

Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/01/2022

The following medical coverage policies are either new policies, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. **The effective date for Policy changes will be 01/01/2023 except as noted with*.**

SWHP Policy	Change
031 - Epidural Adhesiolysis v3	Reviewed. No changes.
056 - Interspinous Process Decompression System	Reviewed. No changes.
067 - Neutralizing Antibody Testing in Multiple Sclerosis Patients	Reviewed. No changes.
072 - Discography	Reviewed. No changes.
099 - Laser Treatment of Skin Lesions v4	Revised criteria for Port Wine stains and Infantile hemangiomas
216 - Late-Preterm and Early-Term Deliveries v3	Reviewed. No changes.
242 - Vitamin Assays	Reviewed. No changes
256 - Brexanolone (Zulresso)	Updated age criterion
279 - Tisagenlecleucel (Kymriah) v7	Added additional follicular lymphoma criteria
281 - Brexucabtagene autoleucel (Tecartus) v7	Removed language with CMS LCD since NCD applies. Removed Texas Mandate HB1584 language from main policy section as the policy is compliant. Added criteria for ALL.
293 - Aducanumab (Aduhelm)	Added CMS NCD information
299 – Compression Garments	*New policy.
236 - Medications, Services, Supplies NOT Medically Necessary	*236 - Medications, Services, Supplies NOT Medically Necessary v32
	* Effective Date is 12/01/2022

Notice:

New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member's plan, the applicable contractual limitations, restrictions and exclusions.

Prior Authorization List changes (all plans except Medicaid) effective 12/01/2022

Code	Category: Description	Action	Plans
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	Remove	12/1/2022
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Remove	12/1/2022
+93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics	Remove	12/1/2022
55970	Intersex Surgery male female	Change: PA for All dx	12/1/2022
55980	Intersex Surgery female male	Change: PA for All dx	12/1/2022
	NOTE: All of the following additions are potentially “E&I, unproven”		

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 01/01/2023

Code	Category: Description	Action	Plans
A9600	Radioactive Agents: Sr89 strontium, 1 millicurie	Add	All plans
J0850	Blood Derivatives: Cytomegalovirus immune globulin iv, 1 VIAL	Add	All plans
J1460	Blood Derivatives: Gamma globulin, intramuscular, 1 cc	Add	All plans
J1627	Gastrointestinal drugs: Granisetron XR, 0.1 mg	Add	All plans
J7504	Miscellaneous Therapeutic Agents: Lymphocyte immune globulin, 250 MG	Add	All plans
J9017	Antineoplastic Agent: Arsenic trioxide inj, 1 MG	Add	All plans
J9065	Antineoplastic Agent: Cladribine inj, 1 MG	Add	All plans
J9178	Antineoplastic Agent: Epirubicin HCl inj, 2 MG	Add	All plans
J9200	Antineoplastic Agent: Floxuridine inj, 500 MG	Add	All plans
J9211	Antineoplastic Agent: Idarubicin HCl inj, 5 MG	Add	All plans
J9293	Antineoplastic Agent: Mitoxantrone hydrochl, 5 MG	Add	All plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
28890	Services and devices considered experimental/investigational/unproven: ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	Add	Medicare Plans
31660	Services and devices considered experimental/investigational/unproven: BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Add	Medicare Plans
31661	Services and devices considered experimental/investigational/unproven: BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	Add	Medicare Plans
32994	Services and devices considered experimental/investigational/unproven: ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	Add	Medicare Plans
33268	Services and devices considered experimental/investigational/unproven: EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Add	Medicare Plans
33269	Services and devices considered experimental/investigational/unproven: EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Add	Medicare Plans
33289	Services and devices considered experimental/investigational/unproven: TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	Add	Medicare Plans
36473	Services and devices considered experimental/investigational/unproven: ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Add	Medicare Plans
36474	Services and devices considered experimental/investigational/unproven: ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	Add	Medicare Plans
36482	Services and devices considered experimental/investigational/unproven: ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Add	Medicare Plans
36483	Services and devices considered experimental/investigational/unproven: ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Add	Medicare Plans
49013	Services and devices considered experimental/investigational/unproven: PRPERTL PEL PACK HEMRRG TRMA	Add	Medicare Plans
49014	Services and devices considered experimental/investigational/unproven: REEXPLORATION PELVIC WOUND	Add	Medicare Plans
49906	Services and devices considered experimental/investigational/unproven: FREE OMENTAL FLAP W/MICROVASCULAR ANAST	Add	Medicare Plans
55880	Services and devices considered experimental/investigational/unproven: TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Add	Medicare Plans
57465	Services and devices considered experimental/investigational/unproven: COMPUTER-AIDED MAPG CERVIX UTERI DURING COLPOSCOPY	Add	Medicare Plans
62263	Services and devices considered experimental/investigational/unproven: PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	Add	Medicare Plans
62264	Services and devices considered experimental/investigational/unproven: PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Add	Medicare Plans
62290	Services and devices considered experimental/investigational/unproven: INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	Add	Medicare Plans
62291	Services and devices considered experimental/investigational/unproven: INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	Add	Medicare Plans

64454	Services and devices considered experimental/investigational/unproven: NJX AA&/STRD GNCLR NRV BRNCH	Add	Medicare Plans
64624	Services and devices considered experimental/investigational/unproven: DSTRJ NULYT AGT GNCLR NRV	Add	Medicare Plans
64625	Services and devices considered experimental/investigational/unproven: RF ABLTJ NRV NRVGT SI JT	Add	Medicare Plans
64628	Services and devices considered experimental/investigational/unproven: THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Add	Medicare Plans
64629	Services and devices considered experimental/investigational/unproven: THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC	Add	Medicare Plans
69705	Services and devices considered experimental/investigational/unproven: NASOPHARYNGOSCOPY, SURGICAL, W/ DILATION OF EUSTACHIAN TUBE; UNILATERAL	Add	Medicare Plans
69706	Services and devices considered experimental/investigational/unproven: NASOPHARYNGOSCOPY, SURGICAL, W/ DILATION OF EUSTACHIAN TUBE; BILATERAL	Add	Medicare Plans
72285	Services and devices considered experimental/investigational/unproven: DISKOGRAPY CERVICAL/THORACIC RS\&I	Add	Medicare Plans
72295	Services and devices considered experimental/investigational/unproven: DISKOGRAPY LUMBAR RS\&I	Add	Medicare Plans
77089	Services and devices considered experimental/investigational/unproven: TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	Add	Medicare Plans
80145	Services and devices considered experimental/investigational/unproven: ADALIMUMAB	Add	Medicare Plans
80230	Services and devices considered experimental/investigational/unproven: INFliximab	Add	Medicare Plans
81230	Services and devices considered experimental/investigational/unproven: CYP3A4 GENE ANALYSIS COMMON VARIANTS	Add	Medicare Plans
81231	Services and devices considered experimental/investigational/unproven: CYP3A5 GENE ANALYSIS COMMON VARIANTS	Add	Medicare Plans
81422	Services and devices considered experimental/investigational/unproven: FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS	Add	Medicare Plans
81470	Services and devices considered experimental/investigational/unproven: X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Add	Medicare Plans
81471	Services and devices considered experimental/investigational/unproven: X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	Add	Medicare Plans
81493	Services and devices considered experimental/investigational/unproven: COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Add	Medicare Plans
81529	Services and devices considered experimental/investigational/unproven: ONC CUTANEOUS MELANOMA MRNA GENE XPRS PRFL 31 GENES ALG	Add	Medicare Plans
81535	Services and devices considered experimental/investigational/unproven: ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	Add	Medicare Plans
81536	Services and devices considered experimental/investigational/unproven: ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	Add	Medicare Plans
81539	Services and devices considered experimental/investigational/unproven: ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Add	Medicare Plans
81554	Services and devices considered experimental/investigational/unproven: PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BIOPSIES ALG	Add	Medicare Plans
83521	Services and devices considered experimental/investigational/unproven: IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	Add	Medicare Plans
86015	Services and devices considered experimental/investigational/unproven: ACTIN (SMOOTH MUSCLE) ANTIBODY (ASMA), EACH	Add	Medicare Plans
86036	Services and devices considered experimental/investigational/unproven: ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA); SCREEN, EACH ANTIBODY	Add	Medicare Plans
86037	Services and devices considered experimental/investigational/unproven: ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA); TITER, EACH ANTIBODY	Add	Medicare Plans
91112	Services and devices considered experimental/investigational/unproven: GI TRANSIT \& PRES MEAS WIRELESS CAPSULE W/INTERP	Add	Medicare Plans
92549	Services and devices considered experimental/investigational/unproven: CDP-SOT 6 COND W/I&R MCT&ADT	Add	Medicare Plans
93050	Services and devices considered experimental/investigational/unproven: ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	Add	Medicare Plans
93590	Services and devices considered experimental/investigational/unproven: PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	Add	Medicare Plans
93591	Services and devices considered experimental/investigational/unproven: PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	Add	Medicare Plans
93592	Services and devices considered experimental/investigational/unproven: PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	Add	Medicare Plans
0001U	Services and devices considered experimental/investigational/unproven: RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	Add	Medicare Plans

