing
10/01/2014	Marsha Gabbard	Daniel Roth, MD	Removed Cryoablation for atrial fibrillation (The Arctic Front Cardiac Cryoablation Catheter) effective 10/01/2014 per Daniel Roth, MD.
09/16/2014	Marsha Gabbard	NTOC	Impella 2.5, and 5.0, Rapid Detection of Flu A&B, Extracorporeal shock wave therapy (ESWT) taken off NTOC list. Added CellSearch, Natera One™ Disease Panel, ShuntCheck®, PCA3 Detection Test for Prostate

			Cancer, OncoPanel, HE4 Assay, Percutaneous Neuromodulation Therapy (PNT) for pain, Whole Genome/Exome Sequencing, Scrambler Therapy/Calmare Therapy Device Baroreflex Stimulation Devices and Chromosome Analysis, High Resolution
09/04/2014	Marsha Gabbard	NTOC	Removed from NTOC list MOM Hip resurfacing and Photoplethysmography Device. Added STAT-A-DYNE ESP Arm Brace, Breathe Test for Heart Transplant Rejection (Heartsbreath test) and Hydrogen Breath Test for Irritable Bowel Syndrome,
07/24/2014	Marsha Gabbard	Jim Riopelle, MD	Added new HCPC codes effective 7/1/2014. S1034-S1037 MiniMed 530G w/Enlite®
07/03/2014	Marsha Gabbard	NTOC	Added ALCAT Food Intolerance Test, DecisionDx-GBM, GeneSightRx® Psychotropic assay, Intraperitoneal Hyperthermic Chemotherapy, Minimally Invasive Spinal Fusion Surgery with Instrumentation, MiniMed® 530G w/Enlite® - Next Generation Continuous Glucose System, Morcellator with hysterectomy, SensiGene Fetal RHD Genotyping and STA2R SureGene Test..
07/02/2014	Marsha Gabbard	CQUM	Effective 7/3/2014 Delete Hyaluronic Acid Joint Lubricant Injections for Viscosupplementation as E/I except for Synvisc and Synvisc one for indications other than the knee
05/21/2014	Marsha Gabbard	NTOC	Deleted Afirma Thyroid FNA Analysis – adopt MCG Criteria A-0711, Added Boston Heart Cardiovascular Risk Panel – Genetic test, BRCAplus Ambry Genetics™, BreastNext Generation Ambry Genetics, LINX Reflux Management System, GeneTrails AML MDS Genotyping Panel, ConfirmMDx for Prostate Cancer, HERmark Breast Cancer Assay, Oncotype DX Prostate Cancer Assay, Whole Body Hyperthermia for Cancer, and Lipiflow Thermal Pulsation and Lipiview Ocular Surface Interferometer.
03/21/2014	Marsha Gabbard	NTOC	Added Ambry Genetic™ CDH1 Genetic testing, Ambry Genetic™ PancNext panel, Anorectal Fistula Plugs, Rapid Detection of Flu A&B with vendors, Genetic Testing for Spinocerebellar Ataxia, GeneTrails GIST Genotyping Panel, GeneTrails NSCLC Genotyping Panel, GeneTrails Solid Tumor Genotyping Panel, Versajet Hydrosurgery System for Wound Management and Chromosomal Microarray genetic tests. Deleted Canaloplasty.
02/17/2014	Marsha Gabbard	NTOC	Added Cryoablation for atrial fibrillation, Hyaluronic Acid Joint Lubricant Injections for Knee OA Viscosupplementation, Pregnancy Ultrasound (3D) or (4D) dimensional. HLA 81382 Preauthorization required for all cancer diagnosis. All other diagnoses not covered (Experimental/Investigational/Unproven).
02/06/2014	Marsha Gabbard	Jim Riopelle, MD	Added Anser ADA, Amnisure and ROM Plus® Fetal Membranes Rupture, Electrical Stimulator for the treatment of Glioblastoma multiforme (GBM) NovoTTF-100A, FoundationOne™ and FoundationOne Heme, Oral Cancer Screening Systems, Photodynamic Therapy for (stage I or II) Head and Neck Cancer and Sacroiliac Joint Fusion (SI joint stabilization) open or percutaneous. Mist Therapy Ultrasound for wound healing 0183T deleted replaced by 97610 added additional devices. Deleted 0263T-0265T now requires PA and MD review.
