

# NEW AND EMERGING TECHNOLOGIES COVERAGE STATUS



New and emerging medical procedures, medications, treatments and technologies are often prescribed by physicians and/or marketed to the public before FDA or other governmental agency approval, or research is available in the peer reviewed literature to document efficacy, safety, and long term positive outcomes.

New technologies are reviewed by the New Technologies and Operational Criteria (NTOC) committee and Health Services department, and a recommendation is made regarding PacificSource coverage based upon literature reviews, standards of care and coverage, consultations with advisors and experts as needed, and other authoritative sources, as well as PacificSource group and individual contracts. Procedures are written when necessary to outline and clarify coverage criteria. Because of the changing nature of medicine, this list is subject to revision and update.

If you have any questions about coverage for the procedures listed below, you are welcome to contact our Health Services Department at (541) 684-5584 or toll free at (888) 691-8209.

PROCEDURE	CPT HCPCS	COVERAGE STATUS
<b>4K Score Testing for Prostate Cancer</b>	0010M, 81539	Not covered (experimental/investigational/unproven).
<b>Ablation, Pulmonary Tumor(s) Cryoablation</b>	0340T	Not covered (experimental/investigational/unproven).
<b>Accufill Bone Substitute Material</b>	No specific code 29876, 29999	Not covered (experimental/investigational/unproven).
<b>AccuraScope</b> minimally invasive discectomy neural decompression	No specific code 63056, 63055, 63057 63075	Not covered (experimental/investigational/unproven).
Actigraphy Testing, recording, analysis, interpretation, and report	95803	Not covered (experimental/investigational/unproven).
<b>Agendia Breast Cancer Suite</b>	no specific code S3854, 81599	Not covered (experimental/investigational/unproven).
<b>Alair Bronchial Thermoplasty System</b> (Asthmatx, Inc.)	31660, 31661	Not covered (experimental/investigational/unproven).
<b>ALCAT Food Intolerance Test</b>	No specific 83516	Not covered (experimental/investigational/unproven).
<b>AlloDerm</b> Skin Substitute used during septoplasty/rhinoplasty	Q4116	Not covered (experimental/investigational)
<b>Alpha2 Macroglobulin (A2M)/Alpha 2</b> Macroglobulin Human Plasma (platelet poor plasma)	No specific code S2150	Not covered (experimental/investigational)
<b>AlphaStim</b> – for craniotherapy, back pain, post CVA pain.	No specific code E1399	Not covered (experimental/investigational/unproven).
<b>Ambry Genetic™ PancNext panel</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>AmnioExcel/BioDexcel</b> (skin substitute)	Q4137	Not covered (experimental/investigational/unproven).
<b>AmnioFix amniotic membrane</b> (both wrap and injectable forms)	Q4135	Not covered (experimental/investigational/unproven).

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	No specific code J3590	
<b>AmnioMatrix or BioDMatrix</b> – for all indications	Q4139	Not covered (experimental/investigational/unproven).
<b>Amniotic Fluid Injections</b>	No specific code: 17999	Not covered (experimental/investigational/unproven).
<b>Annulotomy</b> (coblation assisted microdiscectomy, Arthrocare plasma disc decompression (PDD))	62287	Code is not specific to annulotomy. Requires Preauthorization
<b>Anodyne Therapy System</b>	No specific code. E0221, 97799	Not covered. E/I due to lack of controlled studies and long term evidence. 97026 (infrared therapy) and 97032 (electrical stimulation) <u>covered</u> when used as PT modalities.
<b>Anorectal Fistula Plugs</b> (Biodesign® Surgisis® AFP™ Anal Fistula Plug, GORE BIO-A® Fistula Plug and SIS Fistula Plug)	46707 code not specific Q4100	Not covered (experimental/investigational/unproven).
<b>Anser IFX &amp; Anser ADA</b> (Prometheus Labs) Infliximab & adalimumab antibody detection	No specific code: 84999	Not covered (experimental/investigational/unproven).
<b>Artificial Intervertebral Lumbar Disc Replacement</b> (i.e., INMOTION®, ProDisc®-L )	0163T, 0164T, 0165T 22857, 22862, 22865	Not covered (experimental/investigational/unproven).
<b>Artificial Retina</b>	0100T, C1841	Not covered (experimental/investigational/unproven).
<b>AspirinWorks® Test</b>	84431	Not covered (experimental/investigational/unproven).
<b>Athletic Pubalgia (Sports Hernia) Surgery</b> (open or laparoscopic)	No specific code	Not covered (experimental/investigational/unproven).
<b>Aurix™ aka AutoloGel®</b>	No specific code G0460, P9020	Not covered (experimental/investigational/unproven).
<b>Autologous Serum Tears for Dry Eyes</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Automated Percutaneous Lumbar Discectomy (APLD)</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Automatic Nerve Conduction Studies/Noninvasive Nerve Conduction Testing</b>	95905 or non-specific code 95999	Not covered (experimental/investigational/unproven).
<b>Axia-Lif (Axial Lumbar Interbody Fusion)</b> indicated for use in degenerative disc disease, pseudoarthroses (unsuccessful previous fusion) and spondylolisthesis.	0195T-0196T, 0309T 22586	Not covered (experimental/investigational/unproven).
<b>Balloon Dilation of Eustachian Tube</b>	No specific code 69799 C9745	Not covered (experimental/investigational/unproven).
<b>Baroreflex Stimulation Devices</b>	0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T	Not covered (experimental/investigational/unproven).
<b>Berkley HeartLabs</b>	0111T, 83698, 83701, 83704 83719	Not covered (experimental/investigational/unproven).

