

Medical Policy Experimental and Investigational

Document Number: 026

Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine treatments that are considered experimental and investigational.

Coverage Guidelines

AllWays Health Partners covers services, procedures, devices, biologic products, and drugs (collectively “treatment”) when there is sufficient scientific evidence to support their use or when the treatment is required by regulation.

The following guidelines are utilized to determine the extent to which scientific evidence is sufficient to support a treatment:

1. The treatment must have a final approval from the appropriate government regulatory bodies (for example, the Food and Drug Administration); and
2. The scientific evidence must demonstrate that conclusions pertaining to a treatment are based on sound scientific study methodology published in credible, peer-reviewed English- language journals. The following hierarchy of reliable evidence is used:
 - a. Systematic reviews and /or high-quality Meta analyses of randomized controlled trials with definitive results
 - b. Formal high-quality technology assessments
 - c. Well-designed, randomized, controlled, double-blind studies
 - d. Cohort studies
 - e. Case- control studies
 - f. Expert opinion from national professional medical societies or national medical policy organizations in the absence of definitive scientific data

Note: With respect to clinical studies, only those articles containing scientifically valid data and published in the credible, peer-reviewed medical and scientific literature shall be considered reliable evidence. Specifically, not included in the meaning of reliable evidence are reports, articles, or statements by providers or groups of providers containing only abstracts, anecdotal evidence, or personal professional opinions. Also, not included in the meaning of reliable evidence is when a provider or a number of providers have elected to adopt a device, medical treatment, or procedure as their personal treatment or procedure of choice or standard of practice.

3. The treatment must be proven to be safe and effective:
 - a. Beneficial effects on health outcomes must outweigh any harmful effects
 - b. Health outcomes are superior or comparable to established alternatives
 - c. Improvement in health outcomes have the potential to be realized outside the investigational setting



- d. It is as cost effective as established treatments that produce similar outcomes

Exclusions

No benefits or reimbursement are provided for health care charges that are received for, or related to, care that AllWays Health Partners considers experimental and investigational services or procedures.

Definitions

Experimental or Investigational: A treatment, service, procedure, supply, device, biologic product, or drug (collectively “treatment”) is experimental or investigational when scientific evidence to support its use is insufficient.

Relevant Regulations

Public Law 111 - 148 - Patient Protection and Affordable Care Act, Section 2709. Coverage for a Clinical Trial.

(a) COVERAGE. —

- (1) IN GENERAL. —If a group health plan or a health insurance issuer offering group or individual health insurance coverage provides coverage to a qualified individual, then such plan or issuer—

- (A) may not deny the individual participation in the clinical trial referred to in subsection (b)(2);
- (B) subject to subsection (c), may not deny (or limit or impose additional conditions on) the coverage of routine patient costs for items and services furnished in connection with participation in the trial; and
- (C) may not discriminate against the individual on the basis of the individual’s participation in such trial.

- (2) ROUTINE PATIENT COSTS. —

(A) INCLUSION. —For purposes of paragraph (1)(B), subject to subparagraph (B), routine patient costs include all items and services consistent with the coverage provided in the plan (or coverage) that is typically covered for a qualified individual who is not enrolled in a clinical trial.

(B) EXCLUSION. —For purposes of paragraph (1)(B), routine patient costs does not include—

- i. the investigational item, device, or service, itself;
- ii. items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; or
- iii. a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

- (3) USE OF IN-NETWORK PROVIDERS. —If one or more participating providers is participating in a clinical trial, nothing in paragraph (1) shall be construed as preventing a plan or issuer from requiring that a qualified individual participate in the trial through



such a participating provider if the provider will accept the individual as a participant in the trial.