01/02/2014	Marsha Gabbard	Jim Riopelle, MD	Added CPT code for MTHFR 81291
12/19/2013	Marsha Gabbard	NTOC	Added Extra-osseous Taltarsal Stabilization (EOTTS), Laparoscopy Ultrasound-Guided Radiofrequency Ablation, Endothelial Function Assessment, Transcatheter

			Renal Sympathetic Denervation, Ablation, Pulmonary Tumor(s), Quantitative Pupillometry, Therapeutic Apheresis with Selective HDL Dilapidation and Plasma Reinfusion, Transcatheter Mitral Valve Repair (The MitraClip System), Ultrasound Elastography, Quantitative Sensory Testing (QST), Corus® CAD as E/I.
12/17/2013	Marsha Gabbard	NTOC	Added Proprio Microprocessor ankle/foot as E/I
12/12/2013	Marsha Gabbard	Jim Riopelle, MD	Radiofrequency Ablation (RFA) of the SI Joint – E/I
11/22/2013	Marsha Gabbard	NTOC	Added Labiaplasty for labia minora hypertrophy, MTHFR for Psych Dx, Photoplethysmography Device –Code nonspecific 93922 and 93923 (FloChec™, Endo-PAT2000, PADnet devices not covered (Experimental/Investigational/Unproven). Deleted Fecal Bacteriotherapy
10/18/2013	Marsha Gabbard	Jim Riopelle, MD	P&P mtg. Add Mediskin for Moh's Surgery E/I
10/15/2013	Laurie Mason	NTOC	Added Symphony Breast Cancer Profile; SI joint fusion, and autologous tears.
09/19/2013	Laurie Mason	NTOC	Added Anser IFX, Chromosomal microarray, Coflex interlaminar device and SofPulse; Removed Procalcitonin
08/13/2013	Jenny Hill		Updated to new template; Migrated
07/17/2013	Laurie Mason	NTOC	Removed MaterniT21, Harmony and Verify tests; added AmnioFix, custom knee total knee arthroplasty, APLD; changed artificial intervertebral disc from case-by-case review to experimental/Investigational/Unproven
05/22/2013	Laurie Mason	NTOC	Added Galectin-3 testing and OrthoCore Active Knee System
04/19/2013	Laurie Mason	NTOC	Added Athletic pubalgia surgery, breast tomosynthesis, Counsyl genetic test, fecal calprotectin, MCOT, and Oncotype DX DCIS
03/19/2013	Laurie Mason	NTOC	Removed percutaneous cryotherapy, for renal tumor, DELM/Mole mapping; Added Genecept, dynamic splinting devices, and static progressive stretch devices; updated codes
01/24/2013	Laurie Mason	NTOC	Added ColoNext,fecal bacteriotherapy, gMS Dx, Harmony prenatal test, Impella, MRI of the knee for surgical planning, Optical Coherence Tomography for cardiac applications, Prokera, Sublingual immunotherapy, Transcranial Magnetic Stimulation, and Verifi prenatal test; Removed BART testing, total ankle replacement.
11/13/2012	Laurie Mason	NTOC	Added Affirma FNA Thyroid Analysis, Dry needling of trigger points, lidocaine infusions for pain management, SIRSpheres and TheraSpheres.
09/25/2012	Laurie Mason	NTOC	Changed IDET from case-by-case approval to E/I. Added Cell Culture Drug Resistance Testing, Hormone pellets, MaterniT21, MAKOpasty, Zio Patch.
04/25/2012	Laurie Mason	NTOC	Added CT Knee when done for preoperative mapping, Decision DX-UM, MelaFind, Epidural adhesiolysis (Racz procedure), Pathfinder TG, Scoliscore; deleted Botox for headache and Functional Electrical Stimulators – covered if criteria met.