0002U	Services and devices considered experimental/investigational/unproven: ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	Add	Medicare Plans
0003U	Services and devices considered experimental/investigational/unproven: ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	Add	Medicare Plans
0005U	Services and devices considered experimental/investigational/unproven: ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Add	Medicare Plans
0007U	Services and devices considered experimental/investigational/unproven: RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	Add	Medicare Plans
0008U	Services and devices considered experimental/investigational/unproven: HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	Add	Medicare Plans
0009U	Services and devices considered experimental/investigational/unproven: ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	Add	Medicare Plans
0010U	Services and devices considered experimental/investigational/unproven: NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Add	Medicare Plans
0011U	Services and devices considered experimental/investigational/unproven: RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	Add	Medicare Plans
0012U	Services and devices considered experimental/investigational/unproven: GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Add	Medicare Plans
0013U	Services and devices considered experimental/investigational/unproven: ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN TISS	Add	Medicare Plans
0014U	Services and devices considered experimental/investigational/unproven: HEM HMTLMF NEO GENE REARGMT DNA WHL BLD/MARROW	Add	Medicare Plans
0016U	Services and devices considered experimental/investigational/unproven: ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	Add	Medicare Plans
0017U	Services and devices considered experimental/investigational/unproven: ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	Add	Medicare Plans
0018M	Services and devices considered experimental/investigational/unproven: TRNSPLANT, RENAL REJECTION MEASUREMENT, CD154+T CELL WHL PRPH BLD	Add	Medicare Plans
0019U	Services and devices considered experimental/investigational/unproven: ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	Add	Medicare Plans
0021U	Services and devices considered experimental/investigational/unproven: ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	Add	Medicare Plans
0022U	Services and devices considered experimental/investigational/unproven: TRGT GEN SEQ ALYS NONSM LNG NEO DNA&RNA 23 GENES	Add	Medicare Plans
0023U	Services and devices considered experimental/investigational/unproven: ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	Add	Medicare Plans
0024U	Services and devices considered experimental/investigational/unproven: GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	Add	Medicare Plans
0025U	Services and devices considered experimental/investigational/unproven: TENOFOVIR LIQ CHROM TANDEM MASS SPECT UR QUAN	Add	Medicare Plans
0027U	Services and devices considered experimental/investigational/unproven: JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Add	Medicare Plans
0029U	Services and devices considered experimental/investigational/unproven: RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	Add	Medicare Plans
0030U	Services and devices considered experimental/investigational/unproven: RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Add	Medicare Plans
0031U	Services and devices considered experimental/investigational/unproven: CYP1A2 GENE ANALYSIS COMMON VARIANTS	Add	Medicare Plans
0032U	Services and devices considered experimental/investigational/unproven: COMT GENE ANALYSIS C.472G>A VARIANT	Add	Medicare Plans
0033U	Services and devices considered experimental/investigational/unproven: HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Add	Medicare Plans
0034U	Services and devices considered experimental/investigational/unproven: TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Add	Medicare Plans
0035U	Services and devices considered experimental/investigational/unproven: Neurology (prion disease), cerebrospinal fluid, detection of prion prote	Add	Medicare Plans
0036U	Services and devices considered experimental/investigational/unproven: EXOME TUMOR TISSUE & NORMAL SPECIMEN SEQ ALYS	Add	Medicare Plans
0038U	Services and devices considered experimental/investigational/unproven: VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	Add	Medicare Plans
0039U	Services and devices considered experimental/investigational/unproven: DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	Add	Medicare Plans
0040U	Services and devices considered experimental/investigational/unproven: BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	Add	Medicare Plans
0046U	Services and devices considered experimental/investigational/unproven: FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Add	Medicare Plans
0048U	Services and devices considered experimental/investigational/unproven: ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES	Add	Medicare Plans

0049U	Services and devices considered experimental/investigational/unproven: NPM1 GENE ANALYSIS QUANTITATIVE	Add	Medicare Plans
0052U	Services and devices considered experimental/investigational/unproven: LPOPRTN BLD W/5 MAJ CLASS AUTO PRFL UCENTRFUGTN	Add	Medicare Plans
0054U	Services and devices considered experimental/investigational/unproven: RX MNTR 14+ CLASS DRUGS & SBSTS CAPILLARY BLOOD	Add	Medicare Plans
0055T	Services and devices considered experimental/investigational/unproven: CPTR-ASST MUSCSKEL NAVIGJ ORTHO CT/MRI	Add	Medicare Plans
0064U	Services and devices considered experimental/investigational/unproven: ANTIBODY TREPONEMA PALLIDUM TOTAL & RPR IA QUAL	Add	Medicare Plans
0065U	Services and devices considered experimental/investigational/unproven: SYPHILIS TST NON-TREPONEMAL ANTIBODY IA QUAL RPR	Add	Medicare Plans
0071T	Services and devices considered experimental/investigational/unproven: US ABLATJ UTERINE LEIOMYOMATA < 200 CC TISSUE	Add	Medicare Plans
0072T	Services and devices considered experimental/investigational/unproven: US ABLATJ UTERINE LEIOMYOMAT >/EQUAL 200 CC TISS	Add	Medicare Plans
0075T	Services and devices considered experimental/investigational/unproven: TCAT PLMT XTRC VRT CRTD STENT RS\&I PRQ 1ST VSL	Add	Medicare Plans
0076T	Services and devices considered experimental/investigational/unproven: TCAT PLMT XTRC VRT CRTD STENT RS\&IPRQ EA VSL	Add	Medicare Plans
0080U	Services and devices considered experimental/investigational/unproven: Oncology(lung),mass spectrometric analysis of galectin-3-binding protein	Add	Medicare Plans
0082U	Services and devices considered experimental/investigational/unproven: Drug test(s), definitive, 90 or more drugs or substances	Add	Medicare Plans
0083U	Services and devices considered experimental/investigational/unproven: Onc,response to chemotherapy drugs using motility contrast tomography	Add	Medicare Plans
0084U	Services and devices considered experimental/investigational/unproven: RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG	Add	Medicare Plans
0086U	Services and devices considered experimental/investigational/unproven: NFCT DS BACT&FNG ORG ID BLD CUL RRNA FISH 6+TRGT	Add	Medicare Plans
0088U	Services and devices considered experimental/investigational/unproven: TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG	Add	Medicare Plans
0089U	Services and devices considered experimental/investigational/unproven: ONC MLNMA GEN XPRS PRFL RTQPCR PRAME & LINC00518	Add	Medicare Plans
0090U	Services and devices considered experimental/investigational/unproven: ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG	Add	Medicare Plans
0091U	Services and devices considered experimental/investigational/unproven: ONC CLRCT SCR CLL ENUM CRCG TUM CLL WHL BLD ALG	Add	Medicare Plans
0092U	Services and devices considered experimental/investigational/unproven: ONC LUNG 3 PRTN BMRK IA PLSM ALG RSK SCOR MALIG	Add	Medicare Plans
0093U	Services and devices considered experimental/investigational/unproven: RX MNTR 65 COM DRUGS LC-MS/MS UR DETC/NOT DETC	Add	Medicare Plans
0094U	Services and devices considered experimental/investigational/unproven: GENOME RAPID SEQUENCE ANALYSIS	Add	Medicare Plans
0095U	Services and devices considered experimental/investigational/unproven: INFLAMMATION EE ELISA ALYS ALG PREDICT PROB IDX	Add	Medicare Plans
0096U	Services and devices considered experimental/investigational/unproven: HPV HIGH RISK TYPES MALE URINE	Add	Medicare Plans
0098U	Services and devices considered experimental/investigational/unproven: RESPIR PTHGN MULT REV TRANS& PRB TECH 14 TRGT	Add	Medicare Plans
0099U	Services and devices considered experimental/investigational/unproven: RESPIR PTHGN MULT REV TRANS& PRB TECH 20 TRGT	Add	Medicare Plans
0100U	Services and devices considered experimental/investigational/unproven: RESPIR PTHGN MULT REV TRANS& PRB TECH 21 TRGT	Add	Medicare Plans
0101T	Services and devices considered experimental/investigational/unproven: EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Add	Medicare Plans
0101U	Services and devices considered experimental/investigational/unproven: HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES	Add	Medicare Plans
0102T	Services and devices considered experimental/investigational/unproven: EXTRCRPL SHOCK WAVE W/ANES LAT HUMERL EPICONDYLE	Add	Medicare Plans
0102U	Services and devices considered experimental/investigational/unproven: HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES	Add	Medicare Plans
0103U	Services and devices considered experimental/investigational/unproven: HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES	Add	Medicare Plans
0105U	Services and devices considered experimental/investigational/unproven: NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD	Add	Medicare Plans
0106U	Services and devices considered experimental/investigational/unproven: GASTRIC EMPTYING SERIAL COLLJ 7 TIMED BRTH SPEC	Add	Medicare Plans

0107U	Services and devices considered experimental/investigational/unproven: C DIFF TOXIN ANTIGEN DETCJ IA TECH STOOL QUAL	Add	Medicare Plans
0108U	Services and devices considered experimental/investigational/unproven: GI BARRETTS ESOPH QUAN IMMUNOLABEL 9 PRTN BMRK	Add	Medicare Plans
0109U	Services and devices considered experimental/investigational/unproven: ID ASPERGILLUS DNA 4 SPECIES BLD LVG FLU/TISS	Add	Medicare Plans
0110U	Services and devices considered experimental/investigational/unproven: RX MNTR 1+ORAL ONC RX&SBSTS SRM/PLSM CAP/VEN BLD	Add	Medicare Plans
0111U	Services and devices considered experimental/investigational/unproven: ONCOLOGY COLON CANCER TRGT KRAS&NRAS GENE ALYS	Add	Medicare Plans
0112U	Services and devices considered experimental/investigational/unproven: IADI TRGT SEQ ALYS 16S&18S RNA GENES	Add	Medicare Plans
0113U	Services and devices considered experimental/investigational/unproven: ONCOLOGY PRST8 MEAS PCA3&TMPRSS2-ERG UR&PSA SRM	Add	Medicare Plans
0114U	Services and devices considered experimental/investigational/unproven: GI BARRETTS ESOPHAGUS VIM&CCNA1 MTHYLTN ALYS ALG	Add	Medicare Plans
0115U	Services and devices considered experimental/investigational/unproven: RESPIR IADNA 18 VIRAL TYPE&SUBTYPE & 2 BACT TRGT	Add	Medicare Plans
0116U	Services and devices considered experimental/investigational/unproven: RX MNTR NZM IA 35+DRUGS LC-MS/MS ORAL FLUID ALG	Add	Medicare Plans
0117U	Services and devices considered experimental/investigational/unproven: PAIN MGMT ALYS 11 ENDOGENOUS ANALYTES URINE ALG	Add	Medicare Plans
0118U	Services and devices considered experimental/investigational/unproven: TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM	Add	Medicare Plans
0119U	Services and devices considered experimental/investigational/unproven: CARDIOLOGY CERAMIDES LIQ CHROM TANDEM MS PLASMA	Add	Medicare Plans
0120U	Services and devices considered experimental/investigational/unproven: ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG	Add	Medicare Plans
0121U	Services and devices considered experimental/investigational/unproven: SICKLE CELL DISEASE VCAM-1 WHOLE BLOOD	Add	Medicare Plans
0122U	Services and devices considered experimental/investigational/unproven: SICKLE CELL DISEASE P-SELECTIN WHOLE BLOOD	Add	Medicare Plans
0123U	Services and devices considered experimental/investigational/unproven: MCHNL FRGLTY RBC SHEAR STRS&SPECTRAL ALYS PRFLG	Add	Medicare Plans
0129U	Services and devices considered experimental/investigational/unproven: HEREDITARY BRST CA RLTD DO GEN SEQ&DEL/DUP PNL	Add	Medicare Plans
0130U	Services and devices considered experimental/investigational/unproven: HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL	Add	Medicare Plans
0131U	Services and devices considered experimental/investigational/unproven: HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE	Add	Medicare Plans
0132U	Services and devices considered experimental/investigational/unproven: HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE	Add	Medicare Plans
0133U	Services and devices considered experimental/investigational/unproven: HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN	Add	Medicare Plans
0134U	Services and devices considered experimental/investigational/unproven: HEREDITARY PAN CA TRGT MRNA SEQ ALYS 18 GENE	Add	Medicare Plans
0135U	Services and devices considered experimental/investigational/unproven: HEREDITARY GYN CA TRGT MRNA SEQ ALYS 12 GENE	Add	Medicare Plans
0136U	Services and devices considered experimental/investigational/unproven: ATM MRNA SEQUENCE ANALYSIS	Add	Medicare Plans
0137U	Services and devices considered experimental/investigational/unproven: PALB2 MRNA SEQUENCE ANALYSIS	Add	Medicare Plans
0138U	Services and devices considered experimental/investigational/unproven: BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS	Add	Medicare Plans
0140U	Services and devices considered experimental/investigational/unproven: NFCT DS FUNGI DNA 15 TRGT	Add	Medicare Plans
0141U	Services and devices considered experimental/investigational/unproven: NFCT DS BACT&FNG GRAM POS	Add	Medicare Plans
0142U	Services and devices considered experimental/investigational/unproven: NFCT DS BACT&FNG GRAM NEG	Add	Medicare Plans
0143U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 120+ RX/METABLT	Add	Medicare Plans
0144U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 160+ RX/METABLT	Add	Medicare Plans
0145U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 65+ RX/METABLT	Add	Medicare Plans
0146U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 80+ RX/METABLT	Add	Medicare Plans