- (4) USE OF OUT-OF-NETWORK. —Notwithstanding paragraph (3), paragraph (1) shall apply to a qualified individual participating in an approved clinical trial that is conducted outside the State in which the qualified individual resides.
- (b) QUALIFIED INDIVIDUAL DEFINED. —For purposes of subsection (a), the term ‘qualified individual’ means an individual who is a participant or beneficiary in a health plan or with coverage described in subsection (a)(1) and who meets the following conditions:
- (1) The individual is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition.
 - (2) Either—
 - (A) the referring health care professional is a participating health care provider and has concluded that the individual’s participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (1); or
 - (B) the participant or beneficiary provides medical and scientific information establishing that the individual’s participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (1).
- (c) LIMITATIONS ON COVERAGE. —This section shall not be construed to require a group health plan, or a health insurance issuer offering group or individual health insurance coverage, to provide benefits for routine patient care services provided outside of the plan’s (or coverage’s) health care provider network unless out-of-network benefits are otherwise provided under the plan (or coverage).
- (d) APPROVED CLINICAL TRIAL DEFINED. —
- (1) IN GENERAL. —In this section, the term ‘approved clinical trial’ means a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is described in any of the following subparagraphs:
 - (A) FEDERALLY FUNDED TRIALS. —The study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
 - i. The National Institutes of Health.
 - ii. The Centers for Disease Control and Prevention.
 - iii. The Agency for Health Care Research and Quality.
 - iv. The Centers for Medicare & Medicaid Services.
 - v. cooperative group or center of any of the entities described in clauses (i) through (iv) or the Department of Defense or the Department of Veterans Affairs.



- vi. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants.
 - vii. Any of the following if the conditions described in paragraph (2) are met:
 - I. The Department of Veterans Affairs.
 - II. The Department of Defense.
 - III. The Department of Energy.
 - (B) The study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration.
 - (C) The study or investigation is a drug trial that is exempt from having such an investigational new drug application.
- (2) CONDITIONS FOR DEPARTMENTS. —The conditions described in this paragraph, for a study or investigation conducted by a Department (“departments” as referenced above in vii.), are that the study or investigation has been reviewed and approved through a system of peer review that the Secretary (of the respective departments listed above in vii.) determines—
- (A) to be comparable to the system of peer review of studies and investigations used by the National Institutes of Health, and
 - (B) assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review.
- (e) LIFE-THREATENING CONDITION DEFINED. —In this section, the term ‘life-threatening condition’ means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

General Laws of Massachusetts Part I, Title XXII Chapter 175: Section 47K –Off-label use drug use: cancer treatment

No individual policy of accident and sickness insurance issued pursuant to section one hundred and eight which provides coverage for prescription drugs, nor any group blanket policy of accident and sickness insurance issued pursuant to section one hundred and ten which provides coverage for prescription drugs, shall exclude coverage of any such drug used for the treatment of cancer on the grounds that the off-label use of the drug has not been approved by the United States Food and Drug Administration for that indication; provided, however, that such drug is recognized for treatment of such indication in one of the standard reference compendia, or in the medical literature, or by the commissioner under the provisions of section forty-seven L.

General Laws of Massachusetts Part I, Title XXII Chapter 175: Sections 47O –HIV/AIDS treatment; insurance coverage for certain off-label use of prescription drugs

No individual policy of accident and sickness insurance issued or renewed pursuant to section one hundred and eight, which provides coverage for prescription drugs, nor any group blanket policy of accident and sickness insurance issued pursuant to section one hundred and ten which provides coverage for prescription drugs, shall exclude coverage of any such drug for HIV/AIDS treatment on the grounds that the off-label use of the drug has not been approved by the federal food and drug administration for that indication, if such drug is recognized for treatment of such indication in one of the standard



reference compendia, or in the medical literature, or by the commissioner under the provisions of section forty-seven P of this chapter.

General Laws of Massachusetts Chapter 176G: Section 4G. Off-label use of prescription drugs for HIV/AIDS treatment

Any individual or group health insurance maintenance contract which provides coverage for prescription drugs shall provide coverage for off-label uses of prescription drugs used in the treatment of HIV/AIDS as set forth in sections forty-seven O and forty-seven P of chapter one hundred and seventy-five.

The following CPT/HCPCS procedure codes are investigational and unproven and therefore not covered.

