

Effective: April 1, 2025

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers blow.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Notification Required IF <u>REQUIRED</u>, concurrent review may apply</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

<p>Applies to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CarePartners of Connecticut Medicare Advantage HMO plans, Fax 857-304-6463 <input checked="" type="checkbox"/> CarePartners of Connecticut Medicare Advantage PPO plans, Fax 857-304-6463
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Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

The Plan uses the Member's Evidence of Coverage and guidance from the Centers for Medicare and Medicaid Services (CMS) for its Medicare Advantage plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals to support the determination that something is investigational and not medically necessary. When CMS does not provide guidance, or evidence supports non coverage, the Plan may elect to not cover a service that it deems as investigational and not medically necessary.

Title XVIII of the Social Security Act, §1862(a)(1)(A) prohibits Medicare coverage for items and services which are not "reasonable and necessary" for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member. According to the Medicare Claims Processing Manual, Chapter 23, §30.A, if a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered because it is not reasonable and necessary to treat illness or injury.

The Plan uses a medical technology assessment process and restricts coverage to certain devices, treatments, or procedures for which the safety and efficacy have been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and proven is considered investigational (unproven) and therefore not medically necessary and is excluded from coverage.

To determine whether a device, medical treatment, supply or procedure is proven safe and effective the following hierarchy of reliable evidence is used:

1. Published formal technology assessments and/or high-quality meta-analyses
2. Well-designed randomized studies published in credible, peer-reviewed literature
3. High quality case-control or cohort studies
4. Historical control studies, or case reports and/or case series
5. Reports of expert opinion from national professional medical societies or national medical policy organizations

The use of these determinations in the utilization management process will ensure access to services that are evidence based and clinically appropriate. For all investigational determinations the decision is made based upon medical technology assessment committee review using the above criteria in the evaluation of the service.

For the services listed below, evidence is insufficient for coverage and is therefore considered investigational and not medical necessary. This list is not all inclusive.

Clinical Coverage Criteria

Title XVIII of the Social Security Act, §1862(a)(1)(A) prohibits Medicare coverage for items and services which are not “reasonable and necessary” for the diagnosis and treatment of an injury or illness or to improve the functioning of a malformed body member. According to the Medicare Claims Processing Manual, Chapter 23, §30.A, if a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered because it is not reasonable and necessary to treat illness or injury. Medicare indicates that the following CPT/HCPCS procedure codes are considered investigational and unproven and are therefore not covered based on Medicare coverage determinations.

Note: “No specific code available” indicates an “unlisted code” or “miscellaneous code.”