0147U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 85+ RX/METABLT	Add	Medicare Plans
0148U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 100+ RX/METABLT	Add	Medicare Plans
0149U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 60+ RX/METABLT	Add	Medicare Plans
0150U	Services and devices considered experimental/investigational/unproven: DRUG ASSAY 120+ RX/METABLT	Add	Medicare Plans
0151U	Services and devices considered experimental/investigational/unproven: NFCT BCT/VIR RESP NFCTJ 33	Add	Medicare Plans
0152U	Services and devices considered experimental/investigational/unproven: NFCT BCT FNG PRST DNA >1000	Add	Medicare Plans
0153U	Services and devices considered experimental/investigational/unproven: ONC BREAST MRNA 101 GENES	Add	Medicare Plans
0154U	Services and devices considered experimental/investigational/unproven: ONCOLOGY (UROTHELIAL CANCER) RNA BY RT-PCR OF FGFR3 GENE ANALYSIS	Add	Medicare Plans
0155U	Services and devices considered experimental/investigational/unproven: ONCOLOGY (BREAST CA) DNA, PIK3CA, GENE ANALYSIS USING BRST TUMOR TISSUE	Add	Medicare Plans
0156U	Services and devices considered experimental/investigational/unproven: COPY NUMBER SEQUENCE ALYS	Add	Medicare Plans
0157U	Services and devices considered experimental/investigational/unproven: APC MRNA SEQ ALYS	Add	Medicare Plans
0158U	Services and devices considered experimental/investigational/unproven: MLH1 MRNA SEQ ALYS	Add	Medicare Plans
0159U	Services and devices considered experimental/investigational/unproven: MSH2 MRNA SEQ ALYS	Add	Medicare Plans
0160U	Services and devices considered experimental/investigational/unproven: MSH6 MRNA SEQ ALYS	Add	Medicare Plans
0161U	Services and devices considered experimental/investigational/unproven: PMS2 MRNA SEQ ALYS	Add	Medicare Plans
0162U	Services and devices considered experimental/investigational/unproven: HERED COLON CA TRGT MRNA PNL	Add	Medicare Plans
0163T	Services and devices considered experimental/investigational/unproven: TOT DISC ARTHRP ANT APPR DSKC PREP LMBR EA	Add	Medicare Plans
0163U	Services and devices considered experimental/investigational/unproven: ONCOLOGY COLORECTAL SCR, BIOCHEMICAL ELISA OF 3 PLSM/SRM PRTN ALGORITHM	Add	Medicare Plans
0164T	Services and devices considered experimental/investigational/unproven: RMVL TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	Add	Medicare Plans
0164U	Services and devices considered experimental/investigational/unproven: GI IBS IMMUNOASSAY FOR ANTI-CDTB & ANTI-VINCULIN ANTIBODIES PLSM ALG	Add	Medicare Plans
0165T	Services and devices considered experimental/investigational/unproven: REVJ TOT DISC ARTHRP ANT APPR LMBR EA NTRSPC	Add	Medicare Plans
0165U	Services and devices considered experimental/investigational/unproven: PEANUT ALLERGEN SPECIFIC IGE & QUAN ASSMT OF 64 EPITOPE ELISA BLD	Add	Medicare Plans
0166U	Services and devices considered experimental/investigational/unproven: LIVER DISEASE 10 BIOCHEMICAL ASSAYS SERUM ALG	Add	Medicare Plans
0167U	Services and devices considered experimental/investigational/unproven: CHORIONIC GONADOTROPIN HCG IMMUNOASSAY W/DIRECT OPTICAL OBS, BLOOD	Add	Medicare Plans
0169U	Services and devices considered experimental/investigational/unproven: NUDT15 & TPMT GENE ANALYSIS COMMON VARIANTS	Add	Medicare Plans
0170U	Services and devices considered experimental/investigational/unproven: NEUROLOGY AUTISM SPECTRUM DISORDER RNA NEXT-GEN SEQ SALIVA ALG ANALYSIS	Add	Medicare Plans
0171U	Services and devices considered experimental/investigational/unproven: TARGETED GENOMIC SEQUENCE ANALYSIS PANEL AML, MDS, & MPN DNA 23 GENES	Add	Medicare Plans
0172U	Services and devices considered experimental/investigational/unproven: ONC SLD TUM SOMATIC MUTATION ALYS BRCA1 BRCA2 ALGORITHM	Add	Medicare Plans
0173U	Services and devices considered experimental/investigational/unproven: PSYCHIATRY, GENOMIC ANALYSIS PANEL W/VARIANT ANALYSIS 14 GENES	Add	Medicare Plans
0174U	Services and devices considered experimental/investigational/unproven: ONCOLOGY, SOLID TUMOR, MASS SPECTROMETRIC 30 PROTEIN TARGETS	Add	Medicare Plans
0175U	Services and devices considered experimental/investigational/unproven: PSYCHIATRY GENOMIC ANALYSIS PANEL W/VARIANT ANALYSIS 15 GENES	Add	Medicare Plans
0176U	Services and devices considered experimental/investigational/unproven: CDTB & VINCULIN IGG ANTIBODIES BY IMMUNOASSAY	Add	Medicare Plans
0177U	Services and devices considered experimental/investigational/unproven: ONC BRST CANCER DNA PIK3CA GENE ANALYSIS-11 GENE VARIANTS USING PLASMA	Add	Medicare Plans
0178U	Services and devices considered experimental/investigational/unproven: PEANUT ALLERGEN-SPEC ASSESSMENT-MULT EPI-ELISA, BLOOD CLINICAL REACTION	Add	Medicare Plans

0179U	Services and devices considered experimental/investigational/unproven: ONCOLOGY-NONSMALL CELL LUNG CANER-CELL FREE DNA ANALYSIS, 23 GENES	Add	Medicare Plans
0180U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN ABO GENOTYPING, ANYS SANGER/CHAIN SEQ, ABO GENE, 7 EXO	Add	Medicare Plans
0181U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN CO GENOTYPING, GENE ANALYSIS, AQP1 EXON 1	Add	Medicare Plans
0182U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN CROM GENOTYPING, GENE ANALYSIS, CD55 EXONS 1-10	Add	Medicare Plans
0183U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN DI GENOTYPING, GENE ANALYSIS, SLC4A1 EXON 19	Add	Medicare Plans
0184T	Services and devices considered experimental/investigational/unproven: RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Add	Medicare Plans
0184U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN DO GENOTYPING, GENE ANALYSIS, ART4 EXON 2	Add	Medicare Plans
0185U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN FUT1 GENOTYPING, GENE ANALYSIS, FUT1 EXON 4	Add	Medicare Plans
0186U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN FUT2 GENOTYPING, GENE ANALYSIS, FUT2 EXON 2	Add	Medicare Plans
0187U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN FY GENOTYPING, GENE ANALYSIS, ACKR1 EXONS 1-2	Add	Medicare Plans
0188U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN GE GENOTYPING, GENE ANALYSIS, GYPC EXONS 1-4	Add	Medicare Plans
0189U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN GYPA GENOTYPING, GENE ANALYSIS, GYPA INTRONS 1 5 EXON 2	Add	Medicare Plans
0190U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN GYPB GENOTYPING, ANALYSIS, GYPB INTRON 1 5 PSEUDOEXON 3	Add	Medicare Plans
0191U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN IN GENOTYPING, GENE ANALYSIS, CD44 EXONS 2 3 6	Add	Medicare Plans
0192U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN JK GENOTYPING, GENE ANALYSIS, SLC14A1 GENE PRMTR EXON 9	Add	Medicare Plans
0193U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN JR GENOTYPING, GENE ANALYSIS ABCG2 EXONS 2-26	Add	Medicare Plans
0194U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN KEL GENOTYPING, GENE ANALYSIS KEL EXON 8	Add	Medicare Plans
0195U	Services and devices considered experimental/investigational/unproven: KLF1 TARGETED SEQUENCING	Add	Medicare Plans
0196U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN LU GENOTYPING, GENE ANALYSIS, BCAM EXON 3	Add	Medicare Plans
0197U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN LW GENOTYPING, GENE ANALYSIS, ICAM4 EXON 1	Add	Medicare Plans
0198T	Services and devices considered experimental/investigational/unproven: MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W/\&R	Add	Medicare Plans
0198U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN RHD&RHCE GENOTYPING, SANGER/CHAIN SEQ, RHD 1-10&RHCE 5	Add	Medicare Plans
0199U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN SC GENOTYPING, GENE ANALYSIS, ERMAPP EXONS 4 12	Add	Medicare Plans
0200U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN XK GENOTYPING, GENE ANALYSIS, XK EXONS 1-3 A	Add	Medicare Plans
0201U	Services and devices considered experimental/investigational/unproven: RED CELL ANTIGEN YT GENOTYPING GENE ANALYSIS, ACHE EXON 2	Add	Medicare Plans
0202T	Services and devices considered experimental/investigational/unproven: POST VERT ARTHRPLSTY W/NO BONE CEMENT 1 LUMB LVL	Add	Medicare Plans
0207T	Services and devices considered experimental/investigational/unproven: EVAC MEIBOMIAN GLNDS AUTO HT\& INTMT PRESS UNI	Add	Medicare Plans
0216T	Services and devices considered experimental/investigational/unproven: NJX DX/THER PARAVERT FCT JT W/US LUMB/SAC 1 LVL	Add	Medicare Plans
0219T	Services and devices considered experimental/investigational/unproven: PLMT POST FACET IMPLANT UNI/BI W/IMG \& GRFT CERV	Add	Medicare Plans
0220T	Services and devices considered experimental/investigational/unproven: PLMT POST FACET IMPLT UNI/BI W/IMG \& GRFT THOR	Add	Medicare Plans
0221T	Services and devices considered experimental/investigational/unproven: PLMT POST FACET IMPLT UNI/BI W/IMG \& GRFT LUMB	Add	Medicare Plans
0227U	Services and devices considered experimental/investigational/unproven: RX ASSAY PRSMV 30+RX/METABLT UR LC-MS/MS MRM	Add	Medicare Plans
0228U	Services and devices considered experimental/investigational/unproven: ONC PRST8 MULTIANAL MOLEC PRFL PHOTOMETRIC DETCJ	Add	Medicare Plans
0229U	Services and devices considered experimental/investigational/unproven: BCAT1 OR IKZF1 PROMOTER METHYLATION ANALYSIS	Add	Medicare Plans