<b>Biacuplasty of the spine</b> (e.g. Bialys TransDiscal System)	No specific code: 22899	Not covered (experimental/investigational/unproven).
<b>Bio4th aka BIO®</b>	No specific code 20930, 20999	Not covered (experimental/investigational/unproven).
<b>BioCartilage™</b>	No specific code 29999	Not covered (experimental/investigational/unproven).
<b>Bioelectrical Impedance</b>	0358T	Not covered (experimental/investigational/unproven).
<b>Bioimpedance Spectroscopy</b>	0239T, 93702	Not covered (experimental/investigational/unproven).
<b>Blood Brain Barrier Disruption (BBBD) for the treatment of Central Nervous System (CNS) tumors</b>	No specific code 96549	Not covered (experimental/investigational/unproven).
<b>Blueprint Breast Cancer genomic profile</b>	No specific code S3854, 81599	Not covered (experimental/investigational/unproven).
<b>Bone Marrow Aspirate Concentrate(BMAC) /Bone Marrow Aspirate for spinal fusion</b>	No specific codes 20936 20999, 38220, 38232, 38241	Not covered (experimental/investigational/unproven).
<b>Bone Marrow Aspirate Concentrate for Ankle Arthrodesis</b>	No specific codes 38220	Not covered (experimental/investigational/unproven).
<b>Bone Marrow Aspirate Concentrate for Treatment of lower extremity bone nonunions</b>	No specific code 38220	Not covered (experimental/investigational/unproven).
<b>Boston Heart Cardiovascular Risk Panel – Genetic test</b> (Boston Heart Diagnostic®)	No specific codes 81225, 81240, 81241 81400, 81401	Not covered (experimental/investigational/unproven).
<b>Boston Heart Labs Statin-induced myopathy genotype testing</b>	No specific code 81400	Not covered (experimental/investigational/unproven).
<b>Brachytherapy, Electronic for all indications</b>	0182T, 0394T, 0395T	Not covered (experimental/investigational/unproven).
<b>BRCaplus</b> Ambry Genetics™	No specific codes	Not covered (experimental/investigational/unproven).
<b>Breast Cancer Index (BCI)</b> (bioTheranostics Inc.)	Code not specific to test: 81479, S3854	Not covered (experimental/investigational/unproven).
<b>Breast Thermography</b>	Code not specific to breast: 93740, 93799	Not covered (experimental/investigational/unproven).
<b>BreastNext Generation</b> Ambry Genetics™	No specific codes	Not covered (experimental/investigational/unproven).
<b>Breath Test for Heart Transplant Rejection</b> (Heartsbreath test)	0085T	Not covered (experimental/investigational/unproven).
<b>BROCA Cancer Risk Panel</b>	No specific codes	Not covered (experimental/investigational/unproven).
<b>Cardiac Panel of Molecular Tests</b> (Vantari Genetics, LLC)	No specific codes	Not covered (experimental/investigational/unproven).
<b>CardioMEMS™ HF System</b> (St Jude Medical) measures and monitors the pulmonary artery (PA) pressure and heart rate in certain heart failure patients.	C9741, C2624 Non-specific codes 93799	Not covered (experimental/investigational/unproven).
<b>CardioNext</b>	No specific code 81280, 81282, 81403, 81404, 81405, 81406, 81407, 81408	Not covered (experimental/investigational/unproven).
<b>Carotid intima-media thickness (IMT)</b>	0126T and 93895	Not covered (experimental/investigational/unproven).

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<b>Cefaly Anti-migraine Headband</b>	No specific codes E1399	Not covered (experimental/investigational/unproven).
<b>Cell Culture Drug Resistance Testing (CCDRT)</b> Chemoresistance assay	Code not specific: 86849, 89240	Not covered (experimental/investigational/unproven).
<b>CellSearch Circulating Tumor Cell Test</b>	86152 86153	Not covered (experimental/investigational/unproven).
<b>Cerament Bone Void Filler</b>	No specific code 20900, C1713	Not covered (experimental/investigational/unproven).
<b>CFnxt (Progenity)</b>	No specific code 81220-81224	Not covered (experimental/investigational/unproven).
<b>CHEK2 genetic testing</b>	No specific code 81479	Not covered (experimental/investigational/unproven).
<b>Chelation therapy</b>	Code not specific: 90780-90784, M0300	Requires preauthorization. Reviewed on a case-by-case basis.
<b>Chromosome Analysis, High Resolution (Telomere Analysis)</b>	No specific code 88289	Not covered (experimental/investigational/unproven).
<b>ClariVein Mechanochemical Ablation (MOCA)</b>	No specific code 37799	Not covered (experimental/investigational/unproven).
<b>Coflex Interlaminar Device (Paradigm Spine)</b>	Code not specific to device: 0171T, 0172T	Not covered (experimental/investigational/unproven).
<b>ColoNext (Ambry Genetics)</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>clonoSEQ assay</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>ColoSentry</b>	No specific code 81479, 81599	Not covered (experimental/investigational/unproven).
<b>Comprehensive Arthroscopic Management for the Shoulder</b>	No specific code 29999	Not covered (experimental/investigational/unproven).
<b>Compression Garment for Trunk (i.e. Bellise Bra (JoViPak) or Tribute vest (Solaris) for lymphedema)</b>	No specific code: E1399	Not covered (experimental/investigational/unproven).
<b>Computed Tomography (CT) of the Knee for pre-operative mapping or planning</b>	No specific code 73700-73702	Not covered (experimental/investigational/unproven). Except for LEHP for Makoplasty
<b>Computerized thermal imaging</b>	93760, 93762	93760 (cephalic thermogram) and 93762 (peripheral thermogram) NOT covered (experimental/investigational), except for certain specialized breast diagnostics
<b>ConfirmMDx for Prostate Cancer (MDxHealth)</b>	No specific code 81479, 88387	Not covered (experimental/investigational/unproven).
<b>Continuous Passive Motion (CPM) for joints other than knee</b>	E0936	Not covered (experimental/investigational/unproven).
<b>Continuous Passive Motion (CPM) device for knee</b>	E0935	Not covered (experimental/investigational/unproven). Except for LEHP
<b>Corneal Hysteresis</b>	92145, 0181T	Not covered (experimental/investigational/unproven).
<b>Coronary CT, w/quantitative evaluation of coronary artery calcium</b>	75571	Not covered (experimental/investigational/unproven).
<b>Corus® CAD</b>	No specific code: 84999, 81599	Not covered (experimental/investigational/unproven).