Code	Description
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (list separately in addition to code for primary procedure)
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271	Insertion of subcutaneous implantable defibrillator electrode
33272	Removal of subcutaneous implantable defibrillator electrode
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode

34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target

	zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
55400	Vasovasostomy, vasovasorrhaphy
58750	Tubotubal anastomosis
64566	Electrical percutaneous tibial nerve stimulation (PTNS) is a peripheral technique that achieves its effect by periodic percutaneous stimulation of the posterior tibial nerve.
64722	Decompression; unspecified nerve(s) (specify)
65760	Keratomileusis
69090	Ear piercing

77071	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
86357	Natural killer (NK) cells, total count
86910	Blood typing, for paternity testing per individual; ABO, Rh and MN
86911	Each additional antigen system
88000	Necropsy (autopsy), gross examination only; without CNS
88005	Necropsy (autopsy), gross examination only; with brain
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord
88012	Necropsy (autopsy), gross examination only; infant with brain
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016	Necropsy (autopsy), gross examination only; macerated stillborn
88020	Necropsy (autopsy), gross and microscopic; without CNS
88025	Necropsy (autopsy), gross and microscopic; with brain
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028	Necropsy (autopsy), gross and microscopic; infant with brain
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036	Necropsy (autopsy), limited, gross and microscopic; regional
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040	Necropsy (autopsy); forensic examination
88045	Necropsy (autopsy); coroner's call
88099	Unlisted necropsy (autopsy) procedure
90476	Adenovirus vaccine, type 4, live, for oral use
90477	Adenovirus vaccine, type 7, live, for oral use
90581	Anthrax vaccine, for subcutaneous or intramuscular use
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use

90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90664	Influenza virus vaccine, <u>pandemic</u> formulation, live, for intranasal use
90666	Influenza virus vaccine, <u>pandemic</u> formulation, split virus, preservative free, for intramuscular use
90667	Influenza virus vaccine, <u>pandemic</u> formulation, split virus, adjuvanted, for intramuscular use
90668	Influenza virus vaccine, <u>pandemic</u> formulation, split virus, for intramuscular use
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90749	Unlisted vaccine/toxoid
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes
90901	Biofeedback training by any modality
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or orocecal gastrointestinal transit)
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report,

92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
95012	Nitric oxide expired gas determination
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation

	and report, each additional lesion (List separately in addition to code for primary procedure)
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous seven days
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion

	of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.
S3650	diagnostic test of saliva to determine hormone levels (estrogen, testosterone) and bio identical hormone replacement therapy
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score
0019T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy

0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0159T	Computer aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic, lumbar
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment

0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
0333T	Visual evoked potential, screening of visual acuity, automated
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization
0336T	Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral
0341T	Quantitative pupillometry with interpretation and report, unilateral or bilateral
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred

0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
0357T	Cryopreservation; <i>immature</i> oocyte(s)
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report
0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only

0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular (Micra)
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular (Micra)
0389T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system (Micra)
0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system
0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system (Micra)
0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (e.g., magnetic band)
0393T	Removal of esophageal sphincter augmentation device.

0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
0398T	<u>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS)</u> , stereotactic ablation lesion, intracranial <u>for movement disorder</u> including stereotactic navigation and frame placement when performed
0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
0405T	Oversight of the care of an extracorporeal liver asst <u>system</u> patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)

0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral
0487T	Biomechanical mapping, transvaginal, with report
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when perform

0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
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)
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary

	hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report

0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia
0580F	Multidisciplinary care plan developed or updated (ALS)
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)
0583F	Transfer of care checklist used (Peri2)
0584F	Transfer of care checklist not used (Peri2)
1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)
1501F	Not initial evaluation for condition (DSP)
1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)
1503F	Patient queried about symptoms of respiratory insufficiency (ALS)
1504F	Patient has respiratory insufficiency (ALS)
1505F	Patient does not have respiratory insufficiency (ALS)
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)

3126F	Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)
3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)
3753F	Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)
3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)
3755F	Cognitive and behavioral impairment screening performed (ALS)
3756F	Patient has pseudobulbar affect, sialorrhea, or ALS related symptoms (ALS)
3757F	Patient does not have pseudobulbar affect, sialorrhea, or ALS related symptoms (ALS)
3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)
3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)
3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)
3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)
3762F	Patient is dysarthric (ALS)
3763F	Patient is not dysarthric (ALS)

3775F	Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)
3776F	Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)
3D Ultrasound	3D ultrasound is a medical ultrasound technique, often used in obstetric ultrasonography, providing three dimensional images of the fetus.
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43285	Removal of esophageal sphincter augmentation device
4540F	Disease modifying pharmacotherapy discussed (ALS)
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS related symptoms (ALS)
4550F	Options for noninvasive respiratory support discussed with patient (ALS)
4551F	Nutritional support offered (ALS)
4552F	Patient offered referral to a speech language pathologist (ALS)
4553F	Patient offered assistance in planning for end of life issues (ALS)
4554F	Patient received inhalational anesthetic agent (Peri2)
4555F	Patient did not receive inhalational anesthetic agent (Peri2)
4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)
4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)
4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)
4561F	Patient has a coronary artery stent (Peri2)
4562F	Patient does not have a coronary artery stent (Peri2)
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)

