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Area Medical Policy
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 Business Business

Experimental/Investigational Services and Emerging Technologies

MEDICAL POLICY GUIDANCE

Services are defined as experimental/investigational when the treatment, procedure, facility, equipment, drug, service, supply or intervention has not been determined to be medically effective for the condition being treated.

Services considered to be experimental/investigational by this policy are deemed non-covered services.

POLICY POSITION:

Based on clinical evidence review of Hayes, InterQual, Medicare, National Library of Medicine, National Institute of Health, and Up-to-Date databases, services meeting **ANY** of the following criteria are considered to be experimental/investigational:

- The service does not have Food and Drug Administration (FDA) approval for the specific relevant indication(s); **or**
- Currently available scientific evidence does not permit conclusions to be made concerning the effect of the service on health outcomes; **or**
- The service has not been proven to be as safe or effective in achieving an outcome equal to or exceeding those of alternative services; **or**
- The service has not been proven to improve health outcomes; **or**
- The service has not been proven to be applicable outside the research setting; **or**
- Research is unavailable as the treatment, procedure, equipment, drug, service, supply or intervention has not been adequately studied; **or**
- Service falls under Medicare statutory exclusion.

Clinical Trials/ Investigational Device Exemption Studies

(IDE)

Some services listed in this policy may currently be part of a Medicare approved IDE study. The Health Plan will follow the coverage position for services for members enrolled in Clinical Trials according to the line of business of the member. To view Medicare-approved IDE studies, see the CMS website for IDE studies at <https://www.cms.gov/medicare/coverage/investigational-device-exemption-ide-studies/approved>

Category III Codes

Unless specifically noted on another policy, all Category III/"T" codes are considered potentially experimental, investigational, and/or unproven. Lack of inclusion of a Category III/"T" code on this policy does not indicate that the code(s) may be medically necessary or covered.

Per the AMA, Category III CPT codes are a set of temporary codes for emerging technology, services, and procedures. These codes are intended to be used to track the usage of these services, and the data collected may be used to substantiate widespread usage in the Food and Drug Administration (FDA) approval process. CPT Category III codes may not conform to one or more of the CPT Category I code requirements including that the clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code change application.

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs), applicable Local Coverage Determinations (LCDs), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guidelines listed in the reference section.

CODES:

Code	Description
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine

0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0219T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T	Placement of a posterior intra-facet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0333T	Visual evoked potential, screening of visual acuity, automated, with report
0335T	Insertion of sinus tarsi implant
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intra-procedural road-mapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intra-procedural road-mapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily

	and emergent data reports as prescribed by a physician or other qualified health care professional
0408T	<p>Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes.</p> <p>The Health Plan considers cardiac contractility modulation (CCM) therapy, administered by Impulse Dynamics' Optimizer system, and the OPTIMIZER Integra CCM-D System experimental, investigational, or unproven for all indications because the effectiveness of this approach has not been established. Codes involved 0408T-0418T, 0915T-0931T, C1824 & K1030.</p> <p>Clinical Trials are underway however some have been terminated due to slow enrollment.</p>
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
0412T	<p>Removal of permanent cardiac contractility modulation system; pulse generator only</p> <p>May be covered for fully funded plans for non- related issues; pain, infections, etc.</p>
0413T	<p>Removal of permanent cardiac contractility modulation system, transvenous electrode (atrial or ventricular)</p> <p>May be covered for fully funded plans for non- related issues; pain, infections, etc.</p>
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)- deleted code 01/01/2022
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/ peripheral nerve

	May be covered for Medicare members. NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC)
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve May be covered for Medicare members. NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC)
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve) May be covered for Medicare members. NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC)
0443T	Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral Medicare status "N"
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report LipiScan Dynamic Meibomian Imager

0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing
0523T	Intra procedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)

0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report
0543T	Trans-apical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score
0552T	Low-level laser therapy, dynamic photonic and dynamic thermo-kinetic energies, provided by a physician or other qualified health care professional
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral

0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis TriClip™ Transcatheter Tricuspid Valve Repair System (Abbott) (Service is potentially covered as of 7/2/2025 for Medicare LOB) https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=316
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure). TriClip™ Transcatheter Tricuspid Valve Repair System (Abbott). (Service is potentially covered as of 7/2/2025 for Medicare LOB) https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=316 .
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia
0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
0598T	Non-contact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)
0599T	Non-contact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent
0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours
0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment
0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and

	transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days
0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); post-processing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed Experimental Investigational Unproven for the Treatment of heart failure
0615T	Eye-movement analysis without spatial calibration, with interpretation and report
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural road mapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed [LimFlow Stent Graft System/Procedure]
0621T	Trabeculectomy ab interno by laser
0622T	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance eg, Therapeutic IntraVascular UltraSound [TIVUS™; SoniVie Ltd.]
0633T	CT Breast including 3D rendering, when performed, unilateral; w/o contrast material