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<b>Counsyl Foresight™ Carrier Screen (formerly Counsyl Family Prep Screen)</b>	No specific code 81200, 81205, 81209, 81220, 81242, 81250, 81251, 81255, 81260, 81290, 81330, 81332, 81400, 81401, 81479	Not covered (experimental/investigational/unproven).
<b>Counsyl Reliant Hereditary Cancer Screening</b>	no specific code 81162, 81201, 81202, 81203, 81211, 81212, 81213, 81288, 81292, 81293, 81294, 81295, 81296, 81297 81298, 81299, 81300, 81317, 81318, 81319, 81321, 81322, 81323, 81401, 81403, 81404, 81405, 81406 81408, 81479,	Not covered (experimental/investigational/unproven).
<b>Craniotherapy; craniosacral therapy</b>	No specific code 97799	Not covered (experimental/investigational/unproven).
<b>CXBladder Detect</b>	No specific code 81479	Not covered (experimental/investigational/unproven).
<b>CyPass microstent</b>	No specific code 0474T	Not covered (experimental/investigational/unproven).
<b>Decision DX-GBM</b> (Castle BioSciences) gene expression profile test	No specific code 81479	Not covered (experimental/investigational/unproven).
<b>Decision DX-Melanoma</b> (Castle Bioscience) gene expression profile test	No specific code 84999	Not covered (experimental/investigational/unproven).
<b>DermACELL skin substitute</b>	Q4122	Not covered (experimental/investigational/unproven).
<b>DeNovo NT Natural Tissue Graft</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Digestive enzymes added to enteral formula via a cartridge device attached to tubing for enteral feeding (eg Relizorb)</b>	No specific code Q9994	Not covered (experimental/investigational/unproven).
<b>Digital Motion X-ray (DMX)</b>	76496, 76120, 76125	Not covered (experimental/investigational/unproven).
<b>Disposable Negative Pressure Wound Therapy</b> (e.g. SNaP, PICO, VACVia)	97607, 97608, G0456, G0457	Not covered (experimental/investigational/unproven).
<b>Dry Needling of Trigger Points</b>	No specific code 20999, 64999	Not covered (experimental/investigational/unproven).
<b>Durepair (Dura Regeneration Matrix)</b>	No specific code Q4100, C9399	Not covered (experimental/investigational/unproven).
<b>Dynamic splinting devices</b> (low load prolonged duration Stretch devices e.g., Dynasplint, Empi Advance, STAT-A-Dyne ESP Arm Brace) <b>Static progressive stretch devices</b> (e.g., JAS Splints by Joint Active Systems)	<b>Dynamic</b> E1800, E1802, E1805, E1810 E1812, E1820, E1825, E1830, E1840 non-specific L3766	Not covered (experimental/investigational/unproven).

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	<b>Progressive</b> E1801, E1806, E1811, E1816, E1818, E1821, E1831, E1841	
<b>Dynesys Spinal System</b> Flexible spinal stabilization device	No specific code Hospital will bill with implants rev code 278	Not covered (experimental/investigational/unproven).
<b>EBT (electron beam tomography)</b>	S8092	Not covered (experimental/investigational/unproven).
<b>Electrocardiogram (ECG) signal analysis technologies</b>	0206T and 93278	Not covered (experimental/investigational/unproven).
<b>Electromagnetic Navigational Bronchoscopy</b>	31627	Not covered (experimental/investigational/unproven).
<b>Endothelial Function Assessment Non-invasive</b>	0337T	Not covered (experimental/investigational/unproven).
<b>Epidural Adhesiolysis</b> (Racz procedure)	62263, 62264	Not covered (experimental/investigational/unproven).
<b>EpiFix Injectable</b> skin substitute	Q4145	Not covered (experimental/investigational/unproven).
<b>Esteem® Implantable Hearing System</b>	No specific code 69799 S2230, V5095	Not covered (experimental/investigational/unproven).
<b>Extra Corporeal Shockwave Therapy (ESWT) for musculoskeletal conditions</b>	No specific code, 0101T, 0102T, 0019T, 0299T 0300T, 28890	Not covered (experimental/investigational/unproven).
<b>Extra-osseous Subtalar Joint Implant for Talotarsal Stabilization</b> (HyProCure®)	0335T	Not covered (experimental/investigational/unproven).
<b>E-Z Derm</b> Porcine Xenograft (Mesh)	Q4136	Not covered (experimental/investigational/unproven).
<b>Factors 7, 8 and 9 in Disseminated Intravascular Coagulation (DIC)</b> – Not hemophilic	No specific code	Not covered (experimental/investigational/unproven).
<b>Focused Ultrasound</b> for treatment of uterine fibroids & prostate	0071T-0072T, 0398T, C9747	Not covered (experimental/investigational/unproven).
<b>FoundationOne™ and FoundationOne Heme</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>FoundationOne CDx</b>	No specific code 81201, 81206, 81210, 81211, 81235, 81242, 81245, 81270, 81275, 81292, 81295, 81298, 81310, 81315, 81321, 81455, 81479, 88360	Not covered (experimental/investigational/unproven).
<b>Galectin-3</b> testing (BG Medicine, Inc.)	82777	Not covered (experimental/investigational/unproven).
<b>Genecept™</b> (Genomind LLC) genetic assay for Neuropsychiatric disorders	No specific code	Not covered (experimental/investigational/unproven).
<b>GeneDX</b> comprehensive brain malformations panel (whole exome sequencing)	No specific code 81404, 81405, 81406, 81407, 81408	Not covered (experimental/investigational/unproven).