55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), <u>including vertebral fracture assessment.</u>
77086	<u>Vertebral fracture assessment</u> via dual-energy X-ray absorptiometry (DXA).
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)

9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
A4267	Contraceptive supply, condom, male, each
A4639	Replacement pad for infrared heating pad system, each
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A9150	Nonprescription drugs
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
A9155	Artificial saliva, 30 ml
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
A9270	Noncovered item or service
A9285	Inversion/eversion correction device
A9286	Hygienic item or device, disposable or non-disposable, any type, each
Active Release Therapy (ART)	Active Release Therapy (ART) is a type of massage therapy
Acupressure	Energy medicine.
Anser ADA, Anser IFX Lab Tests	Anser ADA and Anser IFX tests, refreshed benchmarking and Hayes
C1841	Retinal prosthesis, includes all internal and external components

C2613	Lung Biopsy Plug with Delivery System
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome
C9132	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary

	artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage
Car Seat Lumbar Support(Pads)	Lumbar Support reduce upper and lower back pain
Cast Covers	Ex:Weather Proof Cast Cover, Waterproof cast Cover, Reusable Cast Covers
Cefaly Device	Cefaly is a small, portable, battery-powered, prescription device that resembles a plastic headband worn across the forehead and atop the ears as a treatment for migraines
Circumcision performed at a Bris Ceremony	Circumcision performed in a home setting.
Coccyx Cushion	Cushion used for Hemorrhoids.
Cold Caps and Cold Cap Systems	including but not limited to DigniCap, Arctic, Paxman Scalp, Polar, Penguin, Chemo, ElastoGels, and Moleskin Plus brands”
Cooled Radiofrequency Ablation	cooled' radiofrequency probes have water running through the probe tip, which keeps the tip cool and allows a larger lesion to be made.
Corus CAD Gene Expression test	Corus Coronary Artery Disease Gene Expression test

Craniosacral therapy	Craniosacral Therapy also referred to as cranial osteopathy, cranial therapy, bio-cranial therapy, bio cranial stretching, Craniopathy, Sacro Occipital technique, involves intrinsic movements of the bones of the skull which are believed to reveal different rhythmic tidal motions in the body.
E0218	Water circulating cold pad with pump
E0221	Infrared heating pad system
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
E0770	Functional Electrical Stimulation Device
E1300	Whirlpool, portable (overtub type)
E1310	Whirlpool, nonportable (built-in type)
E1632	Wearable artificial kidney, each
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
Elevators & Lifts to the Home	Elevator or Lift for wheelchair access to the home; requires permanent modification to the home.
Epilepsy Watch	Epilepsy Watch - called Embrace
Fischer Wallace stimulator	Fischer Wallace stimulator to treat anxiety, depression and insomnia.
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
G0281	Electrical stimulation, (<u>unattended</u>), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0282	Electrical stimulation, (<u>unattended</u>), to one or more areas, for wound care other than described in G0281
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation

G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via <u>telehealth</u>
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via <u>telehealth</u>
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via <u>telehealth</u>
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via <u>telehealth</u>
G0426	<u>Telehealth</u> consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
G0427	<u>Telehealth</u> consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment
G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)
G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code
G9361	Medical indication for induction [Documentation of reason(s) for elective delivery or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature, prolonged

	maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, malposition and malpresentation of fetus, late pregnancy, prior uterine surgery, or participation in clinical trial)]
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection
G9365	One high-risk medication ordered
G9366	One high-risk medication not ordered
G9367	At least two different high-risk medications ordered
G9368	At least two different high-risk medications not ordered
G9369	Individual filled at least two prescriptions for any antipsychotic medication and had a pdc of 0.8 or greater
G9380	Patient offered assistance with end of life issues during the measurement period
G9381	Documentation of medical reason(s) for not offering assistance with end of life issues (eg, patient in hospice and in terminal phase) during the measurement period
G9382	Patient not offered assistance with end of life issues during the measurement period
G9383	Patient received screening for hcv infection within the 12 month reporting period
G9384	Documentation of medical reason(s) for not receiving screening for hcv infection within the 12 month reporting period (e.g., decompensated cirrhosis including advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, or waitlist for organ transplant, limited life expectancy, other medical reasons)
G9385	Documentation of patient reason(s) for not receiving screening for hcv infection within the 12 month reporting period (e.g., patient declined, other patient reasons)
G9386	Screening for hcv infection not received within the 12 month reporting period, reason not given
G9389	Unplanned rupture of the posterior capsule requiring vitrectomy
G9390	No unplanned rupture of the posterior capsule requiring vitrectomy
G9393	Patient with an initial phq-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than five

G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period
G9395	Patient with an initial phq-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score greater than or equal to five
G9396	Patient with an initial phq-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)
G9399	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment
G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons
G9401	No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment
G9402	Patient received follow-up on the date of discharge or within 30 days after discharge
G9403	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)
G9404	Patient did not receive follow-up on the date of discharge or within 30 days after discharge
G9405	Patient received follow-up within 7 days from discharge
G9406	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient

	death prior to follow-up visit, patient non-compliance for visit follow-up)
G9407	Patient did not receive follow-up on or within 7 days after discharge
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days
G9410	Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
G9411	Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
G9412	Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
G9413	Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
G9414	Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays
G9415	Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) or one tetanus, diphtheria toxoids vaccine (td) on or between the patient's 10th and 13th birthdays or one tetanus and one diphtheria vaccine on or between the patient's 10th and 13th birthdays
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) or one tetanus, diphtheria toxoids vaccine (td) on or between the patient's 10th and 13th birthdays or one tetanus and one diphtheria vaccine on or between the patient's 10th and 13th birthdays
G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation

G9419	Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons)
G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer
G9421	Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation
G9422	Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation
G9423	Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)
G9424	Specimen site other than anatomic location of lung, is not classified as non-small cell lung cancer or classified as nslc-nos
G9425	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation
G9426	Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration performed for ed admitted patients
G9427	Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration not performed for ed admitted patients
G9428	Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate
G9429	Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)
G9430	Specimen site other than anatomic cutaneous location
G9431	Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate
G9432	Asthma well-controlled based on the act, c-act, acq, or ataq score and results documented

G9434	Asthma not well-controlled based on the act, c-act, acq, or ataq score, or specified asthma control tool not used, reason not given
G9435	Aspirin prescribed at discharge
G9436	Aspirin not prescribed for documented reasons (e.g., allergy, medical intolerance, history of bleed)
G9437	Aspirin not prescribed at discharge
G9438	P2y inhibitor prescribed at discharge
G9439	P2y inhibitor not prescribed for documented reasons (e.g., allergy, medical intolerance, history of bleed)
G9440	P2y inhibitor not prescribed at discharge
G9441	Statin prescribed at discharge
G9442	Statin not prescribed for documented reasons (e.g., allergy, medical intolerance)
G9443	Statin not prescribed at discharge
G9448	Patients who were born in the years 1945?1965
G9449	History of receiving blood transfusions prior to 1992
G9450	History of injection drug use
G9451	Patient received one-time screening for hcv infection
G9452	Documentation of medical reason(s) for not receiving one-time screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)
G9453	Documentation of patient reason(s) for not receiving one-time screening for hcv infection (e.g., patient declined, other patient reasons)
G9454	One-time screening for hcv infection not received within 12 month reporting period and no documentation of prior screening for hcv infection, reason not given
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced ct or contrast mri for hcc
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)

G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user
G9459	Currently a tobacco non-user
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not otherwise specified
G9463	I intend to report the sinusitis measures group
G9464	All quality actions for the applicable measures in the sinusitis measures group have been performed for this patient
G9465	I intend to report the acute otitis externa (aoe) measures group
G9466	All quality actions for the applicable measures in the aoe measures group have been performed for this patient
G9467	Patient who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills
G9469	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered or documented
G9472	Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered and documented, no review of

