

NOTE REGARDING FEDERAL MEMBERS: The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational for the purposes approved and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

KEY LINKS

1. [EmblemHealth Medical Policies](#)
2. Overarching clinical positions:
 - a. [Cosmetic surgery](#)
 - b. [FDA approved drugs and biologics — off label use](#)
 - c. [Genetic testing](#)

Key N = No Y = Yes

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Actigraphy (as a stand-alone measurement parameter) for the diagnosis of obstructive sleep apnea CPT (95803)	N	N	N
Acoustic rhinometry CPT (92512)	N	Y	N
Alcohol septal ablation for hypertrophic cardiomyopathy CPT (93799)	Y	Y	Y
Altered auditory feedback devices (e.g., SpeechEasy®/FluencyMaster) No specific CPT HCPCS (E1399)	N	N	N
Aqueous Shunts/implants for primary open angle glaucoma (FDA-approved external approach insertion) E.g., Ahmed glaucoma implant, Baerveldt seton, Ex-PRESS mini glaucoma shunt, Glaucoma pressure regulator Krupin-Denver valve implant, Molteno implant, Schocket shunt; e.g., ExPRESS® Ophthalmic Glaucoma Device CPT (66180, 67255, 66185, 0192T)	Y	Y	Y
Aqueous shunts/implants for primary open angle glaucoma (without FDA approval and/or internal approach insertion) E.g., iStent®, Eyepass, or DeepLight SOLX® Gold Shunt CPT (0191T, 0253T)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p><u>Argus II Retinal Prosthesis System for advanced retinitis pigmentosa</u> Note: The Argus II is FDA-approved as a Humanitarian Device Exemption for use in adults, age 25 years or older, with severe to profound RP who have bare light perception (can perceive light, but not the direction from which it is coming) or no light perception in both eyes, evidence of intact inner layer retina function, and a previous history of the ability to see forms. Patients must also be willing and able to receive the recommended post-implant clinical follow-up, device fitting, and visual rehabilitation. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (Category III code 0100T)</p>	N	N	N
<p>Arthroscopic knee surgery with primary diagnosis of osteoarthritis 1. Arthroscopic lavage used alone for the osteoarthritic knee; 2. Arthroscopic debridement for osteoarthritic patients presenting with knee pain only; or, 3. Arthroscopic debridement and lavage with or without debridement for patients presenting with severe osteoarthritis as defined in the Outerbridge classification scale, grades III and IV. CPT (29870, 29877, G0289) Note: Unless there are specific indicators in addition to pain, NYS Medicaid will not cover arthroscopic debridement and lavage of the knee in the context of OA alone. Specific indicators for which NYS Medicaid will cover arthroscopic surgery of the knee include: 1. Loose bodies 2. Unstable flaps of articular cartilage 3. Disruption of the meniscus 4. Impinging osteophytes</p>	Y	Y	N
<p>Autologous Blood-Derived Products for Chronic Non-Healing Wounds <u>CMS National Coverage Determination</u> CPT (0232T) HCPCS (S9055, New code G0460; effective 07/01/2013)</p>	N	Y	N
<p>Autologous blood products/platelet growth factors/platelet rich plasma for tendon and ligament injuries (e.g., Achilles tendinopathy or rupture, anterior cruciate ligament, epicondylitis or type II shoulder impingement, plantar fasciitis, rotator cuff) CPT (0232T) HCPCS (S9055)</p>	N	N	N
<p>Autologous bone marrow cell therapy, intramuscular, with preparation of harvested cells, multiple injections, one, leg, including ultrasound guidance, if performed — complete procedure excluding bone marrow harvest, or unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy CPT (0265T, 0266T)</p>	N	N	N
<p><u>Autologous chondrocyte transplantation</u> (also referred to as implantation) CPT (27412) HCPCS (J7330, S2112)</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
AVISE MCV SM for the diagnosis and prognosis of rheumatoid arthritis CPT (83520)	N	N	N
AVISE PG SM for measuring methotrexate polyglutamates for rheumatoid arthritis (metabolite marker testing) CPT (84999)	N	N	N
Balloon sinuplasty (e.g., Balloon Sinuplasty System™) CPT (31295, 31296, 31297)	N	N	Y
Biliopancreatic diversion (BPD) (Scopinaro procedure) for clinically severe obesity CPT (43847)	N	N	N
<u>Biliopancreatic diversion (BPD) with duodenal switch (DS) for clinically severe obesity</u> CPT (43845)	Y	Y	Y
Biomarkers for assessing and managing iron deficiency anemia in late-stage chronic kidney disease CPT (No specific code)	N	N	N
Bioimpedance (a form of plethysmography) for the assessment of lymphedema (e.g. L-Dex U400) CPT (0239T)	N	N	N
Biomarker testing for Alzheimer’s disease (cerebrospinal fluid or urine-based) CPT (83520, 83912)	N	N	N
Blood coagulation home testing devices HCPCS (E1399, G0248–G0250)	Y	Y	N
<u>Bone growth stimulators (osteogenesis stimulators)</u> CPT (20974, 20975, 20979) HCPCS (E0747–E0749, E0760, A4559)	Y	Y	Y
Brachytherapy — breast cancer CPT (19296–19298, 76965, 77261–77295, 77300, 77326–77328, 77750, 77761–77763, 77776–77790) HCPCS (Q3001, 0182T)	Y	Y	Y
Brachytherapy — endometrial/cervical cancer CPT (58346, 57155, 57156 [new code], 76965, 77261-77295, 77326-77328, 77750, 77761-77763, 77776- 77790) HCPCS (Q3001)	Y	Y	Y
Brachytherapy — epithelial ovarian cancer CPT (55920, 76965, 77261–77295, 77326–77328, 77761–77763, 77776–77790, 77261–77295) HCPCS (Q3001)	N	Y	N
Brachytherapy — intracoronary for stent restenosis CPT (77785–77787, 92974, 92978, 92979, 92980-92984, 92995, 92996) HCPCS (Q3001, G0290, G0291)	Y	Y	Y
Brachytherapy — prostate, temporary high dose CPT (55860–55865, 55875, 55876, 76873 76965, 77261–77295, 77300, 77326–77328, 77776–77778, 77785–77787 77790) HCPCS (C2634–C2699, Q3001)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Breast ductal endoscopy (ductoscopy) CPT (No specific code; 19449)	N	N	N
Breast ductal lavage for breast cancer screening (including the Halo breast PAP) CPT (19499)	N	N	N
Bronchial thermoplasty for severe asthma CPT (31660, 31661, 31899; 0276T, 0277T deleted 01/01/2013)	N	N	N
Bronchoscopy — rigid or flexible, including fluoroscopic guidance; not considered medically necessary when performed per the code descriptives below: CPT <ol style="list-style-type: none"> 1. 31647 — with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe 2. 31648 — with removal of bronchial valve(s), initial lobe 3. 31649 — with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure) 4. 31651 — with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s]) 	N	N	N
Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report CPT (0311T)	N	N	N
Camera pill (aka wireless capsule endoscopy, video endoscopy) for esophageal and small bowel indications (e.g., PillCam ESO, PillCam SB, Olympus Capsule Endoscope System) CPT (91110, 91111)	Y	Y	Y
Camera pill accessory systems to determine gastrointestinal patency (e.g., Given® AGILE Patency System for Given® PillCam™) CPT (91299)	N	N	N
Canaloplasty CPT (66174, 66175)	N	N	N
Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report CPT (94780, 94781)	N	N	N
Cardiac monitoring — hemodynamic CPT (0293T, 0294T)	N	N	N
Cardiac monitoring — ischemic CPT (0302T, 0303T, 0304T, 0305T, 0306T, 0307T)	N	N	N
Cardiac — septal closure devices (e.g., Amplatzer®, CardioSEAL®) CPT (93580, 93581, 33999) HCPCS (C1760, C1817)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Cardiophysiologic mapping/multichannel electrocardiography (≤ 64-leads) (e.g. Polar Constellation Advanced Mapping System, PRIME ECG System, Visual ECG; list not meant to be all-inclusive) CPT (0178T, 0179T, 0180T)	N	N	N
Caris Target Now™ molecular profiling test CPT (88360, 88368; 83890, 83891, 83898, 83902, 83907, 88385 deleted 01/01/2013; new code 81599 effective 01/01/2013)	N	N	N
Carotid artery stenting CPT (0075T, 0076T, 37215, 37216)	Y	Y	Y
Carotid sinus baroreflex activation device — all aspects (e.g., implantation, revision, removal, programming, interpretation, reporting, etc.) CPT (0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T)	N	N	N
Cell enumeration using immunologic selection and identification in fluid specimen (including interpretation and report) CPT (0278T, 0279T)	N	N	N
Ceramic-on-ceramic hip replacements (e.g., Ceramic TRANSCEND® Hip Articulation System, Duraloc® Option Ceramic Hip System, Keramos™ Ceramic/Ceramic Total Hip System, Novation™ Ceramic Articulation Hip System, Reflection® Ceramic Acetabular System or any other FDA-approved device) CPT (27130–27138)	Y	Y	Y