0230U	Services and devices considered experimental/investigational/unproven: AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Add	Medicare Plans
0231U	Services and devices considered experimental/investigational/unproven: CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT	Add	Medicare Plans
0232U	Services and devices considered experimental/investigational/unproven: CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT	Add	Medicare Plans
0233U	Services and devices considered experimental/investigational/unproven: FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS	Add	Medicare Plans
0234U	Services and devices considered experimental/investigational/unproven: MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Add	Medicare Plans
0235U	Services and devices considered experimental/investigational/unproven: PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS	Add	Medicare Plans
0236U	Services and devices considered experimental/investigational/unproven: SMN1&SMN2 FUL GEN ALYS CHNG DUPL&DELET&INSJ	Add	Medicare Plans
0237U	Services and devices considered experimental/investigational/unproven: CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL	Add	Medicare Plans
0238U	Services and devices considered experimental/investigational/unproven: ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS	Add	Medicare Plans
0239U	Services and devices considered experimental/investigational/unproven: TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311+	Add	Medicare Plans
0242U	Services and devices considered experimental/investigational/unproven: TRGT SEQ ANLSYS PNL SOLID ORGAN NEOPLASM	Add	Medicare Plans
0245U	Services and devices considered experimental/investigational/unproven: ONCOLOGY, MUTATION ANALYSIS, NXT GEN SEQ, RISK OF MALIGNANCY	Add	Medicare Plans
0255U	Services and devices considered experimental/investigational/unproven: ANDROLOGY (INFERTILITY), SPERM CAPACITATION ASSESSMENT	Add	Medicare Plans
0256U	Services and devices considered experimental/investigational/unproven: TMA/TMAO PROFILE, MS/MS URINE, ALGORITHMIC ANALYSIS & REPORT	Add	Medicare Plans
0257U	Services and devices considered experimental/investigational/unproven: VLCAD LEUKOCYTE ENZYME ACTIVITY, WHOLE BLOOD	Add	Medicare Plans
0258U	Services and devices considered experimental/investigational/unproven: AUTOIMMUNE (PSORIASIS), MRNA GENE XPRSN PRFL 50-100 GENES, ALG	Add	Medicare Plans
0259U	Services and devices considered experimental/investigational/unproven: NEPHROLOGY (CKD), NUCLEAR MRS MEASUREMENT, GFR SERUM, QUANTITATIVE	Add	Medicare Plans
0271T	Services and devices considered experimental/investigational/unproven: REV/REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Add	Medicare Plans
0285U	Services and devices considered experimental/investigational/unproven: ONCOLOGY, RADIATION TOXICITY SCORE, QUANT BRNCH CHAIN DNA, PLASMA	Add	Medicare Plans
0286U	Services and devices considered experimental/investigational/unproven: CEP72, NUDT15, AND TPMT (DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	Add	Medicare Plans
0287U	Services and devices considered experimental/investigational/unproven: ONCOLOGY (THYROID), NEXT-GEN SEQ ANLYS, FNA OR FFPE TISSUE, CA RECR RISK	Add	Medicare Plans
0288U	Services and devices considered experimental/investigational/unproven: ONCOLOGY (LUNG), MRNA, QUANT PCR ANLYS, FFPE TMR TISS, TMR RECR RISK	Add	Medicare Plans
0289U	Services and devices considered experimental/investigational/unproven: NEUROLOGY(ALZH DIS), PRED RISK, MRNA, GENE XPRES PROF, 24 GENES, WHL BLD	Add	Medicare Plans
0290U	Services and devices considered experimental/investigational/unproven: PAIN MGMT, PRED RISK, MRNA, GENE XPRES PROFILING, 36 GENES, WHOLE BLOOD	Add	Medicare Plans
0291U	Services and devices considered experimental/investigational/unproven: PSYCHIATRY (MOOD DIS), PRED RISK,MRNA, GENE XPRES PROFILING, 144 GENES	Add	Medicare Plans
0292U	Services and devices considered experimental/investigational/unproven: PSYCHIATRY (STRESS DIS), PRED RISK, MRNA, GENE XPRES PROFILING, 72 GENES	Add	Medicare Plans
0293U	Services and devices considered experimental/investigational/unproven: PSYCHIATRY(SUICIDAL IDEATION),PRED RISK,MRNA,GENE XPRES PROFILING	Add	Medicare Plans
0312T	Services and devices considered experimental/investigational/unproven: LAPS IMPLTJ NSTIM ELTRD ARRAY\&PLS GEN VAGUS NRV	Add	Medicare Plans
0312U	Services and devices considered experimental/investigational/unproven: AI DISEASE, SLE, ANALYSIS OF 8 IGG AUTOANTIBODIES & 2 CELL BOUND PRDCTS	Add	Medicare Plans
0313T	Services and devices considered experimental/investigational/unproven: LAPS REVJ/REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Add	Medicare Plans
0314T	Services and devices considered experimental/investigational/unproven: LAPS RMVL NSTIM ELTRD ARRAY \& PLS GEN VAGUS NRV	Add	Medicare Plans
0315T	Services and devices considered experimental/investigational/unproven: REMOVAL PULSE GENERATOR VAGUS NERVE	Add	Medicare Plans
0316T	Services and devices considered experimental/investigational/unproven: REPLACEMENT PULSE GENERATOR VAGUS NERVE	Add	Medicare Plans
0317T	Services and devices considered experimental/investigational/unproven: ELEC ALYS NSTIM PLS GEN VAGUS NRV W/REPRGRMG	Add	Medicare Plans

0326T	Services and devices considered experimental/investigational/unproven: EPHYS EVAL SUBQ IMPLT DEFIB PRGRMG/REPRGRMG	Add	Medicare Plans
0327T	Services and devices considered experimental/investigational/unproven: IMPLT SUBQ DEFIB SYS INTERROGATION DEVICE EVAL	Add	Medicare Plans
0328T	Services and devices considered experimental/investigational/unproven: IMPLT SUBQ DEFIB SYS PROGRAMMING DEVICE EVAL	Add	Medicare Plans
0329T	Services and devices considered experimental/investigational/unproven: MNTR INTRAOCULAR PRESS 24HRS/> UNI/BI W/INTERP	Add	Medicare Plans
0330T	Services and devices considered experimental/investigational/unproven: TEAR FILM IMAGING UNILATERAL OR BILATERAL W/ I&R	Add	Medicare Plans
0331T	Services and devices considered experimental/investigational/unproven: MYOCDR SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	Add	Medicare Plans
0332T	Services and devices considered experimental/investigational/unproven: MYOCDR SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	Add	Medicare Plans
0333T	Services and devices considered experimental/investigational/unproven: VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Add	Medicare Plans
0335T	Services and devices considered experimental/investigational/unproven: INSERTION OF SINUS TARSIS IMPLANT	Add	Medicare Plans
0338T	Services and devices considered experimental/investigational/unproven: TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Add	Medicare Plans
0339T	Services and devices considered experimental/investigational/unproven: TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Add	Medicare Plans
0342T	Services and devices considered experimental/investigational/unproven: THERAPEUTIC APHERESIS W/ SELECTIVE HDL DELIP	Add	Medicare Plans
0347T	Services and devices considered experimental/investigational/unproven: PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Add	Medicare Plans
0348T	Services and devices considered experimental/investigational/unproven: RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Add	Medicare Plans
0349T	Services and devices considered experimental/investigational/unproven: RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Add	Medicare Plans
0350T	Services and devices considered experimental/investigational/unproven: RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Add	Medicare Plans
0351T	Services and devices considered experimental/investigational/unproven: INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Add	Medicare Plans
0352T	Services and devices considered experimental/investigational/unproven: OCT BREAST OR AXILL NODE SPECIMEN I&R	Add	Medicare Plans
0353T	Services and devices considered experimental/investigational/unproven: OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Add	Medicare Plans
0354T	Services and devices considered experimental/investigational/unproven: OCT BREAST SURG CAVITY REAL TIME/REFERRED I&R	Add	Medicare Plans
0358T	Services and devices considered experimental/investigational/unproven: BIA WHOLE BODY SUPINE POSTION WITH I&R	Add	Medicare Plans
0397T	Services and devices considered experimental/investigational/unproven: ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Add	Medicare Plans
0398T	Services and devices considered experimental/investigational/unproven: MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Add	Medicare Plans
0402T	Services and devices considered experimental/investigational/unproven: COLLAGEN CROSS-LINKING OF CORNEA	Add	Medicare Plans
0403T	Services and devices considered experimental/investigational/unproven: DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	Add	Medicare Plans
0408T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Add	Medicare Plans
0409T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Add	Medicare Plans
0410T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Add	Medicare Plans
0411T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Add	Medicare Plans
0412T	Services and devices considered experimental/investigational/unproven: REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Add	Medicare Plans
0413T	Services and devices considered experimental/investigational/unproven: REMOVAL CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Add	Medicare Plans
0414T	Services and devices considered experimental/investigational/unproven: RMVL & RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Add	Medicare Plans
0415T	Services and devices considered experimental/investigational/unproven: REPOS CARDIAC MODULJ SYS TRANSVENOUS ELECTRODE	Add	Medicare Plans
0416T	Services and devices considered experimental/investigational/unproven: RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Add	Medicare Plans