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<b>GeneSight® ADHD assay</b>	No specific code 81225, 81226, 81227, 81401, 81479, 81599	Not covered (experimental/investigational/unproven).
<b>GeneSight® Analgesic</b>	No specific code 81225, 81226,81227, 81401,81479, 81599	Not covered (experimental/investigational/unproven).
<b>GeneSightRx® Psychotropic assay</b>	Codes not specific 81225, 81226, 81227, 81401, 81479, 83890, 83892, 83894, 83898, 83900, 83901, 83912, 83914	Not covered (experimental/investigational/unproven).
<b>Genetic Testing for Spinocerebellar Ataxia</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>GeneTrails AML, MDS Genotyping Panel</b> (Knight Diagnostic Laboratory)	No specific code 81403, 81404, 81405, 81479	Not covered (experimental/investigational/unproven).
<b>GeneTrails GIST, NSCLC and Solid Tumor Genotyping Panels</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Genityte</b> laser treatment for urinary incontinence	No specific code 99199	Not covered (experimental/investigational/unproven).
<b>gMS Dx</b> anti-glycan antibody testing (Glycominds)	No specific code 84999	Not covered (experimental/investigational/unproven).
<b>Grafix Core</b>	Q4132	Not covered (experimental/investigational/unproven).
<b>Grafix Prime</b>	Q4133	Not covered (experimental/investigational/unproven).
<b>Guardant360</b> (Guardant Health Inc.)	Multiple gene codes	Not covered (experimental/investigational/unproven).
<b>HE4 Assay</b>	86305	Not covered (experimental/investigational/unproven).
<b>HERmark Breast Cancer Assay</b> (Monogram Biosciences Inc)	No specific code 84999	Not covered (experimental/investigational/unproven).
<b>Hip Orthosis (post-op)</b>	L1685, L1686	Not covered (experimental/investigational/unproven).
<b>Hippotherapy</b>	S8940 no specific code 97799	Not covered (experimental/investigational/unproven).
<b>Holotranscobalamin</b>	0103T	Not covered (experimental/investigational/unproven).
<b>Hyalomatrix Skin Substitute</b>	Q4117	Not covered (experimental/investigational/unproven).
<b>Hydrogen Breath Test for Irritable Bowel Syndrome</b>	91065 Non-specific code 82491	Not covered (experimental/investigational/unproven).
<b>Hypoglossal Nerve Stimulator</b>	0466T, 0467T, 0468T, 64568, 64569, 64999, C1767, C1787, C1778, C1816, C1820, C1822, C1897, L8679, L8680, L8681, L8682, L8683, L8685, L8686	Not covered (experimental/investigational/unproven).
<b>IDET</b> (intradiscal electrothermal therapy)	22526-22527	Not covered (experimental/investigational/unproven).
<b>Inflammatory Bowel Disease Markers</b>	No specific codes	Not covered (experimental/investigational/unproven).

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pANCA (perinuclear anti-neutrophil cytoplasmic antibodies) and ASCA (anti-saccharomyces cerevisiae antibodies)		
<b>Inhaled Nitric Oxide (iNO) in adults and children over 14 days old</b>	No specific codes	Not covered (experimental/investigational/unproven).
<b>Integra Meshed Bilayer Matrix Wound Dressing (BMW)</b>	Q4104	Not covered (experimental/investigational/unproven).
<b>Integra Omnigraft</b>	Q4105	Not covered (experimental/investigational/unproven).
<b>Interferential Muscle Stimulators</b>	E0740 non-specific code E1399	Not covered (experimental/investigational/unproven).
<b>Internal Neurolysis “nerve combing”</b>	No specific code 64727	Not covered (experimental/investigational/unproven).
<b>Intracardiac Ischemia Monitoring</b>	0302T, 0303T, 0304T, 0305T, 0306T and 0307T	Not covered (experimental/investigational/unproven).
<b>Invitae Hyperparathyroid panel</b> (genetic testing for CASR, CDC73, CDKN1B, MEN1, and RET)	No specific codes: 81479	Not covered (experimental/investigational/unproven).
<b>Invitae Multi-Cancer panel</b>	No specific codes: 81479	Not covered (experimental/investigational/unproven).
<b>Invitae Pancreatic Cancer panel (21 gene panel)</b>	81445, 81479, 81404, 81401, 81211, 81201, 81162	Not covered (experimental/investigational/unproven).
<b>Ketamine for use in depression, bipolar disorder or migraine headaches</b>	No specific code J3490	Not covered (experimental/investigational/unproven).
<b>Laparoscopic Ultrasound-Guided Radiofrequency Ablation</b> (The Acessa System)	0336T	Not covered (experimental/investigational/unproven).
<b>Laser Interstitial Thermal Therapy (LITT)</b>	No specific code 19499, 32999, 47399, 48999, 53899, 55899, 60699, 64999	Not covered (Experimental/Investigational/unproven) Except for Visualase for medically refractory seizures
<b>Lidocaine infusions for pain management</b>	No specific code J2001	Reviewed on a case-by-case basis (experimental/Investigational/unproven)
<b>Lightwave Therapy</b> (Low Level Laser and Light Emitting Diode)	No specific code E1399, S8948	Not covered (experimental/investigational/unproven).
<b>LINX Reflux Management System</b>	43284	Not covered (experimental/investigational/unproven).
<b>Lipiflow Thermal Pulsation and Lipiview Ocular Surface Interferometer</b> (TearScience Inc)	0207T and 0330T	Not covered (experimental/investigational/unproven).
<b>LipiView II Dynamic Meibomian Imaging (DMI)</b>	No specific code 92285, 92499	Not covered (experimental/investigational/unproven).
<b>MAGEC (magnetic expansion control system)</b>	No specific code, 22899	Not covered (experimental/investigational/unproven).
<b>Matristem Skin Substitute</b>	Q4118	Not covered (experimental/investigational/unproven).
<b>Medical Management Panel</b> (Vantari Genetics)	No specific code 81225, 81226, 81227, 81240, 81241, 81291, 81355, 81401	Not covered (experimental/investigational/unproven).