Chemoembolization for hepatic cancer CPT (37204, 75894)	Y	Y	Y
Chemosensitivity and chemoresistance assays for cancer (e.g., chemoresistance assays — including but not limited to the Oncotech Extreme Drug Resistance, EDR® Assay or the Drug Resistances Assay [DRATM] — and chemosensitivity assays [including but not limited to ChemoFX® assay]) NOTE: As an exception, coverage is provided for the Invader® UGT1A1 assay for colorectal cancer patients on Camptosar® CPT (89240)	N	N	N
Circulating tumor cell assay (e.g. CellSearch System™, PCR Assays) CPT (86152, 86153 effective 01/01/2013)	N	N	N
Cochlear implants (single and multichannel) CPT (69930, 92601–92604, V5273) HCPCS (L8614–L8629)	Y	Y	Y
Collagen meniscus implant (e.g., Menaflex™) CPT (No specific code. Given the procedure similarities between insertion of a meniscus allograft and insertion of the Menaflex implant, the following codes may be appropriate for reporting: 29868; arthroscopy, knee, surgical; meniscal transplantation [includes arthrotomy for meniscal insertion], medial or lateral) HCPCS (G0428)	N	N	N
Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment CPT (0126T)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Complex decongestion physiotherapy for lymphedema CPT (97140, 97016) HCPCS (S8950, E0650–E0655, E0660–E0673, E0676)	Y	Y	Y
Computed tomography — low dose for lung cancer detection CPT (No specific code; the following may be appropriate for reporting: 71250, 76497 ,0291T, 0292T) HCPCS (S8092)	N	N	N
Computed tomography (CT) screening for coronary artery disease (e.g., calcium scoring using electron beam computed tomography [EBCT], ultrafast CT, etc.) HCPCS (S8092)	N	N	N
Computed tomographic angiography (CTA) for coronary diagnostics via multislice or multidetector CT modalities CPT (75574)	Y	Y	Y
Computer-assisted detection breast MRI CPT (0159T)	N	N	N
Computer-assisted detection breast ultrasound CPT (76999)	N	N	N
Computer-assisted brush biopsy for detecting cancers of the esophagus, oral cavity, pharynx and larynx (e.g., OralCDx® BrushTest®) CPT (No specific code; the following may be appropriate for reporting: 40899, 40490, 40808, 41100, 41105, 41108, 41825, 42100, 42800, 42802, 42804, 42806; pathology codes 88104, 99000, 88160) ADA code (D0486, D7288)	N	N	N
Computer-assisted detection mammography (e.g., MammoReader or any other FDA-approved device) CPT (77051, 77052)	Y	Y	Y
Computer-assisted orthopedic surgery CPT (20985, 0054T, 0055T)	N	N	Y
Computer corneal topography CPT (92025)	Y	Y	Y
Continuous glucose monitoring, combined glucose monitoring and insulin delivery devices for short and long-term monitoring (e.g., DexCom STS Continuous Glucose Monitoring System, MiniMed Paradigm® Real-Time Insulin System, FreeStyle Navigator Continuous Glucose Monitoring System or any other FDA-approved devices) CPT (95250, 95251) HCPCS (E0784, A9276, A9277, A9278, A4232, K0552, A4221, A4230, A4231)	Y	Y	Y
Continuous passive motion devices HCPCS (E0935, E0936)	Y	Y	Y
Cooling devices in the home setting for neuro/musculoskeletal conditions, pain conditions, post-surgical healing or as a prophylactic measure for hair loss secondary to chemotherapy HCPCS (E0218, E0236)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Cord blood harvesting and banking CPT (No specific code; the following series may be reported: 38205, 38206, 38207, 38232) HCPCS (S2140)	N	N	N
Corneal hysteresis CPT (0181T)	N	N	N
Corneal pachymetry for glaucoma CPT (76514)	Y	Y	Y
Cryoablation — atrial fibrillation (e.g., Arctic Front® Cardiac CryoAblation Catheter) CPT (93656, 93657 effective date 01/01/2013)	N	N	N
Cryoablation — breast fibroadenomas CPT (19105)	N	N	N
Cryoablation — hepatic cancer CPT (47381, 47371, 76940, 76998, 77013, 77022)	Y	Y	Y
Cryoablation — renal cancer CPT (50250, 50542, 50593)	Y	Y	Y
Cryoablation — plantar fasciitis CPT (64640)	N	N	N
Cryoablation — prostate cancer CPT (55873)	Y	Y	Y
Cryoablation — uterine for menorrhagia (e.g., HerOption) CPT (58356) HCPCS (C2618)	Y	Y	Y
Cryoplasty (aka cryo-balloon angioplasty) for peripheral vascular disease CPT (37799 combined with angioplasty codes 35470, 35471, 35472, 35473, 35474, 35475, 35476, 75962, 75964, 75966, 75968, 75978)	N	N	N
Defibrillators (automatic external for home use and wearable) CPT (93292, 93745) HCPCS (K0606–K0609, E0617)	Y	Y	Y
Descemet's Stripping Endothelial Keratoplasty (DSEK) Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK) Descemet Membrane Endothelial Keratoplasty (DMEK) Deep Lamellar Endothelial Keratoplasty (DLEK) CPT (65756, 65757, 0289T, 0290T)	Y	Y	Y
Deep brain stimulation — essential tremor/advanced Parkinson's disease CPT (61863, 61864, 61865, 61866, 61867, 61868, 61880-61888, 95961, 95962, 95970, 95978) HCPCS (L8680–L8889)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p><u>Deep brain stimulation — obsessive compulsive disorder</u> (Reclaim™ DBS™ Therapy) Note: The Reclaim™ DBS™ Therapy is FDA-approved as a Humanitarian Device Exemption for bilateral stimulation of the anterior limb of the internal capsule, AIC, as an adjunct to medications and as an alternative to anterior capsulotomy for treatment of chronic, severe, treatment-resistant obsessive compulsive disorder (OCD) in adult patients who have failed at least three selective serotonin reuptake inhibitors (SSRIs). Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (21499, 61863, 61864, 61867, 61885, 61886, 61880, 61888, 95961, 95962) HCPCS (L8686, L6868, L8680–L8689)</p>	N	N	N
<p>DermaClose® RC Continuous External Tissue Expander for wound management CPT (No specific code; the following may be appropriate for reporting: 11960, 11971, 13160, 13101, 13102, 13121, 13122)</p>	N	N	N
<p>Dexamethasone intravitreal implant for macular edema (e.g., Ozurdex™) CPT (No specific code; 67028) HCPCS (J7312)</p>	Y	Y	Y
<p><u>Dorsal column stimulators for chronic pain management</u> CPT (63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 95970, 95971, 95972, 95973, 0282T, 0283T, 0284T, 0285T) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695)</p>	Y	Y	Y
<p><u>Double balloon enteroscopy</u> CPT (No specific code; 44799)</p>	Y	Y	Y
<p>Drug eluting stents CPT (92980, 92981) HCPCS (G0290, G0291, C1874, C1875)</p>	Y	Y	Y
<p>Electrical modulation pain reprocessing — transcutaneous CPT (0278T)</p>	N	N	N
<p>Electrical nerve stimulation — neuromuscular conditions CPT (64550, 0282T, 0283T) HCPCS (A4595, A4630, E0720, E0730, E0731, E0745)</p>	Y	Y	Y
<p>Electrical stimulation — percutaneous tibial nerve (aka posterior/peripheral) for urinary voiding dysfunction (e.g., Urgent® PC Neuromodulation System, Stoller afferent nerve system [PerQ SANS System]) Note: Coverage predicated on the failure of behavioral modification (e.g., pelvic floor exercise, fluid intake timing, etc.), as well as pharmacological management (e.g., anticholinergic, muscle relaxant, etc.) CPT (64566, 97014, 97032) HCPCS (L8680)</p>	Y	Y	Y
<p>Electrical stimulation (pulsed) — knee osteoarthritis HCPCS (E0762)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Electrical stimulation — transcutaneous electrical nerve stimulation [TENS] for nausea HCPCS (A4558, E0765)	N	Y	Y
Electrical stimulation — wounds HCPCS (E0769, G0281)	N	N	N
Electromagnetic therapy for wounds HCPCS (G0295, G0329, E0761)	N	Y	N
Endomechanical ablative approach for varicose vein treatment/endovenous mechanochemical ablation (MOCA) (e.g., ClariVein™ Catheter) CPT (37799)	N	N	N
Endoscopy — upper gastrointestinal including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy CPT (43252)	N	N	N
Endovascular stent grafts for abdominal aortic aneurysms (AAA) (e.g., AneuRx®, Zenith®, Excluder®, AFX and Powerlink®, Talent™, and Endurant®) Note: 1. Coverage is applicable only FDA-approved grafts utilized per labeled indications. 2. The plan considers the following investigational: a. Fenestrated and branched endografts. b. Implanted pressure sensors for the detection of endoleaks. CPT (0078T, 0079T, 0080T, 0081T)	Y	Y	Y
Endovascular stent grafts for thoracic aortic aneurysms (TAA) (limited to descending type only) (e.g., GORE TAG Thoracic Endoprosthesis, Valiant® Thoracic Stent Graft with the Captiva Delivery System) Note: 1. Coverage is applicable only FDA-approved grafts utilized per labeled indications. 2. The following are considered investigational: a. Treatment of aneurysms of the ascending aorta/aortic arch b. Treatment of aortic dissections/traumatic aortic transections c. Implanted pressure sensors for the detection of endoleaks. CPT (33880, 33881, 33883, 33884, 33886, 34806, 75956, 75957, 75958, 75959)	Y	Y	Y