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0335T	Insertion of sinus tarsi implant	L35490	4/1/2025	12/13/2024
0510T	Removal of sinus tarsi implant	L35490	4/1/2025	12/13/2024
0511T	Removal and reinsertion of sinus tarsi implant	L35490	4/1/2025	12/13/2024
0723T	Quantitative magnetic resonance cholangiopancreatography (qmrcp) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (mri) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	L35490	4/1/2025	12/13/2024
0724T	Quantitative magnetic resonance cholangiopancreatography (qmrcp) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (mri) examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	L35490	4/1/2025	12/13/2024
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	L35490	4/1/2025	12/13/2024
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	L35490	4/1/2025	12/13/2024
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	L35490	4/1/2025	12/13/2024
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	L35490	4/1/2025	12/13/2024
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	L35490	4/1/2025	12/13/2024
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	L35490	4/1/2025	12/13/2024
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	L35490	4/1/2025	12/13/2024
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	L35490	4/1/2025	12/13/2024
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	L35490	4/1/2025	12/13/2024
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	L35490	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (rems), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	L35490	4/1/2025	12/13/2024
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	L35490	4/1/2025	12/13/2024
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	L35490	4/1/2025	12/13/2024
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	L35490	4/1/2025	12/13/2024
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	L35490	4/1/2025	12/13/2024
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	L35490	4/1/2025	12/13/2024
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, saccomanno technique) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine	L35490	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
	adequacy for diagnosis, each separate additional evaluation episode, same site (list separately in addition to code for primary procedure)			
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0848T	Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, initial single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0849T	Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, each additional single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0850T	Digitization of glass microscope slides for in situ hybridization (eg, fish), per specimen, each multiplex probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	L35490	4/1/2025	12/13/2024
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	L35490	4/1/2025	12/13/2024
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	L35490	4/1/2025	12/13/2024
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	L35490	4/1/2025	12/13/2024
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	L35490	4/1/2025	12/13/2024
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	L35490	4/1/2025	12/13/2024
0865T	Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the brain during the same session	L35490	4/1/2025	12/13/2024
0866T	Quantitative magnetic resonance image (mri) analysis of the brain with comparison to prior magnetic resonance (mr) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the brain (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater or equal to 50 ml	L35490	4/1/2025	12/13/2024
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	L35490	4/1/2025	12/13/2024
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	L35490	4/1/2025	12/13/2024
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	L35490	4/1/2025	12/13/2024
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	L35490	4/1/2025	12/13/2024
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	L35490	4/1/2025	12/13/2024
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	L35490	4/1/2025	12/13/2024
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	L35490	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	L35490	4/1/2025	12/13/2024
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	L35490	4/1/2025	12/13/2024
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	L35490	4/1/2025	12/13/2024
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	L35490	4/1/2025	12/13/2024
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	L35490	4/1/2025	12/13/2024
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation derived from a structural and resting-state functional mri, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	L35490	4/1/2025	12/13/2024
0890T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	L35490	4/1/2025	12/13/2024
0891T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	L35490	4/1/2025	12/13/2024
0892T	Accelerated, repetitive high-dose functional connectivity mri-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	L35490	4/1/2025	12/13/2024
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	L35490	4/1/2025	12/13/2024
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	L35490	4/1/2025	12/13/2024
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	L35490	4/1/2025	12/13/2024
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate ph, hemodynamic parameters, bile production, bile ph, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (list separately in addition to code for primary procedure)	L35490	4/1/2025	12/13/2024
A2001	InnovaMatrix AC, per sq cm	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
A2002	Mirragen Advanced Wound Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2004	XCelliStem, 1 mg	L39828, A59712	4/1/2025	12/13/2024
A2005	Microlyte Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2006	NovoSorb SynPath dermal matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2007	Restrata, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2008	TheraGenesis, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2009	Symphony, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
A2010	Apis, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2011	Supra SDRM, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2012	SUPRATHEL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2013	InnovaMatrix FS, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2014	Omeza Collagen Matrix, per 100 mg	L39828, A59712	4/1/2025	12/13/2024
A2015	Phoenix Wound Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2016	PermeaDerm B, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2018	PermeaDerm C, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2019	Kerecis Omega3 MariGen Shield, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2020	AC5 Advanced Wound System (AC5)	L39828, A59712	4/1/2025	12/13/2024
A2021	NeoMatriX, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2023	InnovaMatrix PD, 1 mg	L39828, A59712	4/1/2025	12/13/2024
A2024	Resolve Matrix or XenoPatch, per sq cm	L39828, A59712	4/1/2025	12/13/2024
A2025	Miro3D, per cu cm	L39828, A59712	4/1/2025	12/13/2002
A4100	Skin substitute, fda cleared as a device, not otherwise specified	L39828, A59712	4/1/2025	12/13/2024
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	L39828, A59712	4/1/2025	12/13/2024
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	L39828, A59712	4/1/2025	12/13/2024
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
C9364	Porcine implant, permacol, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4103	Oasis burn matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4104	Integra bilayer matrix wound dressing (BMWWD), per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4107	GRAFTJACKET, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4108	Integra matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4110	PriMatrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4111	GammaGraft, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4112	Cymetra, injectable, 1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4114	Integra flowable wound matrix, injectable, 1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4115	AlloSkin, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4116	AlloDerm, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4117	HYALOMATRIX, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4118	MatriStem micromatrix, 1 mg	L39828, A59712	4/1/2025	12/13/2024
Q4121	TheraSkin, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4123	AlloSkin RT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4125	ArthroFlex, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4127	Talymed, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4128	FlexHD, or AllopatchHD, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4130	Strattice, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4132	Grafix Core and GrafixPL Core, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4134	HMatrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4135	Mediskin, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4136	EZ Derm, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4138	BioDFence DryFlex, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4140	BioDFence, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4141	AlloSkin AC, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4142	XCM biologic tissue matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4143	Repriza, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4145	EpiFix, injectable, 1 mg	L39828, A59712	4/1/2025	12/13/2024