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<b>Mediskin for Moh's Surgery</b>	Q4135	Not covered (experimental/investigational/unproven).
<b>Microwave Ablation of Pulmonary or Liver Tumors</b>	No specific code 0092T, 0098T, 22856, 22861, 22864, 32998, 47382, 47399	Not covered (experimental/investigational/unproven).
<b>Millennium PGT pharmacogenetic laboratory testing</b>	No specific code 81225, 81226, 81227, 81291, 81401, 81479	Not covered (experimental/investigational/unproven).
<b>Minimally Invasive Lumbar Decompression (MILD procedure)</b>	0275T	Not covered (experimental/investigational/unproven).
<b>Minimally Invasive Spinal Surgeries</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Mist Therapy®, Celleration MIST Therapy®, AR1000 Ultrasonic Wound Therapy System, AS1000 Ultrasound Wound Therapy System, The Qoustic Wound Therapy System, Jetox™ ND DeRoyal®, Misonix SonicOne Plus Ultrasonic Wound Care System, SonicOne® Ultrasound for wound healing</b>	97610	Not covered (experimental/investigational/unproven).
<b>Mobile Cardiac Outpatient Telemetry (MCOT)</b>	93228, 93229	Not covered (experimental/investigational/unproven).
<b>Morcellator with laparoscopic procedures</b>	Codes: C1782 No specific codes 58541-58548, 58578-57579	Not covered (experimental/investigational/unproven).
<b>Morphometric analysis of tumors</b> (e.g. Extreme Drug Resistance Assay chemoresistance and chemosensitivity (EDR) by Oncotech and ChemoFX).	81535, 81536, 88358	Not covered (experimental/investigational/unproven). Used for testing sensitivity to chemo.
<b>MRI full body scan</b>	No specific code 76498	Not covered (experimental/investigational/unproven).
<b>MRI of the knee</b> for pre-operative mapping or planning	No specific code 76376, 76377, 73721, 73222, 73723	Not covered (experimental/investigational/unproven). Except for LEHP for Makoplasty
<b>MRI/TRUS fusion biopsy of prostate (eg BioJet)</b>	72195, 72196, 72197	Not covered (experimental/investigational/unproven).
<b>MTHFR</b> for all indications	81291	Not covered (experimental/investigational/unproven).
<b>Multitarget Polymerase Chain Reaction (PCR) Testing for vaginitis/ vaginosis (eg. OneSwab, BD Max, NuSwab, SureSwab)</b>	No specific code 87481, 87482, 87511, 87512, 87591, 87661, 87801, 87640, 87653, 87798, 87999	Not covered (experimental/investigational/unproven).
<b>MuSK</b> (muscle specific kinase) <b>antibody</b> Athena Lab	No specific code 83519	Not covered (experimental/investigational/unproven).
<b>Myeloid Molecular Profile (MMP)</b>	No specific code 81270, 81450	Not covered (experimental/investigational/unproven).
<b>Naltrexone (Vivitrol) Abdominal implants</b>	No specific code A4550, J2315, J3490	Not covered (experimental/investigational/unproven).
<b>Navigated Transcranial Magnetic Stimulation (n-TMS)</b>	0310T	Not covered (experimental/investigational/unproven).