Enhanced external counterpulsation for chronic stable angina CPT (92971) HCPCS (G0166)	Y	Y	Y
Infant® Pediatric VEP Vision Testing System for infants > 6 months of age and pre-school children CPT (95930)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Enteryx™ device for gastroesophageal reflux disease CPT (No specific code; 43289)	N	N	N
Epidermal nerve fiber density test for the diagnosis of small fiber neuropathy CPT (No specific code; report 88356 and 88342)	Y	Y	Y
Erectile dysfunction and penile prostheses CPT (54400–54417) HCPCS (C1813, C2622, L7900, L7902)	Y	Y	Y
Esophagoscopy, rigid or flexible; with optical endomicroscopy CPT (43206)	N	N	N
Excimer laser angioplasty CPT (No specific code; 93799) HCPCS (C1885)	N	N	N
Exhaled nitric oxide for asthma diagnosis/management and other respiratory disorders (e.g., Breathmeter, Insight eNO System™, Nitric Oxide Monitoring System [NIOX®], NIOX MINO®) CPT (95012)	N	N	N
<p>External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation 0295T</p> <hr/> <p>External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording) 0296T</p> <hr/> <p>External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report 0297T</p> <hr/> <p>External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation 0298T</p>	N	Y	N
External insulin pumps — transdermal insulin delivery system (e.g., V-Go™ Disposable Insulin Delivery Device) HCPCS (A9274)	N	N	N
<p>External insulin pumps — standard CPT (95250, 95251) HCPCS (A4221, A4222, A4223, A4224, A4225, A4226, A4227, A4228, A4229, A4230, A4231, A4232, A9274, E0784, K0552) Note: A9274 is <u>not</u> covered when used to report a transdermal insulin delivery system (e.g., V-Go™ Disposable Insulin Delivery Device).</p>	Y	Y	Y
Extracorporeal immunoabsorption using protein a columns (ProSORBA®) for ITP/rheumatoid arthritis CPT (36515)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Extracorporeal shockwave therapy for chronic epicondylitis CPT (0102T)	N	Y	N
Extracorporeal shockwave therapy for chronic plantar fasciitis CPT (28890, 0019T)	N	Y	N
Extracorporeal shockwave therapy for musculoskeletal indications other than epicondylitis or plantar fasciitis CPT (0019T [low energy], 0101T [high energy 0299T [integumentary wound healing, high energy], 0300T [integumentary wound healing, high energy; each additional wound]])	N	N	N
Fetal fibronectin testing CPT (82731)	Y	Y	Y
Gait motion analysis CPT (96000-96003)	Y	Y	Y
Galectin-3 testing for congestive heart failure CPT (82777 new code effective 01/01/2013)	N	N	N
Gastric pacing— Enterra™ Therapy System (aka gastric electrical stimulation [GES]) NOTE: Enterra™ is FDA-approved as a Humanitarian Device Exemption for the treatment of chronic, intractable (drug refractory) nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology. Therefore, pre certification requests when presented as such will be case by case reviewed. CPT (43647, 43648, 43881, 43882, 64590, 64595) HCPCS (E0765)	N	N	N
Gene expression profiling for breast cancer — MammaPrint® CPT (84999) HCPCS (S3854)	N	Y	N
Gene expression profiling for breast cancer — OncoType® DX CPT (84999) HCPCS (S3854)	Y	Y	Y
Gene expression profiling for breast cancer (other than MammaPrint® and OncoType; e.g. H/I Gene Expression Ratio, HERmark®, Mammostrat, Rotterdam Signature) CPT (84999) HCPCS (S3854)	N	N	N
Gene expression profiling for colon cancer — OncoType® DX CPT (84999)	N	Y	N
Gene expression profiling for heart transplant rejection (e.g., AlloMap®) CPT (86849 unlisted immunology)	Y	Y	Y
Genetic testing — Alzheimer's disease (Apolipoprotein E [APO E-4]) CPT (81401, 83890-83914 deleted 01/01/2013) HCPCS (S3852)	N	N	N
Genetic testing — BRCA-1 & BRCA-2/Genetic testing — BRACAnalysis® Rearrangement Testing (BART) CPT (81211, 81212, 81213, 81214, 81215, 81216, 81217, 83890, 83891, 83894, 83893, 83898, 83904, 83909, 83913, 83914, 83894 deleted 01/01/2013)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p><u>Genetic testing — colon cancer:</u></p> <ol style="list-style-type: none"> 1. FAP — testing for APC mutations (exclusive of the mutation at codon 11307K on the APC gene) 2. HNPCC— testing for MLH1 & MSH2, MSH6, SH2, PMS2 mutations 3. HNPCC — microsatellite instability analysis (also known as the replication error test) 4. MYH-associated neoplasia or MAP (MYH genetic testing) <p>CPT (81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317,81318, 81319, 81401 83891, 83892, 83894, 83896, 83898, 83900, 83901, 83904, 83909, 83912 deleted 01/01/2013) HCPCS (S3833, S3834)</p>	Y	Y	Y
<p><u>Genetic testing</u> — colon cancer; fecal DNA HCPCS (S3890)</p>	N	N	N
<p><u>Genetic testing</u> — comparative genomic hybridization (CGH) microarray for chromosomal imbalance for the evaluation of chromosomal imbalances <u>in patients suspected of having a genetic syndrome</u> (i.e. have congenital anomalies, dysmorphic features, developmental delays, mental retardation, and/or other developmental disabilities), as an adjunct to a conventional karyotype analysis.</p> <p>Various manufacturers; list not meant to be all-inclusive — Chromosomal Microarray Analysis (CMA) (Baylor College of Medicine Medical Genetics Laboratories:); Chromosome Microarray (Laboratory Corporation of America [LabCorp]); Clarisure™ (Quest Diagnostics Inc.); GenomeDx (GeneDx Inc.); Oligo HD Scan™, BAC HD Scan™, and Prenatal Scan™ (CombiMatrix Molecular Diagnostics [CMDX]); SignatureChipWG™, SignatureChipOS™, and SignaturePrenatalChip® (Signature Genomic Laboratories) (List not meant to be all-inclusive) — Chromosomal Microarray Analysis</p> <p>CPT (81228, 81229 88384–88386,83890, 83891, 83892, 83894, 83898, 83904, 83912 deleted 01/01/2013) HCPCS (S3870)</p>	Y	Y	Y
<p><u>Genetic testing</u> — comparative genomic hybridization (CGH) microarray for chromosomal imbalance (various manufacturers)</p> <p>Approvable indications</p> <ol style="list-style-type: none"> 1. For the diagnostic evaluation of chromosomal imbalances in miscarried fetuses and stillbirths as an adjunct to conventional karyotype analysis. 2. For the use of targeted arrays in prenatal diagnostic specimens, as an adjunct to conventional karyotype analysis <p>CPT (81228, 81229 88384–88386,83890, 83891, 83892, 83894, 83898, 83904, 83912 deleted 01/01/2013) HCPCS (S3870)</p>	Y	Y	Y
<p><u>Genetic testing</u> — comparative genomic hybridization (CGH) microarray for chromosomal imbalance (various manufacturers) in prenatal diagnostic specimens</p> <p>CPT (81228, 81229 88384–88386,83890, 83891, 83892, 83894, 83898, 83904, 83912 deleted 01/01/2013) HCPCS (S3870)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Genetic testing — cystic fibrosis (for general population screening in the absence of signs/symptoms) CPT (81220, 81221, 81222, 81223, 81224, 83894, 83896, 83890, 83898, 83901, 83912 deleted 01/01/2013) HCPCS (S3835)</p>	N	N	N
<p>Genetic testing — cystic fibrosis (for couples planning a pregnancy and for those in early stages of pregnancy, when test results will be used to inform decisions regarding childbearing or fetal diagnosis) CPT (81220, 81221, 81222, 81223, 81224, 83894, 83896, 83890, 83898, 83901, 83912 deleted 01/01/2013) HCPCS (S3835)</p>	Y	Y	Y
<p>Genetic testing — cystic fibrosis (for diagnostic use in patients with suspected cystic fibrosis) CPT (81220, 81221, 81222, 81223, 81224, 83894, 83896, 83890, 83898, 83901, 83912 deleted 01/01/2013) HCPCS (S3835)</p>	Y	Y	Y
<p>Genetic testing — familial hypertrophic cardiomyopathy CPT (81405, 81406, 81407, 81479, 83891, 83900, 83901, 83904, 83909, 83912 deleted 01/01/2013) HCPCS (S3865, S3866)</p>	Y	Y	Y
<p>Genetic testing — KRASsequence variant analysis for predicting response to colorectal cancer drug therapy CPT (81275, 83891, 83892, 83894, 83898, 83904, 83907, 83909, 83912 deleted 01/01/2013) HCPCS (S3713 deleted 04/01/2012)</p>	Y	Y	Y
<p>Genetic testing —KRASsequence variant analysis for non-small cell lung cancer CPT (81275, 83891, 83892, 83894, 83898, 83904, 83907, 83909, 83912 deleted 01/01/2013) HCPCS (S3713 deleted 04/01/2012)</p>	N	N	N
<p>Genetic testing — long QT syndrome CPT (81280, 81281, 81282, 83890-83906, 83912, 83898 deleted 01/01/2013) HCPCS (S3860, S3862)</p>	Y	Y	Y
<p>Genetic testing — malignant melanoma (CDKN2A) (e.g., Melaris®) CPT (81404, 83890, 83891, 83892, 83894, 83898, 83904, 83909, 83912 deleted 01/01/2013)</p>	N	N	N