09/27/2011	Laurie Mason	NTOC	Added Canaloplasty, Percutaneous Tibial Nerve Stimulation, and Provent sleep apnea device; deleted computed tomographic angiography (CTA) – covered if criteria met.

08/02/2011	Laurie Mason	NTOC	Added Alair Bronchial Thermoplasty System, Genityte and Renessa treatments for UI, and Stem Cell Therapy for Peripheral Artery Disease.
06/29/2011	Laurie Mason	NTOC	Added Minimally Invasive Lumbar Spinal Decompression (MILD Procedure) and Vertebral Artery Angioplasty and/or stenting; updated codes.
02/23/2011	Laurie Mason	NTOC	Removed Bravo Wireless esophageal pH; added Procalcitonin, Oncotype DX Colon Cancer Assay
12/16/2010	Laurie Mason	NTOC	Removed Omnipod, CT colonography, and Oncotype DX; added TIF/EsoPhyx, MIST therapy, brain perfusion CT scan, Platelet rich plasma
07/27/2010	Laurie Mason	NTOC	Added Annulotomy, ArthroCare Spine Wand, and OVA1 ovarian cancer test. Removed cardiac MRI with flow/velocity quantification.
09/23/2009	Laurie Mason	S. Marks	Updated Codes
09/18/2009	Laurie Mason	NTOC	added CPM for joints other than knee
05/20/2009	Gail Winterman	NTOC	Added Electronic Brachytherapy, Oral Appliance, Sleep Apnea Surgery, Total Ankle Replacement. Removed Continuous Glucose Monitoring; now covered if meets criteria; req. authorization.
04/06/2009	Gail Winterman	NTOC	Added Actigraphy, Circulating Tumor Cell Test, Placental alpha microglobulin test
02/18/2009	Gail Winterman	NTOC	Added Functional Elect. Stimulators, Cardiac MRI w flow velocity quantification
01/22/2009	Gail Winterman	NTOC	Added: Balloon Sinuplasty; Coronary CT; OncoVue;
01/13/2009	Gail Winterman	NTOC	Added Wireless capsule endoscopy; Moved 97026 from computerized thermal imaging to anodyne therapy; added 97799. Added CT colonography codes 0066T and 0067T. Oncotype coverage status updated.
11/04/2008	Gail Winterman	NTOC	Added Transcutaneous Joint Stimulation, OMNIPod insulin mgmt system; changed OATS to allow for knees only.
06/23/2008	Gail Winterman	NTOC	Added BART for breast cancer genetic testing
02/19/2008	Gail Winterman	Laurie Mason	Added Cryotherapy, percutaneous renal tumor.
02/08/2008	Gail Winterman	Laurie Mason	Added Breast Specific Gamma Imaging to Scintimammography.
12/06/2007	Gail Winterman	NTOC	Added Grenz Ray
08/31/2007	Gail Winterman	NTOC	Added Continuous Glucose Monitoring
08/23/2007	Gail Winterman	NTOC	Added Resperate
06/21/2007	Gail Winterman	NTOC	Added Scintimammography
05/18/2007	Gail Winterman		Added Morphometric analysis of tumors
05/16/2007	Gail W		Added code # and web address for Oncotype DX info.
03/06/2007	Gail Winterman	Gail Winterman	Added: CTA
02/22/2007	Diane Nichols	Gail Winterman	Added: focused ultrasound, cardioseal septal occluder, alpha-stim. Botox for soft tissue pain, Oncotype DX.
10/27/2006	Diane Nichols	Lois Stevens	Added Axia-lif, per NTOC.
10/02/2006	Diane Nichols	Dr. Marks	Added back in OATS and Mosaicplasty.
05/18/2006	Lois Stevens	NTOC	Added info. Re: X-Stop Spinal decompression. Added back in Stryker Dekompressor
01/16/2006	Diane Nichols	Laurie Mason	Removed Nuchal Translucency

10/13/2005	Laurie Mason	N.T.O.C.	Added Thermography, Lightwave Therapy, Neutralizing Antibody Testing, and VNS for depression.
08/23/2005	Laurie Mason	N.T.O.C.	Added SilverHawk Plaque Excision System; Added Urine testing to hip Hormone testing.