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<b>Nerve Integrity Monitoring (NIM Medtronic), Intraoperative Nerve Monitoring –endotracheal tube for any indication</b>	No specific code 95920, 95937, 95940, 95941, G0453	Not covered (experimental/investigational/unproven).
<b>Network Spinal Analysis</b>	Non-specific codes 97139	Not covered (experimental/investigational/unproven).
<b>Neurofeedback ( EEG biofeedback )</b>	90875, 90876	Not covered (experimental/investigational/unproven).
<b>Neuromuscular Electrical Stimulators (NMES)</b>	E0744, E0745	Not covered (experimental/investigational) in the home setting.
<b>Neurova™ Micro Current Nerve Therapy/Stimulator also known as Auricular Electroacupuncture</b>	S8930 No specific code L8680 and 64555	Not covered (experimental/investigational/unproven).
<b>Neutralizing Antibody Testing in Multiple Sclerosis</b>	No specific codes 87253, 86382, 86384	Not covered (experimental/investigational/unproven).
<b>Noninvasive Prenatal Testing – Microdeletion</b> – (i.e., testing for these syndromes: DiGeorge, Cri-du-chat, Prader-willi, Angelman, Wolf-Hirschhorn, Langer-Giedion, and/or Jacobsen syndrome) -Test panel examples: Informed Pregnancy Screen with microdeletions (Counsyl), MaterniT21Plus (Sequenom), Panorama Prenatal Panel (Natera), Verifi™ prenatal test by Progenity <b>Fetal Rhesus D Monogenic</b> – single gene (such as beta thalassemia, hemophilia, sickle cell anemia, and congenital adrenal hyperplasia)	No specific code; 81403, 81420, 81479, 81507, 81599, 88271	Not covered Fetal Rhesus D, Microdeletions, Monogenic are E/I.  NIPT testing without microdeletions (trisomy 21, 18, and 13 and sex chromosome mutation is covered when criteria are met – preauthorization required).  Testing for sex determination is considered not medically necessary.
<b>NxtPanel</b> (Progenity)	No specific codes 81401, G0452, 81246	Not covered (experimental/investigational/unproven).
<b>OATS and Mosaicplasty</b>	28446, 29868	Covered for knees only. Not covered for other joints (experimental/investigational).
<b>OncoGeneDx - Hereditary Pancreatic Cancer Panel</b>	No specific code 81211, 81213, 81201, 81203, 81292, 81294, 81295, 81404	Not covered (experimental/investigational/unproven).
<b>OncoGene Dx High/Moderate Risk Panel</b>	No specific code 81211, 81213, 81294, 81292	Not covered (experimental/investigational)
<b>OncoPanel</b>	No specific code 81403	Not covered (experimental/investigational/unproven).
<b>Oncotype DX Colon Cancer Assay</b>	No specific code 84999	Not covered (experimental/investigational)
<b>Oncotype DX DCIS</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Oncotype DX Prostate Cancer Assay</b> (Genomic Health® Oncotype DX®)	No specific code 84999	Not covered (experimental/investigational/unproven).
<b>OncoVue Breast Cancer Risk Test</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Optical Coherence Tomography for cardiac applications</b>	0291T, 0292T	Not covered (experimental/investigational/unproven).

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<b>Oral Appliance:</b> Nociceptive Trigeminal Inhibition Tension Suppression System for migraine.	21110 (not specific to device)	Not covered (experimental/investigational/unproven).
<b>Oral Cancer Screening Systems</b>	No specific code: 40899, 41599, 41899	Not covered (experimental/investigational/unproven).
<b>OrthoCor™ Active Knee System™</b>	E0761	Not covered (experimental/investigational/unproven).
<b>OrthoFlo</b> (MiMedx) Amniotic Fluid derived product for injection	No specific code: Q4139	Not covered (experimental/investigational/unproven).
<b>OsteoAMP</b>	No specific codes	Not covered (experimental/investigational/unproven).
<b>OVA1™</b> test for ovarian cancer	No specific code 84999	Not covered (experimental/investigational/unproven).
<b>PancraGen DNA analysis (Interspace)</b>	No specific code 84999	Not covered (experimental/investigational/unproven).
<b>Patient Specific Instrumentation (PSI)</b> for joint arthroplasty including preoperative imaging, cutting guides and custom implants	No specific codes	Not covered (experimental/investigational/unproven).
<b>PCA3 Detection Test</b> for Prostate Cancer	S3721, 81313 Non-specific codes 82455, 84999, 81479	Not covered (experimental/investigational/unproven).
<b>Percutaneous Discectomy using the Stryker Dekompressor™</b> or ArthroCare Spine Wand™	62287	Code is not specific, requires Preauthorization
<b>Percutaneous Neuromodulation Therapy (PNT)</b> for pain (eg BioWave PENS)	No specific code E0730, E1399, 64555, 64999	Not covered (experimental/investigational/unproven).
<b>PGXL Lab CYP1A2 Drug Metabolism Gene Assay</b>	Non-specific codes 81225, 81226, 81227, 81401, 81479	Not covered (experimental/investigational/unproven).
<b>PGxOne Plus (pharmacogenetics gene panel)</b>	81479, 81400, 81401, 81381, 81291, 81355, 81350, 81227, 81226, 81225	Not covered (experimental/investigational/unproven).
<b>Phenol Neurolysis of Interspinous Ligaments T5-6, T6-7 and T7-8</b>	No specific code 22899	Not covered (experimental/investigational/unproven).
<b>Photodynamic Therapy for (stage I or II) Head &amp; Neck Cancer</b>	No specific code 96567	Not covered (experimental/investigational/unproven).
<b>Phrenic Nerve Stimulation for central sleep apnea (CSA)</b>	No specific code 64575	Not covered (experimental/investigational/unproven).
<b>Placental alpha microglobulin-1 (AmniSure or ROMPlus)</b> rapid slide test for presence of amniotic fluid	84412 S3628	Not covered (experimental/investigational/unproven).
<b>Platelet-Rich-Plasma (PRP) Injections</b>	0232T	Not covered (experimental/investigational/unproven).
<b>POEM transendoscopic therapy for Achalasia</b>	Non-specific code 43499	Not covered (experimental/investigational/unproven).
<b>Posterior intrafacet implant</b>	0219T-0222T	Not covered (experimental/investigational/unproven).
<b>Posterior Nasal Neurectomy (PNN)</b>	no specific code, 30999, 31231	Not covered (experimental/investigational/unproven).