<p>Genetic testing — Panaxia™ for pancreatic cancer/other oncologic indications CPT (81216, 81406)</p>	N	N	N
<p>Genetic testing — pregnancy planning (screening for Fragile X Syndrome) Note: Testing will only be considered medically necessary for women with a family history of fragile X syndrome or undiagnosed mental retardation, developmental delay, or autism or for those with ovarian insufficiency. CPT (81243, 81244)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Genetic testing — pregnancy planning (screening for hereditary hemochromatosis) Note: The plan covers prenatal testing for hereditary hemochromatosis when the disease-causing alleles are first identified in an affected family member or both parents. CPT (81256)</p>	N	N	N
<p>Genetic testing — pregnancy planning (non-standard universal-type screening) (e.g., Counsyl preconception carrier genetic screening test)/rare diseases not endorsed by ACOG as part of standard prenatal testing CPT (81220, 81479; 83891, 83892, 83894, 83898, 83904, 83907, 83909, 83912, 83890, 83906, 83901, 83914 deleted 01/01/2013)</p>	N	N	N
<p>Genetic testing — pregnancy planning, non-invasive, for fetal aneuploidy (cell-free DNA sequencing technology; e.g., Harmony™, MaterniT21™, MaterniT21], Panorama, Verifi™) Note: Coverage is consistent with the ACOG Committee Opinion on Noninvasive Prenatal Testing for Fetal Aneuploidy as a primary screening test for women ≥ 35 years of age at increased risk of aneuploidy or as a follow-up test for women with a positive first or second trimester screening result Testing is <u>not covered</u> for routine screening, low-risk women or women with multiple gestations. CPT (84999)</p>	Y	Y	Y
<p>Genetic testing — prostate cancer antigen 3 gene (PCA 3) screening for prostate cancer CPT (81479 effective 01/01/2013) HCPCS (S3721)</p>	N	N	N
<p>Genetic testing — thyroid cancer (E.g., Afirma Thyroid Assay, AmeriPath Comprehensive Thyroid testing for diagnosis and management) CPT (81404, 81405; 83891, 83892, 83894, 84432, 86800, 88342, 83896, 83898, 83902, 83904, 83912 deleted 01/01/2013) HCPCS (S3840)</p>	N	N	N
<p>Genetic testing — whole exome/genome sequencing CPT (81406, 81407, 81408; 83891, 83900, 83901, 83904, 83909, 83912, 88271 deleted 01/01/2013)</p>	N	N	N
<p>GlucoWatch® Automatic Glucose Biographer HCPCS (S1030, S1031)</p>	N	N	N
<p>Heart rate variability testing (Anscore™) No specific CPT</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Heartsbreath test for transplant rejection Note: The Heartsbreath test is FDA-approved as a Humanitarian Device Exemption for use as an aid in the diagnosis of grade 3 heart transplant rejection in patients who have received heart transplants within the preceding year. The Heartsbreath test is intended to be used as an adjunct to, and not as a substitute for, endomyocardial biopsy. The use of the device is limited to patients who have had endomyocardial biopsy within the previous month. Therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. CPT (0085T)</p>	N	N	N
<p>High frequency chest wall oscillation devices (compression vest) HCPCS (A7025, A7026, E0483)</p>	Y	Y	Y
<p>High resolution anoscopy for detecting anal intraepithelial neoplasia — diagnostic adjunct in following up on abnormal cytology CPT (0226T, 0227T)</p>	Y	Y	Y
<p>High resolution anoscopy for detecting anal intraepithelial neoplasia — screening of high risk individuals CPT (0226T, 0227T) Diagnosis Codes (V76.41, V76.49, V76.89)</p>	Y	Y	Y
<p>High resolution esophageal pressure topography (motility study) stand-alone or combined with stimulation and/or acid or alkali perfusion CPT (0240T, 0241T)</p>	N	N	N
<p>HIV genotyping (e.g., HIV-1 TrueGene™, ViroSeq™) CPT (87901, 87906)</p>	Y	Y	Y
<p>HIV phenotyping (e.g., Antivirogram™, PhenoSense™, Phenoscript™) CPT (87903, 87904)</p>	Y	Y	N
<p>Home nocturnal penile tumescence testing (RigiScan® Monitor) CPT (54250)</p>	Y	Y	Y
<p>Home prothrombin time/international normalized ratio (INR) monitoring for anticoagulation management HCPCS (G0248- G0250)</p>	Y	Y	N
<p>Home uterine activity monitoring CPT (99500, S9001)</p>	Y	Y	Y
<p>Human growth hormone for idiopathic short stature (TEV-TROPIN®) HCPCS (J2940, J2941, S9558, Q0515)</p>	Y	Y	N
<p>Human papilloma virus (HPV) DNA testing CPT (87620- 87622)</p>	Y	Y	Y
<p>Hyaluronans polymers (e.g., Hyalgan®, Supartz®, Euflexxa™, Synvisc®, Synvisc-One™, Orthovisc®, Gel-One®) CPT (20610) HCPCS (J7321–J7325, J7326)</p>	Y	Y	Y
<p>Hyperbaric Oxygen Therapy CPT (99183) HCPCS (C1300)</p>	Y	Y	Y
<p>Hyperbaric Oxygen Therapy — topical HCPCS (A4575, E1390)</p>	N	N	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Hyperthermia (whole-body) for cancer CPT (77605, 77620)	N	N	N
Hypothermia — selective head or total body in neonates ≤ 28 days CPT (0260T, 0261T)	N	N	N
Hysteroscopic techniques for sterilization (e.g., Essure™ Coil Sterilization) CPT (58565) HCPCS (A4264)	Y	Y	Y
iBOT Mobility System® (standard feature) Note: Additional features for balance, stair-climbing and remote functions are not considered medically necessary. HCPCS (K0877)	Y	Y	Y
Ilizarov bone lengthening technique CPT (20690–20697)	Y	Y	Y
Implantable cardioverter defibrillators CPT (33215, 33220, 33223, 33226, 33240, 33249, 33230–33264) HCPCS (C1721–C1896) Note: The following codes pertaining to insertion, removal, repositioning and electrophysiologic evaluation will <u>not</u> be separately reimbursed, as there is insufficient evidence of therapeutic value: CPT (0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T, 0328T)	Y	Y	Y
Implantable Miniature Telescope™ for macular degeneration CPT (0308T)	N	Y	N
Interferential current stimulator CPT (S8130, S8131)	N	N	N
Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures, when performed 0293T Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure) 0294T	N	N	N
Insulin — internal insulin pumps CPT (49419 [also used for morphine and chemotherapeutic agents administration, only deny for a diabetic indication])	N	N	N
Insulin — outpatient intravenous insulin treatment/therapy, aka Cellular Activation Therapy (CAT), Chronic Intermittent Intravenous Insulin Therapy (CIIT), Hepatic Activation Therapy (HAT), Intercellular Activation Therapy (iCAT), Metabolic Activation Therapy® (MAT®), Pulsatile Intravenous Insulin Treatment (PIVIT), Pulse Insulin Therapy (PIT) and Pulsatile Therapy (PT) HCPCS (G9147)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Insulin — insulin potentiation therapy (IPT) No specific CPT; the following series of CPT and HCPCS J codes are used to describe the various IPT components. Some codes, such as the code for glucose testing, may be used more than once during a single session of IPT. CPT (82948, 96365, 96366, 99070) HCPCS (J1817, J7030, J7040, J7050)</p>	N	N	N
<p>Intensity modulated radiation therapy (IMRT) CPT 1. 77301, 77418, 77421, 0073T 2. 0197T (covered for prostate cancer <u>only</u>) EmblemHealth does not provide reimbursement for CPT 0197T, real-time intra-fraction target tracking during radiation therapy (Calypso 4D Localization System), for any indication other than prostate cancer. The plan's position is consistent with NGS Medicare: Article for Intra-fraction Localization and Tracking of Target or Patient Motion During Delivery of Radiation Therapy (e.g., 3D Positional Tracking, Gating, 3D Surface Tracking), Each Fraction of Treatment (0197T) – Related to LCD L25275.</p>	Y	Y	Y
<p>Intracranial angioplasty (e.g., NEUROLINK® System, including NEUROLINK® Stent & Delivery Catheter and NEUROLINK® Balloon Dilatation Catheter, Wingspan Stent System with Gateway PTA Balloon Catheter) NOTE: These devices are FDA-approved as a Humanitarian Device Exemption; therefore, pre certification requests when presented as such will receive case-by-case review for all LOBs EXCEPT Medicare. For Medicare members, costs relating directly to the provision of services related to the NCD (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers. The Plan does NOT have any payment responsibility for this NCD or clinical trials. 1. NEUROLINK® — indicated for the treatment of patients with recurrent intracranial stroke attributable to atherosclerotic disease refractory to medical therapy in intracranial vessels ranging from 2.5 to 4.5 mm in diameter with > 50% stenosis and that are accessible to the stent system. 2. Wingspan — indicated for improving cerebral artery lumen diameter in patients with intracranial atherosclerotic disease, refractory to medical therapy, in intracranial vessels with greater than or equal to 50% stenosis that are accessible to the system. CPT (61630, 61635) HCPCS (C1725)</p>	N	Y	N