0417T	Services and devices considered experimental/investigational/unproven: PRGRMG DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Add	Medicare Plans
0418T	Services and devices considered experimental/investigational/unproven: INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	Add	Medicare Plans
0419T	Services and devices considered experimental/investigational/unproven: DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK >50	Add	Medicare Plans
0420T	Services and devices considered experimental/investigational/unproven: DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES >100	Add	Medicare Plans
0421T	Services and devices considered experimental/investigational/unproven: TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Add	Medicare Plans
0422T	Services and devices considered experimental/investigational/unproven: TACTILE BREAST IMG COMPUTER AIDED SENSORS UNI/BI	Add	Medicare Plans
0424T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Add	Medicare Plans
0425T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Add	Medicare Plans
0426T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Add	Medicare Plans
0427T	Services and devices considered experimental/investigational/unproven: INSJ/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Add	Medicare Plans
0428T	Services and devices considered experimental/investigational/unproven: REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Add	Medicare Plans
0429T	Services and devices considered experimental/investigational/unproven: REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Add	Medicare Plans
0430T	Services and devices considered experimental/investigational/unproven: REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Add	Medicare Plans
0431T	Services and devices considered experimental/investigational/unproven: RMVL/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Add	Medicare Plans
0432T	Services and devices considered experimental/investigational/unproven: REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Add	Medicare Plans
0433T	Services and devices considered experimental/investigational/unproven: REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Add	Medicare Plans
0434T	Services and devices considered experimental/investigational/unproven: INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Add	Medicare Plans
0435T	Services and devices considered experimental/investigational/unproven: PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Add	Medicare Plans
0436T	Services and devices considered experimental/investigational/unproven: PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Add	Medicare Plans
0440T	Services and devices considered experimental/investigational/unproven: ABLATION, PRQTNS, CRYOABLATION, W/IMG GUIDE, UPR EXTRMTY DIS/PERI NERVE	Add	Medicare Plans
0441T	Services and devices considered experimental/investigational/unproven: ABLATION, PRQTNS, CRYOABLATION, W/IMG GUIDE, LWR EXTRMTY DIS/PERI NERVE	Add	Medicare Plans
0442T	Services and devices considered experimental/investigational/unproven: ABLATION, PRQTNS, CRYOABLATION, W/IMG GUIDE, NRV PLXS/TRUNCAL NERVE	Add	Medicare Plans
0443T	Services and devices considered experimental/investigational/unproven: R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Add	Medicare Plans
0446T	Services and devices considered experimental/investigational/unproven: CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Add	Medicare Plans
0447T	Services and devices considered experimental/investigational/unproven: RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Add	Medicare Plans
0448T	Services and devices considered experimental/investigational/unproven: RMVL INSJ IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Add	Medicare Plans
0464T	Services and devices considered experimental/investigational/unproven: VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPR	Add	Medicare Plans
0465T	Services and devices considered experimental/investigational/unproven: SUPCHRD L NIX OF RX AGT W/O SUPPLY OF MEDICATION	Add	Medicare Plans
0469T	Services and devices considered experimental/investigational/unproven: RTA POLARIZE SCAN OC SCR W/ONSITE AUTO RSLT BI	Add	Medicare Plans
0470T	Services and devices considered experimental/investigational/unproven: OCT SKN IMG ACQUISJ I&R 1ST LES	Add	Medicare Plans
0471T	Services and devices considered experimental/investigational/unproven: OCT SKN IMG ACQUISJ I&R EA ADDL LES	Add	Medicare Plans
0475T	Services and devices considered experimental/investigational/unproven: REC FTL CAR SGL 3 CH PT REC & STRG DATA SCN I&R	Add	Medicare Plans
0476T	Services and devices considered experimental/investigational/unproven: REC FTL CAR SGL PT REC SCAN W/RAW ELEC TR DATA	Add	Medicare Plans
0477T	Services and devices considered experimental/investigational/unproven: REC FTL CAR SGL 3 CH SGL XTRJ TECHL ALYS	Add	Medicare Plans

0478T	Services and devices considered experimental/investigational/unproven: REC FTL CAR SGL 3 CH REVIEW I&R	Add	Medicare Plans
0479T	Services and devices considered experimental/investigational/unproven: FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Add	Medicare Plans
0480T	Services and devices considered experimental/investigational/unproven: FRACTIONAL ABL LSR FENESTRATION EA ADDL 100 SQCM	Add	Medicare Plans
0481T	Services and devices considered experimental/investigational/unproven: NJX AUTOL WBC CONCENTR INC IMG GDN HRV & PREP	Add	Medicare Plans
0483T	Services and devices considered experimental/investigational/unproven: TMVI W/PROSTHETIC VALVE PERCUTANEOUS APPROACH	Add	Medicare Plans
0484T	Services and devices considered experimental/investigational/unproven: TMVI W/PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Add	Medicare Plans
0485T	Services and devices considered experimental/investigational/unproven: OCT MIDDLE EAR WITH I&R UNILATERAL	Add	Medicare Plans
0486T	Services and devices considered experimental/investigational/unproven: OCT MIDDLE EAR WITH I&R BILATERAL	Add	Medicare Plans
0487T	Services and devices considered experimental/investigational/unproven: TRANSVAGINAL BIOMECHANICAL MAPPING W/REPORT	Add	Medicare Plans
0488T	Services and devices considered experimental/investigational/unproven: DIABETES PREV ONLINE/ELECTRONIC PRGRM PR 30 DAYS	Add	Medicare Plans
0489T	Services and devices considered experimental/investigational/unproven: AUTOL REGN CELL TX SCLERODERMA HANDS	Add	Medicare Plans
0490T	Services and devices considered experimental/investigational/unproven: AUTOL REGN CELL TX SCLDR MLT INJ 1/> HANDS	Add	Medicare Plans
0491T	Services and devices considered experimental/investigational/unproven: ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM/<	Add	Medicare Plans
0492T	Services and devices considered experimental/investigational/unproven: ABL LASER TX OPEN WND PR DAY ADDL 20 SQCM	Add	Medicare Plans
0493T	Services and devices considered experimental/investigational/unproven: NEAR INFRARED SPECTROSCOPY STUDIES LOW EXT WOUNDS	Add	Medicare Plans
0494T	Services and devices considered experimental/investigational/unproven: PREP & CANNULI CDVR DON LNG ORGN PRFUJ SYS	Add	Medicare Plans
0495T	Services and devices considered experimental/investigational/unproven: INIT & MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Add	Medicare Plans
0496T	Services and devices considered experimental/investigational/unproven: MNTR CDVR DON LNG ORGN PRFUJ SYS EA ADDL HR	Add	Medicare Plans
0497T	Services and devices considered experimental/investigational/unproven: XTRNL PT ACT ECG W/O ATTN MNTR IN-OFFICE CONN	Add	Medicare Plans
0498T	Services and devices considered experimental/investigational/unproven: XTRNL PT ACT ECG W/O ATTN MNTR R&I PR 30 DAYS	Add	Medicare Plans
0499T	Services and devices considered experimental/investigational/unproven: CYSTO W/DIL & URTL RX DEL F/URL STRIX/STENOSIS	Add	Medicare Plans
0505T	Services and devices considered experimental/investigational/unproven: EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF & CLSR	Add	Medicare Plans
0506T	Services and devices considered experimental/investigational/unproven: MAC PGMPT OPTICAL DNS MEAS HFP UNI/BI W/I&R	Add	Medicare Plans
0507T	Services and devices considered experimental/investigational/unproven: NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI/BI I&R	Add	Medicare Plans
0508T	Services and devices considered experimental/investigational/unproven: PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Add	Medicare Plans
0509T	Services and devices considered experimental/investigational/unproven: PATTERN ELECTRORETINOGRAPHY W/I&R	Add	Medicare Plans
0510T	Services and devices considered experimental/investigational/unproven: REMOVAL OF SINUS TARSI IMPLANT	Add	Medicare Plans
0511T	Services and devices considered experimental/investigational/unproven: REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Add	Medicare Plans
0512T	Services and devices considered experimental/investigational/unproven: ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Add	Medicare Plans
0513T	Services and devices considered experimental/investigational/unproven: ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND	Add	Medicare Plans
0514T	Services and devices considered experimental/investigational/unproven: INTRAOPERATIVE VISUAL AXIS ID USING PT FIXATION	Add	Medicare Plans
0515T	Services and devices considered experimental/investigational/unproven: INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Add	Medicare Plans
0516T	Services and devices considered experimental/investigational/unproven: INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Add	Medicare Plans
0517T	Services and devices considered experimental/investigational/unproven: INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Add	Medicare Plans