Q4146	TENSIX, per sq cm	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4149	Excellagen, 0/1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4150	AlloWrap DS or dry, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4152	DermaPure, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4153	Dermavest and Plurivest, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4154	Biovance, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4155	Neox Flo or Clarix Flo 1 mg	L39828, A59712	4/1/2025	12/13/2024
Q4156	Neox 100 or Clarix 100, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4157	Revitalon, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4158	Kerecis Omega3, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4159	Affinity, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4160	NuShield, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4161	bio-ConneKt wound matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4163	WoundEx, BioSkin, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4164	Helicoll, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4165	Keramatrix or Kerasorb, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4166	Cytal, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4167	Truskin, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4168	AmnioBand, 1 mg	L39828, A59712	4/1/2025	12/13/2024
Q4169	Artacent wound, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4170	Cygnus, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4171	Interfyl, 1 mg	L39828, A59712	4/1/2025	12/13/2024
Q4173	PalinGen or PalinGen XPlus, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	L39828, A59712	4/1/2025	12/13/2024
Q4175	Miroderm, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4176	Neopatch, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4177	FlowerAmnioFlo, 0.1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4178	FlowerAmnioPatch, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4179	FlowerDerm, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4180	Revita, per square centimeter	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4181	Amnio Wound, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4182	TransCyte, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4183	surgiGRAFT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4184	Cellesta or Cellesta Duo, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4187	Epicord, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4188	AmnioArmor, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4189	Artacent AC, 1 mg	L39828, A59712	4/1/2025	12/13/2024
Q4190	Artacent AC, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4191	Restorigin, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4192	Restorigin, 1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4193	Coll-e-Derm, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4194	Novachor, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4195	PuraPly, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4196	PuraPly AM, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4197	PuraPly XT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4198	Genesis Amniotic Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4199	Cygnus matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4200	SkinTE, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4201	Matrion, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4202	Keroxx (2.5g/cc), 1cc	L39828, A59712	4/1/2025	12/13/2024
Q4203	Derma-Gide, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4204	XWRAP, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4205	Membrane Graft or Membrane Wrap, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4206	Fluid Flow or Fluid GF, 1 cc	L39828, A59712	4/1/2025	12/13/2024
Q4208	Novafix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4209	SurGraft, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4212	AlloGen, per cc	L39828, A59712	4/1/2025	12/13/2024
Q4213	Ascent, 0.5 mg	L39828, A59712	4/1/2025	12/13/2024
Q4214	Cellesta Cord, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4216	Artacent Cord, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4218	SurgiCORD, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4219	SurgiGRAFT-DUAL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4220	BellaCell HD or SureDerm, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4221	Amnio Wrap2, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4222	ProgenaMatrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4225	AmnioBind or DermaBind TL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4227	AmnioCore, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4229	Cogenex Amniotic Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4230	Cogenex Flowable Amnion, per 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4231	Corplex P, per cc	L39828, A59712	4/1/2025	12/13/2024
Q4233	SurFactor or NuDyn, per 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4234	XCellerate, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4235	AMNIOREPAIR or AltiPly, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4236	carePATCH, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4237	Cryo-Cord, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4238	Derm-Maxx, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4240	CoreCyte, for topical use only, per 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4241	PolyCyte, for topical use only, per 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4242	AmnioCyte Plus, per 0.5 cc	L39828, A59712	4/1/2025	12/13/2024
Q4245	AmnioText, per cc	L39828, A59712	4/1/2025	12/13/2024
Q4246	CoreText or ProText, per cc	L39828, A59712	4/1/2025	12/13/2024
Q4247	AmnioText Patch, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4249	AMNIPLY, for topical use only, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4250	AmnioAmp-MP, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4251	Vim, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4252	Vendaje, per square centimeter	L39828, A59712	4/1/2025	12/13/2024
Q4253	Zenith Amniotic Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4254	Novafix DL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4255	REGUaRD, for topical use only, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4256	MLG-Complete, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4257	Relese, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4258	Enverse, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4260	Signature APatch, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4261	TAG, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4262	Dual Layer Impax Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4263	SurGraft TL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4264	Cocoon Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4265	NeoStim TL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4266	NeoStim Membrane, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4267	NeoStim DL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4268	SurGraft FT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4269	SurGraft XT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4270	Complete SL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4271	Complete FT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4272	Esano A, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4273	Esano AAA, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4274	Esano AC, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4275	Esano ACA, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4276	ORION, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4278	EPIEFFECT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4279	Vendaje AC, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4280	Xcell Amnio Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4281	Barrera SL or Barrera DL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4282	Cygnus Dual, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4284	DermaBind SL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4286	NuDYN SL or NuDYN SLW, per sq cm	L39828, A59712	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4287	DermaBind DL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4288	DermaBind CH, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4289	RevoShield+ Amniotic Barrier, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4290	Membrane Wrap-Hydro, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4291	Lamellas XT, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4292	Lamellas, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4293	Acesso DL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4294	Amnio Quad-Core, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4295	Amnio Tri-Core Amniotic, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4296	Rebound Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4297	Emerge Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4298	AmniCore Pro, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4299	AmniCore Pro+, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4300	Acesso TL, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4301	Activate Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4302	Complete ACA, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4303	Complete AA, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4304	GRAFIX PLUS, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4305	American Amnion AC Tri-Layer, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4306	American Amnion AC, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4307	American Amnion, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4308	Sanopellis, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4309	VIA Matrix, per sq cm	L39828, A59712	4/1/2025	12/13/2024
Q4310	Procenta, per 100 mg	L39828, A59712	4/1/2025	12/13/2024