<p>Intraocular lenses — new technology (multifocal, accommodating or toric lenses) (e.g., i.e., Array® Model SA40, ReZoom™, AcrySof® ReStor® ,Tecnis ZM900, Crystalens™ Model AT-45, Crystalens HD™, Crystalens Aspheric Optic™, ARTISAN®, STAR Visian ICL™) HCPCS (C1780, Q1004, Q1005)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p><u>Intrastromal corneal ring segments for keratoconus (Intacs[®])</u> Note: The VEPTR is FDA-approved as a Humanitarian Device Exemption for keratoconic patients; therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. The specific subset of keratoconic patients proposed to be treated with INTACS[®] prescription inserts are those patients:</p> <ol style="list-style-type: none"> 1. Who have experienced a progressive deterioration in their vision, such that they can no longer achieve adequate functional vision on a daily basis with their contact lenses or spectacles. 2. Who are 21 years of age or older. 3. Who have clear central corneas. 4. Who have a corneal thickness of 450 microns or greater at the proposed incision site. 5. Who have corneal transplantation as the only remaining option to improve their functional vision. <p>CPT (0099T) HCPCS (L8610)</p>	Y	Y	Y
<p>Intrathecal opioid therapy for chronic non-malignant pain CPT (62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368) HCPCS (E0785, J3490)</p>	Y	Y	Y
<p>Invader[®] UGT1A1 assay for colorectal cancer patients on Camptosar[®] CPT (83891, 83900, 83892, 83898, 83909, 83908, 83912)</p>	Y	Y	Y
<p>Kyphoplasty CPT (22523–22525) HCPCS (S2360)</p>	Y	Y	Y
<p>Lacrimal duct angioplasty (e.g., Lacricath[®]) CPT (68816)</p>	Y	Y	Y
<p><u>Laparoscopic adjustable gastric silicone banding</u> (e.g., LAP-BAND[®] Adjustable Gastric Banding [LAGB[®]] System, REALIZE[™] Adjustable Gastric Band or any other FDA-approved device) CPT (43770–43774)</p>	Y	Y	Y
<p>Laser — benign prostatic hypertrophy/interstitial laser coagulation (ILC; e.g., Indigo[®]) CPT (52647)</p>	Y	Y	Y
<p>Laser — coronary angioplasty CPT (No specific code, would therefore be billed under general code 92982, percutaneous transluminal coronary angioplasty single vessel, or unspecified code 93799)</p>	N	N	N
<p>Laser — laparoscopic CO₂ laser ablation for endometriosis CPT (58578)</p>	Y	Y	Y
<p>Laser — in situ for keratomileusis (LASIK) HCPCS (S0800)</p>	N	N	N
<p>Laser — low level laser therapy / cold laser CPT (No specific code; since the service is used by a variety of practitioners who may be required to bill using specific codes related to their specialty, the following general codes could be used when using this modality of therapy: 97039, S8948)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Laser — phototherapy for psoriasis (excimer laser UVB) (e.g., YAG, Blue light X-Trac) CPT (96920–96922)	Y	Y	Y
Laser — phototherapy/ photochemotherapy for vitiligo (excimer laser UVB) (e.g., YAG, Blue light X-Trac) Note: Case-by-case consideration will be given for areas of the face, neck and hands only. CPT (96920–96922, 96910, 96912)	N	N	N
Laser — prostate ablation CPT (52647, 52648)	Y	Y	Y
Laser — pulsed dye for cutaneous vascular lesions CPT (17106–17108)	Y	Y	Y
Laser — spinal (ablation /discectomy [percutaneous or laparoscopic, laser-assisted disc decompression [LADD], laser disc decompression) CPT (62287)	N	N	N
Laser — varicose veins (endovenous laser ablation) Note: Must be FDA-approved for noncosmetic indication(s); diode/Nd, YAG modalities with various wavelengths are acceptable) CPT (36478, 36479)	Y	Y	Y
Laser-induced thermotherapy for liver cancers No specific CPT (47399)	N	N	N
Left atrial closure devices (e.g., Watchman®, The PLAATO System or any other equivalent device) Cardiac devices for occlusion of the left atrial appendage CPT (0281T)	N	N	N
Left partial ventriculectomy (Batista procedure/ventricular reduction surgery) CPT (33542, 33999)	N	N	N
Liquid-based cervical cytology (e.g., Thin Prep) CPT (88141, 88142) HCPCS (G0123, G0124)	Y	Y	Y
Lung volume reduction surgery (reduction pneumoplasty) CPT (32491) HCPCS (G0302–G0305)	Y	Y	Y
Magnetoencephalography CPT (95965–95967) HCPCS (S8035)	N	Y	N
Mammography—3D (tomosynthesis for breast cancer screening and diagnosis [e.g., Selenia® Dimensions® Digital Tomosynthesis System]) CPT (No specific; 76499)	N	N	N
Mammography—digital HCPCS (G0202, G0204, G0206)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p><u>Mechanical Stretching Devices</u> (see guideline for indications)</p> <ol style="list-style-type: none"> Dynamic splinting devices (e.g., Dynasplint[®] Systems, EMPI Advance Dynamic ROM[®], LMB Pro-Glide™) Extensionators/flexionators (ERMI)/patient-actuated serial stretch (PASS) devices JAS Splints (Joint Active Systems) (bidirectional static progressive devices) <p>CPT (29126, 29131, 29260, 29280,) HCPCS (E1800, E1801, E1802, E1805, E1806 E1818, E1821, E1825,E1399) HCPCS (E1810, E1811, E1840 E1816 [covered for Medicare members only])</p>	Y	Y	Y
<p>Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report CPT (0198T)</p>	N	N	N
<p><u>Melody[®] Transcatheter Pulmonary Valve (Model PB10) and Ensemble[®] Transcatheter Valve Delivery System</u></p> <p>NOTE: FDA-approved as a Humanitarian Device Exemption for use as an adjunct to surgery in the management of pediatric and adult patients with the following clinical conditions; therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis.</p> <ol style="list-style-type: none"> Existence of a full (circumferential) RVOT conduit that was equal to or greater than 16 num. in diameter when originally implanted and Dysfunctional Right Ventricular Outflow Tract (RVOT) conduits with a clinical indication for intervention, and either: <ol style="list-style-type: none"> Regurgitation: > moderate regurgitation, or Stenosis: mean RVOT gradient > 35 mmHg. <p>Coding</p> <ol style="list-style-type: none"> CPT currently contains a large number of codes for valve replacements and repairs; however, 33999 can be used if Melody is characterized as surgical, and 93799 can be used if it is viewed as a percutaneous intervention. The physician may also use a general CPT code (e.g., 35476, 37205, 92990, 92997, 93799). Valvuloplasty: This code is used for ballooning of a valve; however, it does not clearly capture placement of the new valve. Stent Placement: In terms of physician work, placing a Melody valve is similar to placing a stent; however, this does not clearly capture placement of a new valve. Angioplasty: Melody placement involves predilation of the conduit; however, ballooning is usually not coded separately when performed as a means of stent deployment. 	N	N	N
<p>Meniett device for Ménière’s disease CPT (69433) HCPCS (E2120, A4638)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Merci[®] Retriever/Merci[®] Retrieval System for ischemic stroke CPT (No specific code. The device manufacturer recommends that physicians code the components of the procedure separately, so they would submit codes for the catheterization (e.g., 36215–36218), intervention (e.g., 37184–37185) and radiological supervision and interpretation (e.g., 75660–75685).</p>	N	N	N
<p>Metal on metal hip resurfacing (total or partial) (e.g., Birmingham Hip Resurfacing [BHR] System, CONSERVE[®] Plus Total Resurfacing Hip System, Cormet Hip Resurfacing System or any other FDA-approved devices) CPT (27130, 27125) HCPCS S2118</p>	Y	Y	Y
<p>Microprocessor-controlled prosthetic knees (e.g., C-Leg/ Compact) HCPCS (L5856, L5857, L5858)</p>	Y	Y	Y
<p>Microvolt T-wave alternans testing for patients at risk for sudden cardiac death CPT (93025)</p>	Y	Y	Y
<p>Microwave thermotherapy for chest wall recurrence of breast cancer CPT (19499, 0301T)</p>	Y	Y	Y
<p>MRI-guided ultrasound ablation of uterine fibroids (e.g., ExAblate[®]) CPT (0071T, 0072T)</p>	N	N	N
<p>Natural orifice surgery/transoral gastroplasty (TOGA; e.g., Stomaphyx[™] or any other equivalent device) Natural orifice transluminal endoscopic surgery (NOTES; e.g., Esophyx[™] or any other equivalent device) No specific CPT (43499, 43999)</p>	N	N	N
<p>Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency CPT (0287T)</p>	N	N	N
<p>Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement) CPT (0286T)</p>	N	N	N