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<b>Pregnancy Ultrasound (3D) or (4D) dimensional</b>	No specific code: 73676, 76377, 76499	Not covered (experimental/investigational/unproven).
<b>Preoperative Cutting Guides for joint arthroplasty - Custom Ankle, Custom Hip, Custom Knee</b> – (such as ConforMIS iUni G2 Unicondylar, OtisKnee, Signature, Mimics, iTotal CR, TrueMatch and Visionaire) or <b>Custom Shoulder</b>	No specific code 23470, 23472, 23473, 23474, 27125, 27132, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486, 27487, 27488, 27702, 27703	Not covered (experimental/investigational/unproven).
<b>Preparent Standard Panel</b> (genetic testing for procreative management)	No specific code 81220, 81209, 81200, 81251, 81260, 81242, 81290, 81330, 81255, 81250, 81401, 81243, 81257, 81205	Not covered (experimental/investigational/unproven).
<b>Presacral Neurectomy</b>	No specific code: 58999, 64999	Not covered (experimental/investigational/unproven).
<b>PriMatrix skin substitute</b>	Q4110	Not covered (experimental/investigational/unproven).
<b>Prolaris Test for Prediction of Prostate Cancer Progression</b>	No specific code 84999, 81541 81599	Not covered (experimental/investigational/unproven).
<b>Prolotherapy</b>	M0076	Not covered (experimental/investigational/unproven).
<b>Prometheus Anser VDZ test</b>	84999 unlisted chemistry procedure	Not covered (experimental/investigational/unproven).
<b>Proove Narcotics Risk Genetic Profile, Proove Drug Metabolism Comprehensive and Proove Pain Perception Genetic Profile panels</b>	No specific codes 81225, 81226, 81227, 81291, 81355, 81401, 81402, 81479	Not covered (experimental/investigational/unproven).
<b>Propel sinus implant used w/the Relieva Stratus MicroFlow spacer</b>	S1090 Non-specific code L8699	Not covered (experimental/investigational/unproven).
<b>Proprio Microprocessor ankle/foot</b>	L5973, L5969	Not covered (experimental/investigational/unproven).
<b>Prostatic arterial embolization</b> (transcatheter embolization)	No specific code 37243	Not covered (experimental/investigational/unproven).
<b>Provent Sleep Apnea Therapy</b> – disposable nasal expiratory positive airway pressure (EPAP) device	No specific code	Not covered (experimental/investigational/unproven).
<b>Pulsed Radiofrequency Ablation/Cooled Radiofrequency Ablation</b>	No specific code 64640, 64999	Not covered (experimental/investigational/unproven).
<b>Quantitative Pupillometry</b>	0341T	Not covered (experimental/investigational/unproven).
<b>Quantitative Sensory Testing (QST)</b>	0106T, 0107T, 0108T, 0109T, 0110T	Not covered (experimental/investigational/unproven).
<b>RAD50 genetic testing</b>	No specific code 81479	Not covered (experimental/investigational/unproven).
<b>Radiofrequency Ablation (RFA) of the Genicular Nerve</b>	No specific code: 64640, 64999	Not covered (experimental/investigational/unproven).

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<b>Radiofrequency Ablation (RFA) of the SI Joint</b>	64640	Not covered (experimental/investigational/unproven).
<b>Radiofrequency Ablation (RFA) of the thoracic spine</b>	No specific code 64633 and 64634	Not covered (experimental/investigational/unproven).
<b>Radiofrequency Thermocoagulation (RFTC) Thoracic Interspinous Ligament</b>	No specific code 22899	Not covered (experimental/investigational/unproven).
<b>Renessa Lyrette™ for Stress Urinary Incontinence (SUI)</b> (Novasys Medical) Transurethral radiofrequency remodeling for urinary incontinence	53860	Not covered (experimental/investigational/unproven).
<b>Repriza</b>	Q4143	Not covered (experimental/investigational/unproven).
<b>Resperate breathing device</b>	No specific code E1399	Not covered (experimental/investigational, not least costly alternative.)
<b>ReWalk exoskeleton</b> (motorized exoskeleton for paraplegia)	No specific code E1399	Not covered (experimental/investigational/unproven).
<b>Riscover Hereditary Cancer Panel</b>	No specific code 81403, 81404, 81405, 81406, 81407, 81432, 81433, 81435, 81436, 81479	Not covered (experimental/investigational/unproven).
<b>Sacroiliac Joint Fusion</b> (SI joint stabilization) open or percutaneous (i.e., iFuse Implant System)	0334T, 27279, 27280 No Specific code C1713	Not covered (experimental/investigational/unproven).
<b>Saliva and Urine Hormone testing</b>	No specific code - uses same code as serum. Except HCPC code S3650	Not covered (experimental/investigational/unproven). Medical literature doesn't support this for diagnostic screening or disease management.
<b>Scintimammography</b> (may also be called nuclear breast imaging or "mira luna", or Breast Specific Gamma Imaging (BSGI))	S8080 or non-specific codes, 78800, 78801, 78803, A9500	Not covered (experimental/investigational/unproven).
<b>ScoliScore</b> (Axial Biotech Inc.) multigene test	0004M	Not covered (experimental/investigational/unproven).
<b>Scrambler Therapy/Calmare Therapy Device</b>	0278T	Not covered (experimental/investigational/unproven).
<b>SelectMDx (MDxHealth Inc.)</b> for prostate cancer	No specific codes 81479	Not covered (experimental/investigational/unproven).
<b>SensiGene Fetal RHD Genotyping</b>	No specific codes 81479	Not covered (experimental/investigational/unproven).
<b>ShuntCheck®</b>	No specific code 62252	Not covered (experimental/investigational/unproven).
<b>SilverHawk Plaque Excision System</b> (FoxHollow Technologies, Inc.) for peripheral vascular disease	No specific code 37799	Not covered (experimental/investigational/unproven).
<b>Sleep apnea surgeries:</b> Pillar Palatal Implant System	C9727	Not covered (experimental/investigational/unproven).
Cautery-assist palatal stiffening (CAPSO)	41530	
RF volumetric tissue reduction (coblation, somnoplasty)		
Repose device tongue base suspension	41512	
LAUP: laser-assist uvulopalatoplasty	S2080	
<b>"Smart Pill"</b> for GI motility testing	No specific code 91112	Not covered (experimental/investigational/unproven).