The Plan uses a medical technology assessment process to review devices, treatments, procedures and restricts coverage to devices, treatments, or procedures for which the safety and efficacy have been proven, or where the clinical evidence is such that the treatment is at least as beneficial as any established evidence-based alternatives. Any device, medical treatment, supply or procedure for which safety and efficacy has not been established and/or proven is considered investigational (unproven) and therefore not medically necessary and is excluded from coverage. The following CPT/HCPCS procedure codes have been reviewed through the Plan's medical technology process and are considered investigational and unproven and therefore not covered. Medicare does not have a coverage statement on these services therefore the Plan's coverage position applies.

Note: "No specific code available" indicates an "unlisted code" or "miscellaneous code."

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	N/A	4/1/2025	12/13/2024
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	N/A	4/1/2025	12/13/2024
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	N/A	4/1/2025	12/13/2024
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	N/A	4/1/2025	12/13/2024
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	N/A	4/1/2025	12/13/2024
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	N/A	4/1/2025	12/13/2024
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	N/A	4/1/2025	12/13/2024
92972	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)	N/A	4/1/2025	12/13/2024
93702	Bioimpedance spectroscopy (bis), extracellular fluid analysis for lymphedema assessment(s)	N/A	4/1/2025	12/13/2024
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	N/A	4/1/2025	12/13/2024
0445U	B-amyloid (abeta42) and phospho tau (181p) (ptau181), electrochemiluminescent immunoassay (eclia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	N/A	4/1/2025	12/13/2024
0457U	Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 pfas compounds by lc-ms/ms, plasma or serum, quantitative	N/A	4/1/2025	12/13/2024
0459U	B-amyloid (abeta42) and total tau (ttau), electrochemiluminescent immunoassay (eclia), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	N/A	4/1/2025	12/13/2024
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (elisa), saliva, screening/preliminary	N/A	4/1/2025	12/13/2024
0472U	Carbonic anhydrase vi (ca vi), parotid specific/secretory protein (psp) and salivary protein (sp1) igg, igm, and iga antibodies, enzyme-linked immunosorbent assay (elisa), semiquantitative, blood, reported as predictive evidence of early sjogren syndrome	N/A	4/1/2025	12/13/2024
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL)	N/A	4/1/2025	12/13/2024
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL)	N/A	4/1/2025	12/13/2024
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	N/A	4/1/2025	12/13/2024
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	N/A	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	N/A	4/1/2025	12/13/2024
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	N/A	4/1/2025	12/13/2024
E0735	Non-invasive vagus nerve stimulator	N/A	4/1/2025	12/13/2024
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	N/A	4/1/2025	12/13/2024
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	N/A	4/1/2025	12/13/2024
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	N/A	4/1/2025	12/13/2024
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	N/A	4/1/2025	12/13/2024
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	N/A	4/1/2025	12/13/2024
E1812	Dynamic knee, extension/flexion device with active resistance control	N/A	4/1/2025	12/13/2024
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	N/A	4/1/2025	12/13/2024
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	N/A	4/1/2025	12/13/2024
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	N/A	4/1/2025	12/13/2024
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	N/A	4/1/2025	12/13/2024
Q4311	Acesso, per sq cm	N/A	4/1/2025	12/13/2024
Q4312	Acesso AC, per sq cm	N/A	4/1/2025	12/13/2024
Q4313	DermaBind FM, per sq cm	N/A	4/1/2025	12/13/2024
Q4314	Reeva FT, per sq cm	N/A	4/1/2025	12/13/2024
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	N/A	4/1/2025	12/13/2024
Q4316	AmchoPlast, per sq cm	N/A	4/1/2025	12/13/2024
Q4317	VitoGraft, per sq cm	N/A	4/1/2025	12/13/2024
Q4318	E-Graft, per sq cm	N/A	4/1/2025	12/13/2024
Q4319	SanoGraft, per sq cm	N/A	4/1/2025	12/13/2024
Q4320	PelloGraft, per sq cm	N/A	4/1/2025	12/13/2024
Q4321	RenoGraft, per sq cm	N/A	4/1/2025	12/13/2024
Q4322	CaregraFT, per sq cm	N/A	4/1/2025	12/13/2024
Q4323	alloPLY, per sq cm	N/A	4/1/2025	12/13/2024
Q4324	AmnioTX, per sq cm	N/A	4/1/2025	12/13/2024
Q4325	ACApatch, per sq cm	N/A	4/1/2025	12/13/2024
Q4326	WoundPlus, per sq cm	N/A	4/1/2025	12/13/2024
Q4327	DuoAmnion, per sq cm	N/A	4/1/2025	12/13/2024
Q4328	MOST, per sq cm	N/A	4/1/2025	12/13/2024
Q4329	Singlay, per sq cm	N/A	4/1/2025	12/13/2024