<p>Noncontact normothermic wound therapy (e.g., Warm-Up[®]) HCPCS (A6000, E0231, E0232, 0183T)</p>	N	N	N
<p>Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report CPT (0311T)</p>	N	N	N
<p>Nonpenetrating deep sclerectomy CPT (66999)</p>	N	N	N
<p>Nuchal translucency screening in 1st trimester pregnancies CPT (76813 76814, 84163, 84702, 84704) HCPCS (S3625, S3626)</p>	Y	Y	Y
<p>Occipital nerve stimulation (ONS) /percutaneous electrical nerve stimulation (PENS)for occipital neuralgia/cervicogenic headache CPT (64999, 64555, 64575)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
OP-1™ implant (bone morphogenic protein 1) for recalcitrant long bone non-union fractures CPT (No specific code; services should be submitted in the form of an unlisted code, e.g., 20999, 22899, 27899)	Y	Y	Y
Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session CPT (88375)	N	N	N
Oral appliance therapy for obstructive sleep apnea CPT (E0485, E0486)	Y	Y	Y
OraQuick Rapid HCV Antibody Test No specific HCPCS	N	N	N
OsteoBridge® IDSF — Intramedullary Diaphyseal Segmental Defect Fixation Rod System for bone loss of either humerus, tibia or femur in oncology patients CPT (No specific code)	N	N	N
OV-Watch® /ovulation predictor kit CPT/HCPCS (No specific code)	N	N	N
Ovarian cancer — combined ovarian cancer biomarker tests (e.g., Ova1™, ROMA™) CPT (84999, 83001 and 83002)	N	N	N
Ovarian cancer — proteomic analysis testing (e.g., OvaCheck™/OvaSure™) CPT (83788, 83789)	N	N	N
Palatal implants & stiffening procedures for obstructive sleep apnea CPT (No specific code; may report using 42299 unlisted procedure for the palate) HCPCS (C9727)	N	N	N
PathFinder TG® /topographic genotyping (RedPath) CPT (No specific code; 84999)	N	N	N
Pathology — preparation of fecal microbiota for instillation, including assessment of donor specimen CPT (44705) HCPCS (G0455)	N	N	N
Pathwork Tissue Origin Test CPT (81479 effective 01/01/2013; 83890, 83891, 83892, 83893, 83894, 83896, 83897, 83898, 83900, 83901, 83902, 83903, 83904, 83905, 83906, 83907, 83908, 83909, 83912, 83913, 83914, 88384, 88385, 88386 deleted 01/01/2013)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Pharmacogenetic testing for medication sensitivity to any drug, including Warfarin therapy (AmpliChip™ — cytochrome P450 [CYP450] AmpliChip Cytochrome P450 Genotyping Test)</p> <p>Note: For Medicare members, CMS has issued a Decision Memo stating that, based on the available evidence for pharmacogenomic testing of <i>CYP2C9</i> or <i>VKORC1</i> alleles to predict warfarin responsiveness, such testing will not generally be covered by Medicare. However, the pharmacogenomic testing of <i>CYP2C9</i> or <i>VKORC1</i> alleles to predict warfarin responsiveness will be covered only when provided to Medicare beneficiaries who are candidates for anticoagulation therapy with warfarin who</p> <ol style="list-style-type: none"> 1. have not been previously tested for <i>CYP2C9</i> or <i>VKORC1</i> alleles; and 2. have received fewer than five days of warfarin in the anticoagulation regimen for which the testing is ordered; and are enrolled in a prospective, randomized, controlled clinical study when that study meets the standards specified in the memo. <p>(This would be a once-in-a-lifetime test unless there is a reason to believe that the patient's personal genetic characteristics would change over time)</p> <p>CPT (81225, 81226, 81227) HCPCS (G9143)</p>	N	N (SEE NOTE)	N
<p>Photodynamic therapy — actinic keratosis (e.g., BLU-U® Blue Light Photodynamic Therapy Illuminator in combination with Levulan® Kerastick®)</p> <p>CPT (96567) HCPCS (J7308)</p>	Y	Y	Y
<p>Photodynamic Therapy — Visudyne® Ocular</p> <p>CPT (67221, 67225) HCPCS (J3396)</p>	Y	Y	Y
<p>Photoscreening (MTI Photoscreener™) for the detection of eye disorders in children</p> <p>CPT (99174)</p>	Y	Y	Y
<p>Photoselective vaporization of the prostate (e.g., GreenLight PVP®)</p> <p>CPT (52648)</p>	Y	Y	Y
<p>Physical therapy post TMJ surgery</p> <p>No specific CPT HCPCS (E1700–E1702)</p>	Y	Y	Y
<p>Plethysmography — cardiac (as part of enhanced external counterpulsation)</p> <p>No code available</p>	Y	Y	Y
<p>Plethysmography — deep vein thrombosis (as an adjunct to standard diagnosis)</p> <p>CPT (93965)</p>	N	N	N
<p>Plethysmography — lung (as an adjunct to pulmonary function testing)</p> <p>NOTE: Total body plethysmography is appropriate for this indication.</p> <p>CPT (94726, 94750)</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Plethysmography — penile (for cavernous nerve evaluation prior to nerve-sparing prostatic or colorectal cancer procedures) CPT (54240)	N	N	N
Plethysmography (air-displacement) — total body for determining body composition CPT (94726, 94750)	N	N	N
PROMETHEUS LABS 1. IBD DIAGNOSTIC SYSTEM Serology 7 th to aid in the differentiation of Crohn’s disease from ulcerative colitis and to aid in diagnosis of inflammatory bowel disease ▪ CPT (83520, 88347) 2. Serologic diagnosis of inflammatory bowel disease – ANCA and ANSA ▪ CPT (83520, 88347)	N	N	N
PROMETHEUS LABS 3. PRO-PredictRx [®] EnzAct (TPMT enzyme activity) for inflammatory bowel disease (IBD) ▪ CPT (82657, 82491) 4. PRO-PredictRx [®] Metabolites (metabolite levels) for IBD ▪ CPT (82491) 5. PRO-PredictRx [®] TPMT (genetics) for IBD ▪ CPT (83891, 83898, 83896, 83912 deleted 01/01/2013)	Y	Y	Y
<u>Prophylactic (risk-reduction) mastectomy</u> CPT (19303, 19304)	Y	Y	Y
Prophylactic (risk-reduction) oophorectomy CPT (58940, 58661)	Y	Y	Y
<u>Prostate cancer vaccines</u> (immunotherapy) for the treatment of prostate cancer (Provenge [®] [Sipuleucel-T] only) Note: ProsVAC-VF will not be covered, as it is investigational. HCPCS (Q2043; no other codes for these vaccines, alternate codes: J3590, 96365, 96366)	Y	Y	Y
Prostate Px Plus for Prostate Cancer Prognosis CPT (88313, 88347, 88323, 88399)	N	N	N
Prosthetic replacement of ocular surface ecosystem (PROSE)/Boston Ocular Surface Prosthesis (BOSP) CPT (92499, which includes fitting, fabrication, combined with HCPCS S0515 [PROSE device])	Y	Y	Y
Proton beam (particle beam) therapy for prostate cancer Note: Case-by-case consideration will be given for the following indications: 1. Chondrosarcomas and chordomas of the skull base. 2. Uveal Melanomas. 3. Unresectable hepatocellular cancers in members not optimally treated with radiofrequency ablation or SBRT. CPT (77520–77525) HCPCS (S8030)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Radiation — superficial radiation treatment (Grenz ray) for dermatological conditions CPT (77499 unlisted procedure, therapeutic radiology treatment management)	N	N	N
Radioactive seed localization (RSL) as an alternative to wire localization prior to excisional breast biopsy or breast conservation surgery. CPT (not a specific CPT code to report this service these codes may be used CPT 19499)	Y	Y	Y
Radiofrequency ablation — Barrett’s Esophagus (e.g., BÂRRX System) CPT (43228, 43258)	Y	Y	Y
Radiofrequency ablation — benign bone tumors CPT (20982)	Y	Y	Y
Radiofrequency ablation — cardiac (for atrial fibrillation) (e.g., Cardioblate®) CPT (33250–33251, 33254–33259, 33265, 33266)	Y	Y	Y
Radiofrequency ablation — cervical, thoracic or lumbar pain (aka facet denervation, facet neurotomy, facet rhizotomy, articular rhizolysis) CPT (77003, 64635, 64636, 64633, 64634)	Y	Y	Y
Radiofrequency ablation — endometrial CPT (No specific code)	Y	Y	Y
Radiofrequency ablation — fecal incontinence (e.g., Secca [®] procedure) CPT (0288T) HCPCS (C9716, L8699)	N	N	N
Radiofrequency ablation — gastroesophageal reflux disease (e.g., Stretta [®]) CPT (43257)	N	N	N
Radiofrequency ablation — hepatic cancer CPT (47370, 47380, 47382, 76940, 77013, 77022)	Y	Y	Y
Radiofrequency ablation — lung cancer CPT (32998)	N	N	N
Radiofrequency ablation (coblation/microtenotomy) — plantar fasciitis CPT (No specific code; possible codes: 28899, 64640, 29893)	N	N	N
Radiofrequency ablation — renal cancer CPT (50592)	Y	Y	Y
Radiofrequency ablation — female stress urinary incontinence (aka transurethral radiofrequency tissue micro-remodeling; e.g., Renessa [®] System) CPT (53860)	Y	Y	Y
Transvaginal radiofrequency/microwave surgery (e.g., SURx Transvaginal System) CPT (53860)	N	N	N
Radiofrequency ablation — trigeminal neuralgia CPT (64600, 64605, 64610)	Y	Y	Y
Radiofrequency ablation — varicosities CPT (36475, 36476)	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Radiofrequency tissue volume reduction somnoplasty for upper airway obstruction CPT (41530)	N	N	Y