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<b>SofPulse</b> (Ivivi Health Services) pulsed electromagnetic therapy	E0761	Not covered (experimental/investigational/unproven).
<b>ST2 Assay</b>	83006	Not covered (experimental/investigational/unproven).
<b>STA2R SureGene Test</b>	No specific codes	Not covered (experimental/investigational/unproven).
<b>Static progressive stretch devices</b> (e.g., JAS splints by Joint Active Systems)	E1801, E1806, E1811, E1816, E1818, E1821, E1831, E1841	Not covered (experimental/investigational/unproven).
<b>Stem Cell Therapy for Peripheral Artery Disease</b> (i.e., SmartPREP, Fibrinet)	0263T, 0264T, 0265T	Not covered (experimental/investigational/unproven).
<b>Stravix skin substitute</b> for internal and external use (cryopreserved placental tissue)	No specific code Q4100, L8699, C9399	Not covered (experimental/investigational/unproven).
<b>Stretta</b> (endoscopic radiofrequency for the treatment of GERD)	43257	Not covered (experimental/investigational/unproven).
<b>Subchondroplasty (SCP), knee</b> (calcium phosphate synthetic bone void filler)	No specific code 27599	Not covered (experimental/investigational/unproven).
<b>Sublingual immunotherapy</b> (SLIT, allergy drops/tablets under tongue)	No specific code: 95199	Not covered (Experimental/Investigational) <u>Exception:</u> Oralair, Grastek or Ragwitek –covered under pharmacy benefit; preauthorization required
<b>Surface electromyography</b> (SEMG; Myovision – chiropractic technique that applies surface electrodes to skin which record a specific muscle or muscle group's electrical potential.)	S3900, 96002, 96003, 96004 Or non-specific codes: 95999, 97799, 99199	Not covered (experimental/investigational/unproven).
<b>Symphony Personalized Breast Cancer Genomic Profile</b> (Agendia)	No specific code S3854, 81599	Not covered (experimental/investigational/unproven).
<b>TAADNext – Next Generation Sequencing</b> (Ambry Genetics)	Non-specific codes 81405, 81406, 81408, 81479	Not covered (experimental/investigational/unproven).
<b>Thermal Shrinkage Therapy (used for tendons and ligaments)</b>	Unlisted procedure 29999	Not covered (experimental/investigational/unproven).
<b>Therapeutic Apheresis with Selective HDL Delipidation and Plasma Reinfusion</b>	0342T	Not covered (experimental/investigational/unproven).
<b>ThyGenX</b>	No specific code 81445, 81479	Not covered (experimental/investigational/unproven).
<b>ThyraMir oncogene panel</b>	0018U	Not covered (experimental/investigational/unproven).
<b>Tissue plasminogen activator (tPA) Alteplase in lower extremity DVT</b>	J2997 Non-specific codes 37212-37213	Not covered (experimental/investigational/unproven).
<b>Transcatheter Renal Sympathetic Denervation unilateral or bilateral</b>	0338T, 0339T	Not covered (experimental/investigational/unproven).
<b>Transcutaneous pulsed electrical joint stimulation</b> (BioniCare Bio 1000 System)	E0762	Covered only for osteoarthritis. Not covered for other conditions (experimental/investigational).

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<b>Transcutaneous Vagal Nerve Stimulator (t-VNS) for cluster Headaches</b>	No specific code, 64553, E1399	Not covered (experimental/investigational/unproven).
<b>Transoral Incisionless Fundoplication (TIF) (i.e. EsophyX or MUSE™)</b>	43210	Not covered (experimental/investigational/unproven).
<b>Trinity Elite Allograft</b>	No specific code C1762	Not covered (experimental/investigational/unproven).
<b>Vacuum Assisted Socket System (VASS)</b>	L5781, L5782	Not covered (experimental/investigational/unproven).
<b>Vagus Nerve Stimulator (VNS) for treatment of Depression</b>	No specific code. Hospital will bill with rev code 278	Not covered (experimental/investigational/unproven).
<b>Vectra DA</b> (multi-biomarker blood test)	81490	Not covered (experimental/investigational/unproven).
<b>VeriStrat Test</b> (Biodesix)	81538 No specific code 84999, 81599	Not covered (experimental/investigational/unproven).
<b>Versajet Hydrosurgery System for Wound Management</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Vertebral Artery Angioplasty and/or Stenting</b>	0075T, 0076T (code not specific to vertebral artery)	Not covered (experimental/investigational/unproven).
<b>Vertebral axial decompression</b> (Lordex; VAX-D; DRX at Back-2-Backs clinic, Med-X, and IDD (Internal disc decompression therapy))	S9090	Not covered (experimental/investigational/unproven).
<b>Vitoss (tricalcium phosphate bone filler)</b>	No specific code 20930, 20931, 20900, 20999	Not covered (experimental/investigational/unproven).
<b>ViviGen Cellular Bone Matrix</b>	No specific code	Not covered (experimental/investigational/unproven).
<b>Whole Body Hyperthermia for Cancer</b>	No specific codes 77605 or 77620	Not covered (experimental/investigational/unproven).
<b>Whole Genome/Exome Sequencing</b>	No specific code 81416, 81416, 81417, 81425, 81426, 81427, 81479	Not covered (experimental/investigational/unproven).
<b>Wireless capsule endoscopy</b>	91110, 91111	Covered only when criteria are met for imaging of small bowel. Considered experimental/investigational for colon or esophagus.
<b>Wireless GI motility capsule testing (e.g. “SmartPill”)</b>	No specific code 91112	Not covered (experimental/investigational/unproven).
<b>X-Stop Spinal Decompression for lumbar stenosis spinal stabilization device</b>	Code not specific to device: 0171T-0172T	Not covered (experimental/investigational/unproven).