Procedure Code	Code Description	Medicare Reference	Effective Date	Last Reviewed Date
Q4330	TOTAL, per sq cm	N/A	4/1/2025	12/13/2024
Q4331	Axolotl Graft, per sq cm	N/A	4/1/2025	12/13/2024
Q4332	Axolotl DualGraft, per sq cm	N/A	4/1/2025	12/13/2024
Q4333	ArdeoGraft, per sq cm	N/A	4/1/2025	12/13/2024
S2117	Arthroereisis, subtalar	N/A	4/1/2025	12/13/2024
S4988	Penile contracture device, manual, greater than 3 lbs traction force	N/A	4/1/2025	12/13/2024
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	N/A	4/1/2025	12/13/2024
No Specific Code	Autologous Serum Eye Drops (Autologous Serum Tears)	N/A	4/1/2025	12/13/2024
No Specific Code	StabiLink MIS Interlaminar Spinal Fixation System	N/A	4/1/2025	12/13/2024
No Specific Code	Pulsed Radiofrequency Treatment of Chronic Shoulder Pain	N/A	4/1/2025	12/13/2024
30469No Specific Code	AlzoSure Predict – Alzheimer’s Early Prediction Blood Test	N/A	4/1/2025	12/13/2024
No Specific Code	ThetaBurst Stimulation for Treatment Resistant Unipolar Depression in Adults	N/A	4/1/2025	12/13/2024
No Specific Code	ViviStim Paired Vagus Nerve Stimulation	N/A	4/1/2025	12/13/2024
No Specific Code	Hybrid Autologous Chondrocyte Implantation With Osteochondral Autograft Transfer System for Treatment of Osteochondral Defects of the Knee	N/A	4/1/2025	12/13/2024
No Specific Code	Non-Pulsed (Thermal) Percutaneous Radiofrequency Ablation for the Treatment of Occipital Neuralgia	N/A	4/1/2025	12/13/2024
No Specific Code	Anterior Scoliosis Correction	N/A	4/1/2025	12/13/2024
No Specific Code	HistoSonics’ Image Guided Sonic Beam Therapy System	N/A	4/1/2025	12/13/2024
No Specific Code	Alpha-Stim for Treatment of Chronic Pain	N/A	4/1/2025	12/13/2024
No Specific Code	Radiofrequency Ablation of Cluneal Nerves for Treatment of Chronic Low Back Pain	N/A	4/1/2025	12/13/2024
No Specific Code	External Beam Radiation Therapy for Treatment of Dupuytren’s Contracture	N/A	4/1/2025	12/13/2024
No Specific Code	Posterior Vertebral Body Tethering	N/A	4/1/2025	12/13/2024
No Specific Code	Relieve VRx	N/A	4/1/2025	12/13/2024
No Specific Code	Xenotransplantation	N/A	4/1/2025	12/13/2024
No Specific Code	Misha Knee System	N/A	4/1/2025	12/13/2024
No Specific Code	Transcranial Direct Current Stimulation	N/A	4/1/2025	12/13/2024

References

- Centers for Medicare & Medicaid Services. Medicare Coverage Database. <https://www.cms.gov/medicare-coverage-database/search.aspx>. Accessed January 10, 2025.
- Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf>. Accessed January 10, 2025.

3. Medicare Benefit Policy Manual, Chapter 14 - Medical Devices, §10 - Coverage of Medical Devices. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c14.pdf>. Accessed January 10, 2025.
4. MassHealth. Guidelines for Medical Necessity Determination. Available at: <https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination>. Accessed January 10, 2025.

Approval And Revision History

December 13, 2024: Reviewed by the Joint Medical Policy and Health Care Services Utilization Management Committee

December 18, 2024: Reviewed by the Medical Policy Approval Committee (MPAC), effective April 1, 2025

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.