Real-time cardiac heart monitors/mobile outpatient cardiac telemetry (e.g., CardioNet, HEARTLink II) CPT (93228, 93229)	Y	Y	Y
Removable cast walkers for diabetic foot wounds No specific CPT	N	N	N
Resynchronization therapy for congestive heart failure (biventricular pacing) (e.g., InSync [®] , St. Jude Frontier™ Biventricular Cardiac Pacing System or any other FDA-approved device) CPT (33206–33208, 33211–33217, 33224–33226, 33240–33249) HCPCS (C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621)	Y	Y	Y
Rhinomanometry CPT (92512)	N	Y	N
Rhizotomy (dorsal) for spastic cerebral palsy CPT (63185, 63190)	Y	Y	Y
<p>Robotically-assisted adrenalectomy *</p> <p>HCPCS (S2900)</p> <p>Report the code that best describes the basic surgery being performed (e.g., 60540 adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal in addition to HCPCS S2900)</p> <p>Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y
<p>Robotically-assisted cardiac surgery (inclusive of coronary artery bypass graft)*</p> <p>HCPCS (S2900)</p> <p>Report the code that best describes the basic surgery being performed (e.g., 33510 Coronary artery bypass, vein only; single coronary venous graft in addition to HCPCS S2900)</p> <p>Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Robotically-assisted gastrointestinal surgery (e.g. gastroesophageal reflux disease, gallbladder indications)* HCPCS (S2900) Report the code that best describes the basic surgery being performed (e.g., 43280 laparoscopy, surgical, esophagogastric fundoplasty in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y
<p>Robotically-assisted gynecological surgery (inclusive of hysterectomy)* HCPCS (S2900) Report the code that best describes the basic surgery being performed (e.g., 58541 laparoscopy, surgical, supracervical hysterectomy, for uterus ≤ 250g in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y
<p>Robotically-assisted prostatectomy* HCPCS (S2900) Report the code that best describes the basic surgery being performed (e.g., 55866 laparoscopy, surgical prostatectomy in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y
<p>Robotically-assisted urological procedures* HCPCS (S2900) Report the code that best describes the basic surgery being performed (e.g., 50546 laparoscopy, surgical; nephrectomy, including partial ureterectomy in addition to HCPCS S2900) Note: EmblemHealth does not provide additional reimbursement for the use of robotic surgical devices, as the Plan regards these as incidental to the primary surgical procedure and therefore not separately billable. Robotically assisted surgeries are also not considered medically necessary in the absence of an FDA approval for a requested indication.</p>	Y	Y	Y
<p>Sacral nerve stimulators for urinary urge incontinence, urinary frequency, and urinary retention (e.g., Medtronic® InterStim®) CPT (64561, 64581, 64585, 64590, 64595, 95970, 95971, 95972, 95973) HCPCS (L8681, L8685, L8686, L8680, L8687, L8688, L8689, A4290)</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Scintimammography for breast lesions (radiotracer nuclear imaging)/low dose breast-specific gamma imaging (BSGI)/molecular breast imaging (MBI) CPT (78800, 78801) HCPCS (A9500, S8080)	N	N	N
Sclerotherapy for esophageal varices CPT (43204, 43243)	Y	Y	Y
SCOLISCORE™ AIS Prognostic Test for the prediction of scoliosis CPT (No specific code; technology will be reported with a combination of molecular analysis codes, 83891, 83898, 83903, 83912)	N	N	N
Selective internal radiation therapy (SIRT) for primary hepatocellular carcinoma, hepatoma or metastatic liver tumors 1. SIR-Spheres® ▪ CPT (37204, 75894, 79445, 77778) ▪ HCPCS (C2616) 2. TheraSphere® ▪ HCPCS (C2616)	Y	Y	Y
Sentinel lymph node biopsy for breast cancer CPT (38792, 38500, 38525, 38530, 78195)	Y	Y	Y
Sentinel lymph node biopsy for melanoma CPT (38792, 38500, 38510, 38525, 38530, 78195) If metastatic disease is confirmed, these are other CPT codes related (38510, 38525, and 38530). When a complete lymphadenectomy is performed as a result of a positive lymph node biopsy, do not code the biopsy, only code the injection procedure; for the identification of sentinel node plus a complete lymphadenectomy, please check AMA/CPT for appropriate codes.	Y	Y	Y
Serum markers for liver disease (e.g., ASH FibroSURE™ FibroMAX™ FIBROSpect II® HCV FibroSURE™ or FibroTest + ActiTest HepaScore™ NASH FibroSURE™) CPT (No specific code; combination of many pathology codes will be used to report this service: 82247, 82465, 82947, 82977, 83010, 83520, 83883, 84450, 84460, 84478)	N	N	N
Shoulder resurfacing (e.g., Copeland™ Extended Articulating Surface [EAS]™ Resurfacing Heads, DePuy Global CAP™ CTA Resurfacing Shoulder Humeral Head, Axiom Shoulder Resurfacing System, HemiCAP® [also referred to as Contoured Articular Prosthetic [CAP] Humeral Head Resurfacing Prosthesis) CPT (23470, 23472, 23929)	N	N	N
Skin substitutes for wound healing — AlloDerm® Regenerative Tissue Matrix Article for AlloDerm® Regenerative Tissue Matrix — Related to LCD L26003 (A50627) CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4116)	N	Y	N
Skin substitutes for wound healing — AlloSkin™ Wound Care CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4123)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Skin substitutes for wound healing — AlloPatch HD Acellular Human Dermis CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4128)	N	N	N
Skin substitutes for wound healing — Apligraf® Article for Apligraf® – Related to LCD L26003 (A46092) CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4101)	Y	Y	Y
Skin substitutes for wound healing — Arthroflex® CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4125)	N	N	N
Skin substitutes for wound healing — DERMACELL® Advanced Decellularized Dermis CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4122)	N	N	N
Skin substitutes for wound healing — Dermagraft® Article for Dermagraft® – Related to LCD L26003 (A46090) CPT (15271, 15272, 15275, 15276) HCPCS (Q4106)	Y	Y	Y
Skin substitutes for wound healing — EpiFix® HCPCS (Q4131; new code effective 01/01/2013)	N	N	N
Skin substitutes for wound healing — EZ-DERM™: Biosynthetic Wound Dressing HCPCS (Q4136; new code effective 01/01/2013)	N	N	N
Skin substitutes for wound healing — FlexHD® Acellular Hydrated Dermis CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4128)	N	N	N
Skin substitutes for wound healing — Grafix® core HCPCS (Q4132; new code effective 01/01/2013)	N	N	N
Skin substitutes for wound healing — Grafix® prime HCPCS(Q4133; new code effective 01/01/2013)	N	N	N
Skin substitutes for wound healing — GRAFTJACKET® Regenerative Tissue Matrix-Ulcer Repair Article for GRAFTJACKET® Regenerative Tissue Matrix-Ulcer Repair and GRAFTJACKET® XPRESS Flowable Soft Tissue Scaffold – Related to LCD L26003 (A49404) CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4107)	N	Y	N
Skin substitutes for wound healing — GRAFTJACKET® XPRESS Flowable Soft Tissue Scaffold CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4113)	N	N	N
Skin substitutes for wound healing — hMatrix® Acellular Dermis HCPCS (Q4134 New code effective date 01/01/2013)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Skin substitutes for wound healing — Integra® Dermal Regeneration Template Article for Integra® Dermal Regeneration Template and Integra® Bilayer Matrix Wound Dressing – Related to LCD L26003 (A46085) CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4105)	N	Y	N
Skin substitutes for wound healing — Integra® Bilayer Matrix Wound Dressing CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4104)	N	N	N
Skin substitutes for wound healing — Mediskin HCPCS(Q4135 New code effective date 01/01/2013)	N	N	N
Skin substitutes for wound healing — MemoDerm™ Acellular Dermal Matrix CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4126)	N	N	N
Skin substitutes for wound healing — OASIS® Wound Matrix Article for OASIS® Wound Matrix and OASIS® Ultra Tri-Layer Matrix – Related to LCD L26003 (A46082) CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4102)	N	Y	N
Skin substitutes for wound healing — OASIS® Ultra Tri-Layer Matrix Article for OASIS® Wound Matrix and OASIS® Ultra Tri-Layer Matrix – Related to LCD L26003 (A46082) CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4124)	N	Y	N
Skin substitutes for wound healing — PriMatrix™ Dermal Repair Scaffold Article for Primatrix™ Dermal Repair Scaffold - Related to LCD L26003 (A52087) CPT (15271, 15272, 15275, 15276) HCPCS (Q4110)	N	Y	N