0634T	CT Breast including 3D rendering, when performed, unilateral; w/ contrast material(s)
0635T	CT Breast including 3D rendering, when performed, unilateral; w/o contrast, followed by contrast material(s)
0636T	CT Breast including 3D rendering, when performed, bilateral; w/o contrast material(s)
0637T	CT Breast including 3D rendering, when performed, bilateral; w/contrast material(s)
0638T	CT Breast including 3D rendering, when performed, bilateral; w/o contrast , followed by contrast material(s)
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed (eg, Flowsense™ [Rhaeos])
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site Not medically reasonable or necessary under Medicare and §1862(a)(1)(A). This is used to determine oxygenation levels in superficial tissues for patients with potential circulatory compromise, but it does not “treat or diagnosis” an illness or injury
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach AccuCinch Ventricular Restoration System and Revivent TC System – BioVentrix
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed AngioVac System
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multi-parametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multi-parametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging Not the same as 61736, 61737 Laser interstitial thermal therapy (LITT)
0656T	Anterior lumbar or thoracolumbar vertebral body tethering, anterior; up to 7 vertebral segments
0657T	Anterior lumbar or thoracolumbar vertebral body tethering, anterior; 8 or more vertebral segments
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation

	of uterine vein(s) and uterine artery(ies), as necessary.
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence The VIVEVE I and ThermiVa procedures
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance Histosonics: Medicare-approved Category B IDE studies available as of 3/2021 and 6/2023. Coverage may be approved for members enrolled in this Medicare-approved IDE study.#HOPE4LIVER (NCT04573881; G200253) is a Medicare-approved Category B IDE study (previously a Category A IDE study) as of 3/4/2021.#HOPE4KIDNEY (NCT05820087; G230008) is a Medicare-approved Category B IDE study as of 6/15/2023.
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session Luminopia (Luminopia Inc.)
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month Luminopia (Luminopia Inc.)
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report
0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)

0700T	Molecular fluorescent imaging of suspicious nevus; first lesion Orlucent™ Handheld Fluorescent Molecular Imaging System
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure) Orlucent™ Handheld Fluorescent Molecular Imaging System
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment Curesight™
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days CureSight™
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month CureSight™
0707T	Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score
0725T	Vestibular device implantation, unilateral
0727T	Removal and replacement of implanted vestibular device, unilateral
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance ExTra ELT by ELT Sight

0731T	Augmentative AI-based facial phenotype analysis with report
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intra-procedural, transperineal needle/catheter placement for nanoparticle installation and intra-procedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or non-autogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed VenoValve procedure
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation, and report
0750T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure)
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to

	previously performed electrocardiogram
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intra-service time, patient aged 5 years or older
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intra-service time, patient aged 5 years or older
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic

	guidance when performed; unilateral mainstem bronchus
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately CureMatch, Inc.
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach PreCARDIA (PreCARDIA Inc.)
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach PreCARDIA (PreCARDIA Inc.)
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report XV Lung Ventilation Analysis Software (XV LVAS)
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report XV Lung Ventilation Analysis Software (XV LVAS)
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial Subfascial tibial nerve stimulation:[BlueWind Revi]

0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial Subfascial tibial nerve stimulation:[BlueWind Revi]
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour [Psychedelic-assisted therapy]
0821T	Second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) [Psychedelic-assisted therapy]
0822T	Clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) [Psychedelic-assisted therapy]
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure) Companion codes 0640T and 0860T
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities Companion codes 0640T and 0859T
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient-symptom profiling, with interpretation and report
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed alfapump® System (0870T-0873T, 0875T)
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component

	(ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report VMap (Vektor Medical)
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report There is currently a lack of peer-reviewed studies and clinical practice guidelines available. Clinical trials with appropriate relevant long-term follow-up data are needed to validate the effectiveness and safety of these systems across different patient populations
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm COMS® One Therapy System is currently under clinical investigation and is being studied