	systems and no medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
GeneSight Testing	There is interest in the use of genetic testing to help in medication selection for psychiatric conditions
H0043	Supported housing, per diem
Hair Follicle Toxic Element Exposure Profile test	A Metals Hair Test is ideal for checking current exposure to toxic metals
High Energy Shock Wave Therapy	ESWT for foot conditions is not covered
Home Births	Planned home deliveries
Homeopathic Sports Therapy	Homeopathic sports therapy
Integrative Medicine Consults	Integrative Medicine Consults
iWALK crutches	iWALK crutches
J0710	Injection, cephapirin sodium, up to 1 g
J0810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule
J3570	Laetrile
Knee Walker	DME Item, "Knee Walker"
L3674	Shoulder orthotic, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
Lice Clinic of America	Lice treatment
Linx Reflux Management System	The LINX Reflux Management System. Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device
M0076	Prolotherapy

Marsupial Pouch	An ouch that may be used to holds the drains post mastectomy, etc.
Massage Therapy	Massage Therapy performed by a massage therapist.
MySentry by MedTronics.	Remote Glucose Monitoring for patients with type 1 diabetes (including pregnant women with poorly controlled type 1 diabetes)
Nail Fungus Laser Surgery	Treatment of nail fungus with laser
No Specific Code	Pectus Carinatum Brace
No Specific Code	Maternity Pantyhose
No Specific Code	Bariatric electric recliner/chair
No Specific Code	Electronic Medication Box
No Specific Code	Additional Oxygen for Commuting
No Specific Code	Benik Vest /Weighted Vest for Behavioral Issues. DX: autism
No Specific Code	Relizorb Cartridge (pancreatic enzyme packed medication cartridge)
No Specific Code	Oasis Pro CES Device- Cranio-Electro Stimulation
No Specific Code	Wrist Blood Pressure Monitors
No Specific Code	Upper Limb Myoelectric Orthosis
No Specific Code	Wilderness Therapy
No Specific Code	Medical Marijuana
No Specific Code	Intradialytic Parenteral Nutrition (IDPN)
No Specific Code	Dry Needling
No Specific Code	Per Oral Endoscopic Myotomy (POEM)
P2028	Cephalin flocculation, blood
P2029	Congo red, blood
P2033	Thymol turbidity, blood
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)
PathFinder TG (Topographic genotyping)	PathFinderTG Molecular Testing
Pearson Quotient Machine (ADHD testing in the Pediatrician's office)	Quotient Machine will never meet the definition of neuropsych testing
Progressive Lenses, Impact Resistance, Transitional and Anti-Glare.	Lenses
Prometheus Anser ADA	Measures serum adalimumab (ADA) levels and antibodies to adalimumab (ATA)

Prometheus Anser IFX	Measures serum infliximab (IFX) levels and antibodies to infliximab (ATI)
Prometheus© IBD Serology 7 from Prometheus All	Serum antibody testing for the diagnosis of inflammatory bowel disease
Provent Sleep Apnea Therapy Device	The Provent sleep apnea therapy is a non-invasive treatment for OSA. The Provent nasal device uses a novel MicroValve design that attaches over the nostrils and is secured in place with hypo-allergenic adhesive
Pulsed RF ablation	Radiofrequency (RF) treatment is a minimally invasive procedure that has been used for treating various chronic pain syndromes
Q0092	Set-up portable x-ray equipment
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice
Q2026	Injection, Radiesse, 0.1 ml
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIg) demonstration
Q3014	Telehealth originating site facility fee
Q4145	EpiFix, injectable, 1 mg
Q4161	Bio-ConneKt wound matrix, per sq cm
Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc
Q4176	Neopatch, per square centimeter
Q4177	Floweramnioflo, 0.1 cc
Q4178	Floweramniopatch, per square centimeter
Q4179	Flowerderm, per square centimeter
Q4180	Revita, per square centimeter
Q4181	Amnio wound, per square centimeter
Q4182	Transcyte, per square centimeter
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
Q9994	In-line cartridge containing digestive enzyme(s) for enteral feeding, each
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen
R0076	Transportation of portable EKG to facility or location, per patient
Removal of Essure	Essure is a form of permanent sterilization utilizing implantable capsules.
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)
S0812	Phototherapeutic keratectomy (PTK)
S1001	Deluxe item, patient aware (list in addition to code for basic item)
S1002	Customized item (list in addition to code for basic item)
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system
S1036	Transmitter; external, for use with artificial pancreas device system
S1037	Receiver (monitor); external, for use with artificial pancreas device system
S1090	Mometasone furoate sinus implant, 370 micrograms
S3005	Performance measurement, evaluation of patient self assessment, depression
S3600	STAT laboratory request (situations other than S3601)
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility
S3708	Gastrointestinal fat absorption study
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil

S4005	Interim labor facility global (labor occurring but not resulting in delivery)
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5165	Home modifications; per service
S5170	Home delivered meals, including preparation; per meal
S5185	Medication reminder service, nonface-to-face; per month
S8080	Scintimammography (radioimmunosциntigraphy of the breast), unilateral, including supply of radiopharmaceutical
S8130	Interferential current stimulator, 2 channel
S8131	Interferential current stimulator, 4 channel
S8415	Supplies for home delivery of infant
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each
S9083	Global fee urgent care centers
S9088	Services provided in an urgent care center (list in addition to code for service)
S9090	Vertebral axial decompression, per session
S9117	Back school, per visit
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit
S9451	Exercise classes, nonphysician provider, per session
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem
S9901	Services by a journal-listed Christian Science nurse, per hour
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
S9975	Transplant related lodging, meals and transportation, per diem
S9976	Lodging, per diem, not otherwise classified
S9981	Medical records copying fee, administrative
S9982	Medical records copying fee, per page
S9986	Not medically necessary service (patient is aware that service not medically necessary)
S9986	Not medically necessary service (patient is aware that service not medically necessary)
S9988	Services provided as part of a Phase I clinical trial
S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))



S9990	Services provided as part of a Phase II clinical trial
S9991	Services provided as part of a Phase III clinical trial
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion
S9996	Meals for clinical trial participant and one caregiver/companion
S9999	Sales tax
Service Dogs	A service dog is a type of assistance dog specifically trained to help people who have disabilities including visual difficulties, hearing impairments, mental illness, seizures, diabetes, autism, and more.
Shock Wave Therapy	ESWT for foot conditions is not covered
Speech Therapy tool' Speech Buddies	Speech Buddies Tools can help anyone over four years old that has problems with one or more of the R, S, L, SH, or CH sounds.
Stem Cell Therapy	Stem Cell therapy for the treatment of osteoarthritis
T1014	Telehealth transmission, per minute, professional services bill separately
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or Certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T2015	Habilitation, prevocational, waiver; per hour
T2101	Human breast milk processing, storage and distribution only
T4538	Diaper service, reusable diaper, each diaper
Thermal Shrinkage	Also referred to as Electrothermal Shrinkage or Thermal Capsulorrhaphy
Toilet Stool (Squatty potty)	An bench for the toilet to rest one's feet
V2025	Deluxe frame
V2299	Specialty bifocal (by report)

V2399	Specialty trifocal (by report)
V2744	Tint, photochromatic, per lens,
V2750	Antireflective coating, per lens,
V2781	Progressive lens, per lens ,
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens
V5264	Ear Molds--in the absence of Hearing Aids
Vestibular Evoked Myogenic Potential Testing (VEMP)or VsEP	The oVEMP test differs from another vestibular-evoked myogenic potential recorded by surface EMG electrodes over the sternocleidomastoid muscles in that the cervical vestibular-evoked myogenic potential (cVEMP) due to saccular activation is measured.
Water Births	Birth under water.
Weighted Vest/Blanket	Weighted Vest/Blanket
White noise machines	White noise machines are not DME items. (<i>White noise machines are not covered,they are not exclusively for medical use</i>).

Effective

December 2018: Annual update.

October 2018: Added additional codes.

April 2018: Added Codes.

April 2017: Added language to include General laws.

February 2017: Annual update.

February 2016: Annual update.

February 2015: Effective date.

References

General Laws of Massachusetts Chapter 175: Section 47K. Off-label drug use; cancer treatment

General Laws of Massachusetts Chapter 175: Section 47O. HIV/AIDS treatment; insurance coverage for certain off-label use of prescription drugs

General Laws of Massachusetts Chapter 176G: Section 4F. Group health maintenance contracts; coverage for bone marrow transplants

General Laws of Massachusetts Chapter 176G: Section 4G. Off-label use of prescription drugs for HIV/AIDS treatment

Public Law 111 - 148 - Patient Protection and Affordable Care Act, Section 2709