0518T	Services and devices considered experimental/investigational/unproven: REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Add	Medicare Plans
0519T	Services and devices considered experimental/investigational/unproven: REMOVAL&RPLCMT WRLS CAR STIMULATOR PG COMPNT	Add	Medicare Plans
0520T	Services and devices considered experimental/investigational/unproven: REMOVAL&RPLCMT WRLS CAR STIMULATOR W/NEW ELTRD	Add	Medicare Plans
0521T	Services and devices considered experimental/investigational/unproven: INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Add	Medicare Plans
0522T	Services and devices considered experimental/investigational/unproven: PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Add	Medicare Plans
0523T	Services and devices considered experimental/investigational/unproven: INTRAPROCEDURAL CORONARY FFP W/3D FUNCJL MAPPING	Add	Medicare Plans
0524T	Services and devices considered experimental/investigational/unproven: EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR VEIN	Add	Medicare Plans
0525T	Services and devices considered experimental/investigational/unproven: INSERTION/REPLACEMENT COMPLETE IIMS	Add	Medicare Plans
0526T	Services and devices considered experimental/investigational/unproven: INSERTION/REPLACEMENT IIMS ELECTRODE ONLY	Add	Medicare Plans
0527T	Services and devices considered experimental/investigational/unproven: INSERTION/REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Add	Medicare Plans
0528T	Services and devices considered experimental/investigational/unproven: PRGRMG DEVICE EVAL IIMS IN PERSON	Add	Medicare Plans
0529T	Services and devices considered experimental/investigational/unproven: INTERROGATION DEVICE EVAL IIMS IN PERSON	Add	Medicare Plans
0530T	Services and devices considered experimental/investigational/unproven: REMOVAL COMPLETE IIMS INCL IMG S&I	Add	Medicare Plans
0531T	Services and devices considered experimental/investigational/unproven: REMOVAL IIMS ELECTRODE ONLY INCL IMG S&I	Add	Medicare Plans
0532T	Services and devices considered experimental/investigational/unproven: REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S&I	Add	Medicare Plans
0533T	Services and devices considered experimental/investigational/unproven: CONTINUOUS REC MVMT DO SX 6 D<10 D	Add	Medicare Plans
0534T	Services and devices considered experimental/investigational/unproven: CONT REC MVMT DO SX 6 D<10 D SETUP & PT TRAINJ	Add	Medicare Plans
0535T	Services and devices considered experimental/investigational/unproven: CONT REC MVMT DO SX 6 D<10 D 1ST REPT CNFIG	Add	Medicare Plans
0536T	Services and devices considered experimental/investigational/unproven: CONT REC MVMT DO SX 6 D<10 D DL REVIEW I&R	Add	Medicare Plans
0537T	Services and devices considered experimental/investigational/unproven: CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Add	Medicare Plans
0538T	Services and devices considered experimental/investigational/unproven: CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F/TRNS	Add	Medicare Plans
0539T	Services and devices considered experimental/investigational/unproven: CAR-T THERAPY RECEIPT & PREP CAR-T CELLS F/ADMN	Add	Medicare Plans
0540T	Services and devices considered experimental/investigational/unproven: CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Add	Medicare Plans
0541T	Services and devices considered experimental/investigational/unproven: MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Add	Medicare Plans
0542T	Services and devices considered experimental/investigational/unproven: MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I&R	Add	Medicare Plans
0543T	Services and devices considered experimental/investigational/unproven: TRANSAPICAL MV RPR W/TTE PLMT ARTIF CHORDAE TEND	Add	Medicare Plans
0544T	Services and devices considered experimental/investigational/unproven: TCAT MV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	Add	Medicare Plans
0545T	Services and devices considered experimental/investigational/unproven: TCAT TV ANN RCNSTJ W/IMPL ADJST ANN RCNSTJ DEV	Add	Medicare Plans
0546T	Services and devices considered experimental/investigational/unproven: RF SPECTRSC R-T INTRAOP MRGN ASSMT AT PRTL MAST	Add	Medicare Plans
0552T	Services and devices considered experimental/investigational/unproven: LOW-LVL LASER THER DYN PHOTONIC & THERMOKIN NRG	Add	Medicare Plans
0553T	Services and devices considered experimental/investigational/unproven: PERQ TCAT PLMT ILIAC ARVEN ANASTOMOSIS IMPLANT	Add	Medicare Plans
0559T	Services and devices considered experimental/investigational/unproven: ANATOMIC MODEL 3D PRINTED 1ST COMPNT ANTMC STRUX	Add	Medicare Plans
0560T	Services and devices considered experimental/investigational/unproven: ANATOMIC MODEL 3D PRINTED EA ADDL COMPONENT	Add	Medicare Plans
0561T	Services and devices considered experimental/investigational/unproven: ANATOMIC GUIDE 3D PRINTED 1ST ANATOMIC GUIDE	Add	Medicare Plans

0562T	Services and devices considered experimental/investigational/unproven: ANATOMIC GUIDE 3D PRINTED EA ADDL ANATOMIC GUIDE	Add	Medicare Plans
0563T	Services and devices considered experimental/investigational/unproven: EVAC MEIBOMIAN GLND HEAT BI	Add	Medicare Plans
0564T	Services and devices considered experimental/investigational/unproven: ONC CHEMO RX CYTOTOX CSC 14	Add	Medicare Plans
0565T	Services and devices considered experimental/investigational/unproven: AUTOLOGOUS CELLULAR IMPLANT DERIVED FRM ADIPOSE TISSUE	Add	Medicare Plans
0566T	Services and devices considered experimental/investigational/unproven: AUTOLOGOUS CELLULAR IMPLANT DERIVED FRM ADIPOSE TISSUE	Add	Medicare Plans
0567T	Services and devices considered experimental/investigational/unproven: PERM FLP TUBE OCCLS W/IMPLT	Add	Medicare Plans
0568T	Services and devices considered experimental/investigational/unproven: INTRO MIX SALINE&AIR F/SSG	Add	Medicare Plans
0569T	Services and devices considered experimental/investigational/unproven: TTVR PERQ APPR 1ST PROSTH	Add	Medicare Plans
0570T	Services and devices considered experimental/investigational/unproven: TTVR PERQ EA ADDL PROSTH	Add	Medicare Plans
0571T	Services and devices considered experimental/investigational/unproven: INSJ/RPLCMT ICDS SS ELTRD	Add	Medicare Plans
0572T	Services and devices considered experimental/investigational/unproven: INSERTION SS DFB ELECTRODE	Add	Medicare Plans
0573T	Services and devices considered experimental/investigational/unproven: REMOVAL SS DFB ELECTRODE	Add	Medicare Plans
0574T	Services and devices considered experimental/investigational/unproven: REPOS PREV SS IMPL DFB ELTRD	Add	Medicare Plans
0575T	Services and devices considered experimental/investigational/unproven: PRGRMG DEV EVAL ICDS SS IP	Add	Medicare Plans
0576T	Services and devices considered experimental/investigational/unproven: INTERROG DEV EVAL ICDS SS IP	Add	Medicare Plans
0577T	Services and devices considered experimental/investigational/unproven: EPHYS EVAL ICDS SS	Add	Medicare Plans
0578T	Services and devices considered experimental/investigational/unproven: REM INTERROG DEV ICDS PHYS	Add	Medicare Plans
0579T	Services and devices considered experimental/investigational/unproven: REM INTERROG DEV ICDS TECH	Add	Medicare Plans
0580T	Services and devices considered experimental/investigational/unproven: RMVL SS IMPL DFB PG ONLY	Add	Medicare Plans
0581T	Services and devices considered experimental/investigational/unproven: ABLTJ MAL BRST TUM PERQ CRTX	Add	Medicare Plans
0582T	Services and devices considered experimental/investigational/unproven: TRURL ABLTJ MAL PRST8 TISS	Add	Medicare Plans
0583T	Services and devices considered experimental/investigational/unproven: TMPST AUTO TUBE DLVR SYS	Add	Medicare Plans
0584T	Services and devices considered experimental/investigational/unproven: PERQ ISLET CELL TRANSPLANT	Add	Medicare Plans
0585T	Services and devices considered experimental/investigational/unproven: LAPS ISLET CELL TRANSPLANT	Add	Medicare Plans
0586T	Services and devices considered experimental/investigational/unproven: OPEN ISLET CELL TRANSPLANT	Add	Medicare Plans
0587T	Services and devices considered experimental/investigational/unproven: PERQ IMPLT/RPLCMT ISDNS PTN	Add	Medicare Plans
0588T	Services and devices considered experimental/investigational/unproven: REVISION/REMOVAL ISDNS PTN	Add	Medicare Plans
0589T	Services and devices considered experimental/investigational/unproven: ELEC ALYS SMPL PRGRMG IINS	Add	Medicare Plans
0590T	Services and devices considered experimental/investigational/unproven: ELEC ALYS CPLX PRGRMG IINS	Add	Medicare Plans
0591T	Services and devices considered experimental/investigational/unproven: HLTH&WB COACHING INDIV 1ST	Add	Medicare Plans
0592T	Services and devices considered experimental/investigational/unproven: HLTH&WB COACHING INDIV F-UP	Add	Medicare Plans
0593T	Services and devices considered experimental/investigational/unproven: HLTH&WB COACHING GROUP	Add	Medicare Plans
0594T	Services and devices considered experimental/investigational/unproven: OSTEOTOMY, HUMERUS, INSERTION OF XTRNL CTRLD IMED LENGTHENING DEVICE	Add	Medicare Plans
0596T	Services and devices considered experimental/investigational/unproven: TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP, INITIAL INSERTION	Add	Medicare Plans

0597T	Services and devices considered experimental/investigational/unproven: TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP, REPLACEMENT	Add	Medicare Plans
0598T	Services and devices considered experimental/investigational/unproven: NONCONTACT R-T FLUORESCENCE WOUND IMAGING, PER SESSION, 1ST ANATMC SITE	Add	Medicare Plans
0599T	Services and devices considered experimental/investigational/unproven: NONCONTACT R-T FLUORESCENCE WOUND IMAGING, PER SESSION, EACH ADDTL SITE	Add	Medicare Plans
0600T	Services and devices considered experimental/investigational/unproven: IRE ABLATION 1 OR MORE TUMORS PER ORGAN W/IMAGING GUIDANCE PERQ	Add	Medicare Plans
0601T	Services and devices considered experimental/investigational/unproven: IRE ABLATION 1OR MORE TUMORS W/FLUOROSCOPIC & ULTRASOUND GUIDANCE OPEN	Add	Medicare Plans
0602T	Services and devices considered experimental/investigational/unproven: TRANSDERMAL (GFR) MSRMT, INC SENSOR PLACEMENT & SINGLE DOSE PYRAZINE AGT	Add	Medicare Plans
0603T	Services and devices considered experimental/investigational/unproven: TRANSDERMAL(GFR) MSRMT, INC SENSR PLCMNT & >1 DOSE PYRAZINE AGT, PER 24H	Add	Medicare Plans
0604T	Services and devices considered experimental/investigational/unproven: REMOTE OCT OF RETINA, 1ST DEV SET-UP & PT EDUCATION & USE OF EQUIPMENT	Add	Medicare Plans
0605T	Services and devices considered experimental/investigational/unproven: REMOTE OCT RETINA, TECH SUPPORT, MIN OF 8 DAILY RECORDINGS EACH 30 DAYS	Add	Medicare Plans
0606T	Services and devices considered experimental/investigational/unproven: REMOTE OCT RETINA, REVIEW, INTERPRETATION&REPORT BY PHYS/QHP EA 30 DAYS	Add	Medicare Plans
0607T	Services and devices considered experimental/investigational/unproven: REMOTE MONITORING, EXTRNAL CONT PULM FLUID MONITORING SYS, SETUP & EDU	Add	Medicare Plans
0608T	Services and devices considered experimental/investigational/unproven: REMOTE MONITORING, EXTRNAL CONT PULM FLUID MONITORING SYS, ANALYSIS	Add	Medicare Plans
0609T	Services and devices considered experimental/investigational/unproven: MRS DISCOGENIC PAIN, ACQU OF SINGLE VOXEL DATA, PER DISC, IN 3 DISCS MIN	Add	Medicare Plans
0610T	Services and devices considered experimental/investigational/unproven: MRS DISCOGENIC PAIN, TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSI	Add	Medicare Plans
0611T	Services and devices considered experimental/investigational/unproven: MRS DISCOGENIC PAIN, ALGORTHMIC ANALYSIS OF BIOMARKER DATA	Add	Medicare Plans
0612T	Services and devices considered experimental/investigational/unproven: MRS DISCOGENIC PAIN, INTERPRETATION AND REPORT	Add	Medicare Plans
0613T	Services and devices considered experimental/investigational/unproven: PERQ TRANSCATHETER IMPLANTATION OF INTERATRIAL SEPTAL SHUNT DEVICE	Add	Medicare Plans
0614T	Services and devices considered experimental/investigational/unproven: REMOVAL & REPLACEMENT OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE GEN	Add	Medicare Plans
0615T	Services and devices considered experimental/investigational/unproven: EYE- MOVEMENT ANALYSIS, W/O SPATIAL CALIBRATION, INTERPRETATION & REPORT	Add	Medicare Plans
0616T	Services and devices considered experimental/investigational/unproven: INSERTION OF IRIS PROSTH W/SUTURE FIXATION & REPAIR/REMOVAL IRIS	Add	Medicare Plans
0617T	Services and devices considered experimental/investigational/unproven: INSERTION OF IRIS PROSTH W/SUTURE & REPAIR/REMOVAL, INS OF OCULAR LENS	Add	Medicare Plans
0618T	Services and devices considered experimental/investigational/unproven: INSERTION OF IRIS PROSTH W/SUTURE & REPAIR/REMOVAL, SECONDARY LENS	Add	Medicare Plans
0619T	Services and devices considered experimental/investigational/unproven: CYSTOURETHROSCOPY W/TRANSURETHRAL ANT PROSTATE COMMISSUROTOMY & RX DLVR	Add	Medicare Plans
0620T	Services and devices considered experimental/investigational/unproven: ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN	Add	Medicare Plans
0621T	Services and devices considered experimental/investigational/unproven: TRABECULOSTOMY AB INTERNO BY LASER	Add	Medicare Plans
0622T	Services and devices considered experimental/investigational/unproven: TRABECULOSTOMY AB INTERNO BY LASER; WITH USE OF OPHTHALMIC ENDOSCOPE	Add	Medicare Plans
0623T	Services and devices considered experimental/investigational/unproven: AUTO QUAN&CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Add	Medicare Plans
0624T	Services and devices considered experimental/investigational/unproven: AUTO QUAN&CHARAC CORONARY PLAQ DATA PREP&TRNSMIS	Add	Medicare Plans
0625T	Services and devices considered experimental/investigational/unproven: AUTO QUAN&CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Add	Medicare Plans
0626T	Services and devices considered experimental/investigational/unproven: AUTO QUAN&CHARAC CORONARY PLAQ REV CPTR ALYS I&R	Add	Medicare Plans
0627T	Services and devices considered experimental/investigational/unproven: PERQ NJX ALGC CELL &/PRDCT UNI/BI FLUOR LMBR 1ST	Add	Medicare Plans
0628T	Services and devices considered experimental/investigational/unproven: PERQ NJX ALGC CELL &/PRDCT UNI/BI FLUOR LMBR EA	Add	Medicare Plans