	(MAVERICKS clinical trial) in the treatment of refractory diabetic foot ulcers (DFUs). This study (NCT05758545; G220277) is a Medicare-approved Category B IDE study as of 6/2023. As of the most recent policy review, the NAZARÉ trial (NCT06528873), which is intended to study the COMS One device for chronic ulcers, is not a Medicare approved IDE study.
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure) COMS® One Therapy System
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only
0917T	Insertion of permanent cardiac contractility modulation-fibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only May be covered for fully funded plans for non- related issues; pain, infections, etc.
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only May be covered for fully funded plans for non- related issues; pain, infections, etc.
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only May be covered for fully funded plans for non- related issues; pain, infections, etc.
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable

	device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image guided percutaneous microwave ablation
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results
0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance (new code effective 07/01/25) HIFU CPT code 55880 requires precertification
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately

	in addition to code for primary procedure)
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism
0965T	Dual arch, with additional mandibular advancement, non-fixed hinge mechanism
0966T	Dual arch, with additional mandibular advancement, fixed hinge mechanism
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system Colovac®
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array
0969T	Removal of epicranial neurostimulator system
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor Novilase® Interstitial Laser Therapy System (Novian Health)
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report Spectral AI's Deep View® or MIMOSA Diagnostics' MIMOSA Pro
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm
0974T	each additional 100 sq cm (List separately in addition to code for primary procedure)
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm
0976T	each additional 100 sq cm (List separately in addition to code for primary procedure)
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil
0979T	Soft palate only
0980T	Base of tongue and lingual tonsil only
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed

0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)
0985T	each additional vessel (List separately in addition to code for primary procedure)
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)
0987T	each additional vessel (List separately in addition to code for primary procedure)
	Note: The following is not an all-inclusive list of Category I codes that would fall under experimental/investigational/non-Covered service. As with the Category III codes above omission from the following list does not necessarily imply a service or technology is covered.
0990T	Transcervical instillation of biodegradable hydrogel materials, intrauterine The Juveena Hydrogel System is an investigational medical device developed by Rejoni, Inc. Clinical trials (NCT05394662) to evaluate its safety and effectiveness for both adhesion prevention following gynecologic procedures and for temporary control of chronic ovulatory HMB.
0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging
0994T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous
0995T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open
0999T	Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performed [Effective 01/01/2026]
1000T	Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystoscopy and post-void residual ultrasound, when performed [Effective 01/01/2026]
1001T	Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasound guidance, when performed [Effective 01/01/2026]
1004T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contact group[s], gain, bandpass filters) by physician or other qualified health care professional; without programming
1005T	with programming, first 15 minutes face-to-face time with physician or other qualified health

	care professional
1006T	with programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)
1007T	Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video
1008T	Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fitting, initial set-up, and patient education in wearing of system and use of equipment
1009T	Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and report, up to 30 days of recording without video
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity
1025T	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array layouts, and placement verification
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segment
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
53451	<p>Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance</p> <p>If used as part of the ACT, ProACT Therapy System, Uromedica, Inc.</p> <p>Associated codes: 53452 (unilateral insertion, including cystourethroscopy and imaging guidance), 53453 (removal, each balloon) , 53454(percutaneous adjustment of balloon(s) fluid volume).</p>
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
66683	<p>Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed.</p> <p>Replaces code 0618T</p>
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve

93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
97037	Low level laser therapy (i.e. nonthermal and non-ablative) for post operative pain reduction. See 0552T
A4563	<i>Volara system oscillation & lung expansion (OLE) therapy device:</i> Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each The device code is E0469
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller PoNS® by Helios Medical Technologies
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each PoNS® by Helios Medical Technologies
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month
A6000	Wound Warming Cover Medicare status "N"
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (eg, handset, nebulizer kit, biofilter)
A7049	Expiratory positive airway pressure intranasal resistance valve
A9268	Programmer for transient, orally ingested capsule Vibrant System
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month

	Vibrant System
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment Luminopia (Luminopia Inc.)
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
C1748	Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1824	Generator, cardiac contractility modulation (implantable)
C1839	Iris prosthesis
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy) MISHA Knee System There is no specific CPT code for the surgical implantation procedure (surgeon claim). Therefore, this should be billed with an unlisted code (eg, 27599)
C8004	Simulation angiogram with use of a pressure-generating catheter (eg, one way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors No published studies or clinical practice guidelines identified.
C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (eg, ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study
C9759	Transcatheter intraoperative blood vessel microinfusion(s) (eg, intraluminal, vascular wall and/or perivascular) therapy, including radiological supervision and interpretation
C9760	Non-randomized, non-blinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (eg, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
C9764	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
C9765	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
C9766	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular

	lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
C9767	Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed
C9793	3d predictive model generation for pre-planning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [sis])
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
C9804	Elastomeric infusion pump (e.g., on-q* pump with bolus), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) The ON-Q elastomeric infusion pumps is covered when used for post-surgical pain management in HOPDs and ASCs for Medicare members. NOPAIN Act. Not covered in the home as disposable (Use A codes)
C9806	Rotary peristaltic infusion pump (e.g., ambit pump), including catheter and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) AmbIT elastomeric infusion pumps is covered when used for post-surgical pain management in HOPDs and ASCs for Medicare members. NOPAIN Act. Not covered in the home as disposable (Use A codes)
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) May be covered for Medicare members. NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC)
C9808	Nerve cryoablation probe (e.g., cryoICE, cryoSPHERE, cryoSHERE MAX, cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)

	May be covered for Medicare members. NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC)
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) May be covered for Medicare members as of January 1, 2025, under the NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC), using code C9809
E0201	Penile contracture device, manual, greater than 3 lbs. traction force E.G, RestoreX
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device. Volara system oscillation & lung expansion (OLE) therapy device: Supplies are billed with A7021 OLE in a facility setting should not be reported with these HCPCS codes.
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) Note: HCPCS code E0675 is specific to peripheral artery disease and is not applicable for a compression device for prevention of venous thromboembolism. For Lymphedema or Thromboembolism correct coding would be those products described by codes E0650-E0652
E0677	Non-pneumatic sequential compression garment, trunk
E0732	Cranial electrotherapy stimulation (ces) system, any type
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve (Monarch eTNS).
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories IpsiHand™ Upper Extremity Rehabilitation System (Neuroolutions)
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors Motus Hand and Motus Foot
E0743	External lower extremity nerve stimulator for restless legs syndrome, each
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories

E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E1831	Static progressive stretch toe device, extension/flexion, with or without range of motion adjustment, includes all components & accessories
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only InTandem (MedRhythms Inc.)
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories [sustained acoustic medicine] The PainShield MD
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only
K1036	Supplies and accessories (eg, transducer) for low frequency ultrasonic diathermy treatment device, per month
L5991	Addition to lower extremity prosthesis, osseointegrated external prosthetic connector As of the most recent policy update, the code is listed in LCD L33787, although no fully established Medicare coverage criteria or guidance is available for osseointegrated external prosthesis systems (eg, OPRA™ Implant System or AXOR II [Integrum SE]. If using L5991 for these systems it will follow The Health Plan policy for all LOB, and at this time it is considered experimental and investigational.
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated The Myomo MyoPro myoelectric limb orthosis are considered exercise equipment by the FDA. Most plans exclude coverage of exercise equipment.
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated The Myomo MyoPro myoelectric limb orthosis are considered exercise equipment by the FDA. Most plans exclude coverage of exercise equipment.
L8720	External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg

	Walkasins® Lower Extremity Sensory Prosthesis As of the most recent policy update of this policy, no fully established Medicare coverage criteria or guidance is available for lower extremity sensory prosthesis systems (eg, Walkasins® lower extremity sensory prosthesis; HCPCS L8720, L8721). Therefore, this system will follow The Health Plan policy for all LOB, and at this time it is considered experimental and investigational.
L8721	Receptor sole for use with L8720, replacement, each
M0076	Prolotherapy [joint sclerotherapy and reconstructive ligament therapy]
S8130	Interferential current stimulator, 2 channel
S8131	Interferential current stimulator, 4 channel
S3902	Ballistocardiogram
S8040	Topographic brain mapping
S9025	Omnicardiogram/cardiointegram
S9090	Vertebral axial decompression, per session

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POLICY HISTORY:

Date	Summary of Changes
6/2/2022	Annual Review: Removed codes from attachments, and added code list to body of the policy under the "CODES" section. Added references, post-payment audit statement, and disclaimer. Removed the following codes: 0219T, 0220T, 0222T, 0421T, 0440T, 0441T, 0442T, 0497T, 0498T, 0508T, 0544T, 0554T, 0555T, 0556T, 0557T, 0564T, 64454, 64624, 64625, 92145, 92229, 92517, 92518, 92519, A9591, C2596, C9763. 0400T and 0401T removed as they are no longer active codes. Added 0623T-0649T, and C1761.
9/28/2022	Updated: Added References. Removed code 0356T (no longer an active code), 0421T, and 0465T.
1/25/2023	Update: Added the following statement to the "Policy Position" section: Research is unavailable as the treatment, procedure, equipment, drug, service, supply or intervention has not been adequately studied. Added references. Added codes 0707T, 0738T, 0739T, 0740T,