0629T	Services and devices considered experimental/investigational/unproven: PERQ NJX ALGC CELL&/PRDCT UNI/BI CT LMBR 1ST	Add	Medicare Plans
0630T	Services and devices considered experimental/investigational/unproven: PERQ NJX ALGC CELL&/PRDCT UNI/BI CT LMBR EA	Add	Medicare Plans
0631T	Services and devices considered experimental/investigational/unproven: TC VISIBLE LIGHT HYPERSPECTRAL IMG MEAS PER XTR	Add	Medicare Plans
0632T	Services and devices considered experimental/investigational/unproven: PERQ TCAT US ABLATION NERVES INNERVATING P-ART	Add	Medicare Plans
0633T	Services and devices considered experimental/investigational/unproven: CT BREAST W/3D RENDERING UNILATERAL WITHOUT CONTRAST	Add	Medicare Plans
0634T	Services and devices considered experimental/investigational/unproven: CT BREAST W/3D RENDERING UNILATERAL WITH CONTRAST	Add	Medicare Plans
0635T	Services and devices considered experimental/investigational/unproven: CT BRST W/3D RENDERING UNILATERAL WO CNTRST FLWD CNTRST	Add	Medicare Plans
0636T	Services and devices considered experimental/investigational/unproven: CT BREAST W/3D RENDERING BILATERAL WITHOUT CONTRAST	Add	Medicare Plans
0637T	Services and devices considered experimental/investigational/unproven: CT BREAST W/3D RENDERING BILATERAL WITH CONTRAST	Add	Medicare Plans
0638T	Services and devices considered experimental/investigational/unproven: CT BRST W/3D RENDERING BILATERAL WO CNTRST FLWD CNTRST	Add	Medicare Plans
0639T	Services and devices considered experimental/investigational/unproven: WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS & ASSMT	Add	Medicare Plans
0671T	Services and devices considered experimental/investigational/unproven: INSJ ANT SGM FLUID DRG DEV W/O EXTRNL RSVR AND W/O CATARACT REMOVAL	Add	Medicare Plans
0699T	Services and devices considered experimental/investigational/unproven: INJECTION, POSTERIOR CHAMBER OF EYE, MEDICATION	Add	Medicare Plans
0715T	Services and devices considered experimental/investigational/unproven: PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	Add	Medicare Plans
0724T	Services and devices considered experimental/investigational/unproven: QMRCP W/DIAGNOSTIC MRI SAME ANATOMY	Add	Medicare Plans
C1734	Services and devices considered experimental/investigational/unproven: ORTH/DEVIC/DRUG BN/BN,TIS/BN	Add	Medicare Plans
C1761	Services and devices considered experimental/investigational/unproven: CATHETER, TRANSLUMINAL INTRAVASCULAR LITHOTRIPSY, CORONARY	Add	Medicare Plans
C1824	Services and devices considered experimental/investigational/unproven: GENERATOR, CCM, IMPLANT	Add	Medicare Plans
C1825	Services and devices considered experimental/investigational/unproven: GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM LEAD	Add	Medicare Plans
C2596	Services and devices considered experimental/investigational/unproven: PROBE, ROBOTIC, WATER-JET	Add	Medicare Plans
C2624	Services and devices considered experimental/investigational/unproven: IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Add	Medicare Plans
C9356	Services and devices considered experimental/investigational/unproven: TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM	Add	Medicare Plans
C9358	Services and devices considered experimental/investigational/unproven: DERMAL SUBST FETAL BOVINE ORIGIN PER 0.5 SQ CM	Add	Medicare Plans
C9360	Services and devices considered experimental/investigational/unproven: DERMAL SUBST NEONATAL BOVINE ORIGN PER 0.5 SQ CM	Add	Medicare Plans
C9361	Services and devices considered experimental/investigational/unproven: COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	Add	Medicare Plans
C9364	Services and devices considered experimental/investigational/unproven: PORCINE IMPLANT PERMACOL PER SQUARE CM	Add	Medicare Plans
C9751	Services and devices considered experimental/investigational/unproven: BRONCHOSCOPY RIGID/FLEXIBLE TRANSBRON ABL LESION	Add	Medicare Plans
C9752	Services and devices considered experimental/investigational/unproven: DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB/SAC	Add	Medicare Plans
C9753	Services and devices considered experimental/investigational/unproven: DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L/S	Add	Medicare Plans
C9756	Services and devices considered experimental/investigational/unproven: INTRAOPERATIVE NIR FLUOR LM OF LYM W/ADMIN ICG	Add	Medicare Plans
C9757	Services and devices considered experimental/investigational/unproven: SPINE/LUMBAR DISK SURGERY	Add	Medicare Plans
C9758	Services and devices considered experimental/investigational/unproven: INTERATRIAL SHUNT IDE	Add	Medicare Plans
C9759	Services and devices considered experimental/investigational/unproven: TRANSCATHETER INTRAOPERATIVE BLOOD VESSEL MICROINFUSION THERAPY	Add	Medicare Plans
C9762	Services and devices considered experimental/investigational/unproven: CARDIAC MRI FOR MORPHOLOGY & FUNCTION, QUAN SEG DYSFUNC, W/STRAIN IMAGING	Add	Medicare Plans