	0741T, 0743T, 0744T, 0745T, 0746T, 0747T, 0748T, 0749T, 0750T, 0764T, 0765T, 0766T, 0767T, 0768T, 0769T, 0770T, 0771T, 0772T, 0773T, 0774T, 0776T, 0777T, 0778T, 0779T, 0781T, 0782T, 0783T, S8130, and S8131.
6/28/2023	Annual Review: Added A7049, E0677, E1905, 0393U, 0791T, 0805T, and 0806T. Updated references.
9/27/2023	Update: Added C9786 and C9787. Added Category III Codes subsection. Updated references.
01/16/2025	Annual review. Removed the following deleted codes: 0014M, 0111T, 0126T, 0396T, 0400T, 0401T, 0405T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0470T, 0471T, 0487T, 0491T, 0492T, 0493T, 0497T, 0498T, 0508T, 0533T, 0534T, 0535T, 0536T, 0548T, 0549T, 0550T, 0551T, 0553T, 0567T, 0568T, 0616T, 0617T, 0618T, 0768T, 0769T, C9068, C9758, C9759, and K1001. Removed the following codes 0393U, 64454, 64624 from this policy as they have been added to other Policy Stat policies. Removed 0505T, 33440, 92229, 92517, 92518, 92519, C9250, C9763, L2006, L8608, Q0035 as may be covered in specific circumstances. Added the following codes: 53451, 53452, 53453, 53454, 93702, 97037, A7021, E0733. Updated references.
04/01/2025	Updated Sources. Added the following code(s): 0546T, 0613T, 0620T, 0621T, 0622T, 0631T, 0632T, 0638T, 0639T, 0640T, 0643T, 0644T, 0648T, 0649T, 0668T, 0669T, 0670T, 0672T, 0697T, 0698T, 0710T, 0711T, 0712T, 0713T, 0815T, 0817T, 0819T, 0859T, 0860T, 66683, E0201, E0732, E1801-E1841, L5991, L8701, L8720, L8721, C9758, C9759, S9025 (it was removed inadvertently in last update), and S9090. Removed the following code(s): Deleted codes 0564T. Removed 0596T and 0597T - to code for inFlow device A4341 instead of 0596T/0597T. Removed C2596 as Medicare now allows under certain conditions.
07/28/2025	Added codes 0408T-0411T, 0915T-0931T (New codes for 2025) , 0948T-0987T (new codes July 2025) and K1030 regarding Cardiac contractility modulation (CCM) therapy, administered by Impulse Dynamics' Optimizer system, and the OPTIMIZER Integra CCM-D System. THP considers this service experimental, investigational, or unproven because the effectiveness of this approach has not been established. Added references from Hayes, Up-To-Date, Impulse Dynamics.. Added E0743.
08/27/2025	Added Codes: A6000, A9292, C8003, C8004, C9772-C9775, E3200, E0738, E0739, M0076, 0414T-0418T, 0443T, 0656T, 0657T, 0686T, 0687T, 0688T, 0689T-0691T, 0693T, 0700T, 0701T, 0704T, 0705T, 0706T, 0716T, 0725T, 0727T, 0728T, 0729T, 0730T, 0731T, 0790T, 0793T, 0794T, 0807T, 0808T, 0820T, 0821T, 0822T, 0857T, 0864T, 0877T, 0878T, 0879T, 0880T, 0860T, 0868T, 0869T, 0870T, 0888T, 0897T, 0898T, 0906T-0907T, 0916T-0918T, 0944T, 22836-22838, 92972, 93590-03592 with added references
12/01/2025	Removed code A9591 as no longer considered Experimental and Investigational. Removed deleted codes C9786 and C9787, 0623T-0626T. Added codes 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0899T, 0900T, and E0675. Added references. Added AMA copyright statement.
02/05/2026	Yearly review. Added codes C9793, C9796, C9797, C9804, C9806, C9807, C9808, C9809.
03/12/2026	Added 0990T, 0991T, 0994T, 0995T, 0999T-1001T, 1004T-1009T, 1019T, 1025T. Removed deleted codes 0266T-0273T, 0631T. Added Note regarding Medicare and Medicaid. Updated sources/references. 03/25/2026- Changes approved by Internal Policy Committee. Forward to UM Committee.

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

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All Revision Dates

4/21/2026, 12/9/2025, 10/7/2025, 8/5/2025, 6/18/2025, 3/3/2025, 10/12/2023, 7/7/2023, 2/23/2023, 10/25/2022, 7/25/2022, 3/15/2021

Approval Signatures

Step Description

Approver

Date

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