C9763	Services and devices considered experimental/investigational/unproven: CARDIAC MRI FOR MORPHOLOGY & FUNCTION, QUAN SEG DYSFUNC, W/STRESS IMAGING	Add	Medicare Plans
C9764	Services and devices considered experimental/investigational/unproven: REVASCULARIZATION, ENDOVASCULAR, OPEN/PERQ, ANY VESSEL, W/IV LITHOTRIPSY	Add	Medicare Plans
C9765	Services and devices considered experimental/investigational/unproven: REVASCULARIZATION, ENDOVASCULAR, W/IV LITHOTRIPSY & TL STENT PLACEMENT	Add	Medicare Plans
C9766	Services and devices considered experimental/investigational/unproven: REVASCULARIZATION, ENDOVASCULAR, W/IV LITHOTRIPSY AND ATHERECTOMY	Add	Medicare Plans
C9767	Services and devices considered experimental/investigational/unproven: REVASCULARIZATION, ENDOVASCULAR, W/IV LITHO & TL STNT PLCMT & ATHERECT	Add	Medicare Plans
C9771	Services and devices considered experimental/investigational/unproven: NASAL/SINUS ENDO CRYO NSL TISS &/ NERVE UNIL/BIL	Add	Medicare Plans
C9772	Services and devices considered experimental/investigational/unproven: RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Add	Medicare Plans
C9773	Services and devices considered experimental/investigational/unproven: RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH & TL SP	Add	Medicare Plans
C9774	Services and devices considered experimental/investigational/unproven: RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH&ATHREC	Add	Medicare Plans
C9775	Services and devices considered experimental/investigational/unproven: RVSC EVAR OPN/P TIB/PA;IVASC LITH&TL STNT PL&ATH	Add	Medicare Plans
C9777	Services and devices considered experimental/investigational/unproven: ESOPHAGEAL MUCOSAL INTEGRITY TESTING BY ELECTRICAL IMPEDANCE, TRANSORAL	Add	Medicare Plans
C9779	Services and devices considered experimental/investigational/unproven: ENDOSCOPIC SUBMUCOSAL DISSECTION, INCL ENDSCPY/COLNSCPY, MUCOSAL CLOSURE	Add	Medicare Plans
C9780	Services and devices considered experimental/investigational/unproven: INSERTION OF CENTRAL VENIOUS CATH VIA INF & SUP APPRCH	Add	Medicare Plans
E0744	Services and devices considered experimental/investigational/unproven: NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Add	Medicare Plans
E0762	Services and devices considered experimental/investigational/unproven: TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Add	Medicare Plans
E0770	Services and devices considered experimental/investigational/unproven: FES TRANSQ STIM NERV &/MUSC GRP CMPL SYS NOS	Add	Medicare Plans
E0936	Services and devices considered experimental/investigational/unproven: CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	Add	Medicare Plans
G2000	Services and devices considered experimental/investigational/unproven: BLINDED ADMINISTRATION OF CONVULSIVE TX PROC	Add	Medicare Plans
K1001	Services and devices considered experimental/investigational/unproven: ELECTRONIC POSA TREATMENT	Add	Medicare Plans
K1002	Services and devices considered experimental/investigational/unproven: CES SYSTEM W/SUPPLIES ACCESS	Add	Medicare Plans
K1016	Services and devices considered experimental/investigational/unproven: TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR THE TRIGEMINAL NERVE	Add	Medicare Plans
K1017	Services and devices considered experimental/investigational/unproven: MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1016	Add	Medicare Plans
K1018	Services and devices considered experimental/investigational/unproven: EXT UPPER LIMB STIMULATOR PERIPHERAL NERVES WRIST	Add	Medicare Plans
K1019	Services and devices considered experimental/investigational/unproven: MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1018	Add	Medicare Plans
K1020	Services and devices considered experimental/investigational/unproven: NON-INVASIVE VAGUS NERVE STIMULATOR	Add	Medicare Plans
K1023	Services and devices considered experimental/investigational/unproven: DISTAL TRANSCUT ELECTRICAL NERVE STIMULATOR, PERIPH NERVES UPPER ARM	Add	Medicare Plans
L8608	Services and devices considered experimental/investigational/unproven: MISC EXT COMP SPL/ACSS FOR ARGUS II RET PROS SYS	Add	Medicare Plans
L8701	Services and devices considered experimental/investigational/unproven: PWR UE ROM AST DVC ELB WR HAND 1/DBL UP CUS FAB	Add	Medicare Plans
L8702	Services and devices considered experimental/investigational/unproven: PWR UE ROM AST DVC ELBO WR H FINGER 1/DBL UP CUS	Add	Medicare Plans
Q4112	Services and devices considered experimental/investigational/unproven: CYMETRA INJECTABLE 1 CC	Add	Medicare Plans
Q4113	Services and devices considered experimental/investigational/unproven: GRAFTJACKET XPRESS INJECTABLE 1 CC	Add	Medicare Plans
Q4114	Services and devices considered experimental/investigational/unproven: INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Add	Medicare Plans
Q4116	Services and devices considered experimental/investigational/unproven: ALLODERM PER SQ CM	Add	Medicare Plans
Q4125	Services and devices considered experimental/investigational/unproven: ARTHROFLEX PER SQ CM	Add	Medicare Plans

Q4130	Services and devices considered experimental/investigational/unproven: STRATTICE PER SQ CM	Add	Medicare Plans
Q4138	Services and devices considered experimental/investigational/unproven: BIODFENCE DRYFLEX PER SQ CM	Add	Medicare Plans
Q4139	Services and devices considered experimental/investigational/unproven: AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Add	Medicare Plans
Q4142	Services and devices considered experimental/investigational/unproven: XCM BIOLOGIC TISSUE MATRIX PER SQ CM	Add	Medicare Plans
Q4143	Services and devices considered experimental/investigational/unproven: REPRIZA PER SQ CM	Add	Medicare Plans
Q4145	Services and devices considered experimental/investigational/unproven: EPIFIX INJECTABLE 1 MG	Add	Medicare Plans
Q4149	Services and devices considered experimental/investigational/unproven: EXCELLAGEN 0.1 CC	Add	Medicare Plans
Q4150	Services and devices considered experimental/investigational/unproven: ALLOWRAP DS OR DRY, PER SQ CM	Add	Medicare Plans
Q4155	Services and devices considered experimental/investigational/unproven: NEOXFLO OR CLARIXFLO 1 MG	Add	Medicare Plans
Q4167	Services and devices considered experimental/investigational/unproven: Truskin, per sq cm	Add	Medicare Plans
Q4168	Services and devices considered experimental/investigational/unproven: AmnioBand, 1 mg	Add	Medicare Plans
Q4170	Services and devices considered experimental/investigational/unproven: Cygnus, per sq cm	Add	Medicare Plans
Q4171	Services and devices considered experimental/investigational/unproven: Interfyl, 1 mg	Add	Medicare Plans
Q4174	Services and devices considered experimental/investigational/unproven: PalinGen or ProMatrx, 0.36 mg per 0.25 cc	Add	Medicare Plans
Q4182	Services and devices considered experimental/investigational/unproven: Transcyte, per sq centimeter	Add	Medicare Plans
Q4211	Services and devices considered experimental/investigational/unproven: AMNION BIO OR AXOBIOMEMBRANE PER SQ CM	Add	Medicare Plans
Q4212	Services and devices considered experimental/investigational/unproven: ALLOGEN PER CC	Add	Medicare Plans
Q4251	Services and devices considered experimental/investigational/unproven: VIM, PER SQ CM	Add	Medicare Plans
Q4252	Services and devices considered experimental/investigational/unproven: VENDAJE, PER SQ CM	Add	Medicare Plans
Q4253	Services and devices considered experimental/investigational/unproven: ZENITH AMNIOTIC MEMBRANE, PER SQ CM	Add	Medicare Plans
0332U	Services and devices considered experimental/investigational/unproven: Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	Add	All Plans
0333U	Services and devices considered experimental/investigational/unproven: Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Add	All Plans
0334U	Services and devices considered experimental/investigational/unproven: Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Add	All Plans
0335U	Services and devices considered experimental/investigational/unproven: Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	Add	All Plans
0336U	Services and devices considered experimental/investigational/unproven: Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	Add	All Plans

0337U	Services and devices considered experimental/investigational/unproven: Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Add	All Plans
0338U	Services and devices considered experimental/investigational/unproven: Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	Add	All Plans
0339U	Services and devices considered experimental/investigational/unproven: Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Add	All Plans
0340U	Services and devices considered experimental/investigational/unproven: Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	Add	All Plans
0341U	Services and devices considered experimental/investigational/unproven: Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	Add	All Plans
0342U	Services and devices considered experimental/investigational/unproven: Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	Add	All Plans
0343U	Services and devices considered experimental/investigational/unproven: Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Add	All Plans
0344U	Services and devices considered experimental/investigational/unproven: Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	Add	All Plans
0345U	Services and devices considered experimental/investigational/unproven: Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Add	All Plans
0346U	Services and devices considered experimental/investigational/unproven: Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma	Add	All Plans
0347U	Services and devices considered experimental/investigational/unproven: Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Add	All Plans
0348U	Services and devices considered experimental/investigational/unproven: Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	Add	All Plans
0349U	Services and devices considered experimental/investigational/unproven: Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	Add	All Plans
0350U	Services and devices considered experimental/investigational/unproven: Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Add	All Plans
0351U	Services and devices considered experimental/investigational/unproven: Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, algorithm reported as likelihood of bacterial infection	Add	All Plans

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 02/01/2023 (60-Day Notice)

Code	Category: Description	Action	Plans
54400	Gender reassignment surgery/Erectile Dysfunction (Medicare): Insertion of penile prosthesis; non-inflatable (semi-rigid)	Add	All but Medicare
54400	Erectile Dysfunction: Insertion of penile prosthesis; non-inflatable (semi-rigid)	Add	Medicare Plans
54401	Gender reassignment surgery/Erectile Dysfunction (Medicare): Insertion of penile prosthesis; inflatable (self-contained)	Add	All but Medicare
54401	Erectile Dysfunction: Insertion of penile prosthesis; inflatable (self-contained)	Add	Medicare Plans
54406	Gender reassignment surgery/Erectile Dysfunction (Medicare): Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Add	All but Medicare
54406	Erectile Dysfunction: Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Add	Medicare Plans
54408	Gender reassignment surgery/Erectile Dysfunction (Medicare): Repair of component(s) of a multi-component, inflatable penile prosthesis	Add	All but Medicare
54408	Erectile Dysfunction: Repair of component(s) of a multi-component, inflatable penile prosthesis	Add	Medicare Plans
54410	Gender reassignment surgery/Erectile Dysfunction (Medicare): Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Add	All but Medicare
54410	Erectile Dysfunction: Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Add	Medicare Plans
54411	Gender reassignment surgery/Erectile Dysfunction (Medicare): Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Add	All but Medicare
54411	Erectile Dysfunction: Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Add	Medicare Plans
54415	Gender reassignment surgery/Erectile Dysfunction (Medicare): Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Add	All but Medicare
54415	Erectile Dysfunction: Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Add	Medicare Plans
54416	Gender reassignment surgery/Erectile Dysfunction (Medicare): Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Add	All but Medicare
54416	Erectile Dysfunction: Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Add	Medicare Plans
54417	Gender reassignment surgery/Erectile Dysfunction (Medicare): Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Add	All but Medicare
54417	Erectile Dysfunction: Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Add	Medicare Plans
C1813	Gender reassignment surgery/Erectile Dysfunction (Medicare): Prosthesis, penile, inflatable	Add	All but Medicare
C1813	Erectile Dysfunction: Prosthesis, penile, inflatable	Add	Medicare Plans
C2622	Gender reassignment surgery/Erectile Dysfunction (Medicare): Prosthesis, penile, noninflatable	Add	All but Medicare
C2622	Erectile Dysfunction: Prosthesis, penile, noninflatable	Add	Medicare Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
A4596	Services and devices considered experimental/investigational/unproven: Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	Add	All Plans

C1834	Services and devices considered experimental/investigational/unproven: Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	Add	All Plans

Other Prior Authorization List changes (all plans except Medicaid) effective 01/01/2023

Code	Category: Description	Action	Plans
K0553	Antineoplastic Agents: Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Add	Medicare Plans
K0554	Continuous Glucose Monitoring: Supply allowance for therapeutic continuous glucose monitor (CGM)	Add	Medicare Plans
A4238	Continuous Glucose Monitoring: Receiver (monitor), dedicated, for use with therapeutic CGM system	Add	Medicare Plans
E2102	Continuous Glucose Monitoring: Continuous Glucose Monitor	Add	Medicare Plans
K0553	Continuous Glucose Monitoring: Continuous Glucose Monitor or Receiver	Add	Medicare Plans

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
Q2056	Antineoplastic Agents: Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Add	12/1/22

Additional Information for Providers

The rendering provider must be the same on the preauthorization request and on the claim's submission. If there is a change, it is imperative that the utilization review team is notified to amend the preauthorization in a timely manner.

[Click here](#) to access last month's medical Coverage Policy and Prior Authorization Update Notice.

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org
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