Skin substitutes for wound healing — Talymed™ CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4127)	N	N	N
Skin substitutes for wound healing — Theraskin® Article for Theraskin® – Related to LCD L26003 (A50504) CPT (15271, 15272, 15275, 15276) HCPCS (Q4121)	N	Y	N
Skin substitutes for wound healing — Strattice™ Reconstructive Tissue Matrix CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4130)	N	N	N
Skin substitutes for wound healing — Unite® Biomatrix CPT (15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278) HCPCS (Q4129)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Sleep monitoring (home attended or unattended) (e.g., NovaSom QSG™ [Sleep Solution™], SNAP™ System [only those systems measuring ≥ 3 channels]) CPT (95800, 95801, HCPCS (G0398, G0399, G0400)</p>	Y	Y	Y
<p>Sleeve gastrectomy CPT (43775)</p>	Y	Y	Y
<p>Solesta® for fecal incontinence CPT (46999) HCPCS (J3490, L8605 New code effective date 01/01/2013)</p>	N	N	N
<p>Spinal — Artificial disc replacement (multiple-level cervical or lumbar) CPT (22861–22865, 0163T, 0164T 0165T, 0092T–0098T)</p>	N	N	N
<p>Spinal — Artificial disc replacement (single-level cervical or lumbar) and only if FDA-approved</p> <ol style="list-style-type: none"> 1. E.g., Cervical — Bryan®, Prestige® Cervical Disc System, ProDisc-C®, SECURE®-C Artificial Cervical Disc 2. E.g., Lumbar — Charité™, ProDisc-L® <p>CPT (22856-22857)</p>	Y	Y	Y
<p>Spinal — cervical traction (freestanding or attached to headboard) Note: Cervical traction applied via an over-the-door mechanism is covered. HCPCS (E0840, E0849, E0850)</p>	N	N	N
<p>Spinal — Continuous or intermittent traction for low back pain HCPCS (E0830)</p>	Y	Y	N
<p>Spinal — endoscopy (epiduroscopy) CPT (64999)</p>	N	N	Y
<p>Spinal — injections (ultrasound-guided) to facet joint or innervating nerves to joint; single or multiple level CPT (0216T, 0217T, 0218T)</p>	N	N	N
<p>Spinal — interspinous distraction devices (e.g. X-Stop® Interspinous Process Decompression System) CPT (0171T, 0172T)</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Spinal — intervertebral stabilization devices (e.g., Dynesys[®] Spinal System, SATELLITE™ Spinal System, Stabilimax NZ[®])</p> <p>Spinal — lumbar fusion techniques</p> <ol style="list-style-type: none"> 1. Anterior (e.g., anterior lumbar interbody fusion [ALIF], axial lumbar interbody fusion [AxialIF], extreme lateral interbody fusion [XLIF], lateral transpsoas interbody fusion [LTIF], direct lateral interbody fusion [DLIF]) 2. Posterior (e.g., posterior lumbar interbody fusion [PLIF], transforaminal lumbar interbody fusion [TLIF]) <p>Coding</p> <ol style="list-style-type: none"> 1. No specific code for implantation of SATELLITE™ Spinal System stabilization device. 2. No specific CPT; the following codes may be appropriate to describe procedures associated with the Dynesys System adjunct to fusion with autogenous bone graft. The physician should report the code(s) that best describes the procedure(s) performed: 20930, 20931, 20936, 20937, 20938, 22533, 22558, 22612, 22614, 22630, 22632, 22840, 22842, 22851, 22899, 63047, 63048); new codes 22633 and 22634 effective 01/01/2013 22586; 0309T 3. The usage of any of these codes is not limited to the Dynesys[®] Spinal System. 	N	N	N
<p>Spinal — manipulation under anesthesia for acute spinal injury (e.g., vertebral fracture, complete dislocation or acute traumatic incomplete dislocation [subluxation])</p> <p>CPT (22505, 00640)</p>	Y	Y	Y
<p>Spinal — manipulation under anesthesia when services rendered by a chiropractor</p> <p>CPT (22505, 00640)</p>	N	N	N
<p>Spinal — minimally invasive procedures; all of the following (list not meant to be all-inclusive):</p> <ol style="list-style-type: none"> 1. Automated percutaneous lumbar discectomy (APLD)/automated percutaneous nucleotomy 2. Coblation[®] Nucleoplasty™, disc nucleoplasty, decompression nucleoplasty plasma disc decompression cryoneurolysis devices for annular repair (e.g., Inclose™ Surgical Mesh System, Xclose™ Tissue Repair System) 3. Endoscopic epidural adhesiolysis 4. Intervertebral disc biacuplasty 5. Intradiscal electrothermal annuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermocoagulation (e.g., SpineCATH™) 6. Percutaneous decompression laminotomy (e.g., Vertos mild[®]) 7. Percutaneous epidural adhesiolysis, percutaneous epidural lysis of adhesions 8. Racz procedure <p>CPT (62263, 62264, 64999, 62287, 22526, 22527, 22899, 0274T, 0275T) HCPCS (S2348)</p>	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Spinal — vertebral axial decompression devices (E.g., VAX-D [®] table, DRX9000™, the DRS System, the Alpha-Spina System, the Lordex Lumbar Spine System, or the Internal Disc Decompression [IDD] Therapy) HCPCS (S9090)	N	N	N
Spinal — vertebral stapling for idiopathic scoliosis CPT (22899)	N	N	N
Spinal — vertebroplasty CPT (22520–22522, 72291, 72292) HCPCS (S2360)	Y	Y	Y
SPOT-Light [®] HER2 CISH™ Kit for breast cancer to determine Herceptin [®] treatment candidacy CPT (88368)	Y	Y	Y
Stereotactic breast biopsy (e.g., Mammotome [®]) CPT (77031, 19103, 19295) HCPCS (A4649)	Y	Y	Y
<p><u>Stereotactic radiosurgery — extracranial indications</u> (aka stereotactic body therapy [SBRT])</p> <p>Note: The following indications are covered exceptions:</p> <ol style="list-style-type: none"> 1. Spinal tumors 2. Stage 1 non-small cell lung cancer 3. Prostate <p>Coding</p> <ol style="list-style-type: none"> 1. Non-robotically-assisted codes — CPT (63620, 63621, 77435) 2. HCPCS (G0173, G0251, A4648, A4650, C1879) 3. Robotically-assisted codes — HCPCS (G0339, G0340) <p>(Robotic systems include Clinac[®], CyberKnife[®], NeuroMate™, X-knife[®]; list may not be all-inclusive, however technology must be FDA approved)</p>	N	N	N
<p><u>Stereotactic radiosurgery — intracranial indications (includes the spine)</u></p> <p>Coding</p> <ol style="list-style-type: none"> 1. Non-robotically-assisted codes — CPT (61796, 61797, 61798, 61799, 61800, 63620, 63621 77370–77373, 77432) HCPCS (G0173, G0251, A4648, A4650, C1879) 2. Robotically-assisted codes — CPT (G0339, G0340) <p>(Robotic systems include Clinac[®], CyberKnife[®], NeuroMate™, X-knife[®]; list may not be all-inclusive, however technology must be FDA approved)</p>	Y	Y	Y
<p><u>Subfascial endoscopic perforator surgery for chronic venous insufficiency (SEPS)</u></p> <p>CPT (37500)</p>	N	Y	N
Sural nerve graft with radical prostatectomy CPT (64999, 55840–55845)	N	N	N
Surface electromyography for the evaluation of segmental spinal joint dysfunction and muscle tone CPT (96002, 96004) HCPCS (S3900)	N	N	N
<p><u>Sympathectomy/ endoscopic thoracic sympathectomy for hyperhidrosis</u></p> <p>CPT (32664)</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Tear osmolarity measurement for the dry eye diagnosis (e.g., TearLab® Osmolarity System) CPT (83861)	Y	Y	Y
Tele-retinal imaging/digital photography computer programs (i.e., algorithms) designed to automatically detect or diagnose diabetic retinopathy by nonspecialists (e.g., DigiScope Diabetic Retinal Evaluation Service, Inoveon Diabetic Retinopathy Evaluation Service) CPT (92227)	N	N	N
Thermal shrinkage of capsules, ligaments, tendons (e.g., lasers, radiofrequency ablation) for indications including but not limited to the shoulder, knee, hip, thumb, wrist and ankle CPT (29999) HCPCS (S2300)	N	N	N
Thermography (indications other than breast) CPT (93740)	N	N	N
Thermography — breast No current CPT code	N	N	N
Tinnitus retraining therapy (TRT) CPT (No specific code; evaluation and management codes may be used or possibly physical medicine and rehabilitation codes. TRT may also be billed as physical or speech therapy using V5299, 97039, E1399)	N	N	N
Tongue suspension/suturing procedures for the obstructive sleep apnea (e.g., Repose™ System) CPT (41512)	N	N	N
TOP2A FISH pharmDX for breast cancer prognosis CPT (88365, 88368)	N	N	N
Total ankle replacement (e.g., Scandinavian Total Ankle Replacement System [STAR Ankle] or any other FDA-approved device) CPT (27702, 27703)	Y	Y	Y
Trabeculectomy for glaucoma CPT (66170 & 66172)	Y	Y	Y
Trabectome® for glaucoma CPT (65850)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
<p>Transcatheter aortic valve replacement or implantation (TAVR/TAVI) for severe aortic valve stenosis (endovascular-transfemoral approach only using FDA-approved device per labeled indication) CPT (New codes effective 01/01/2013: 33361, 33362, 33363, 33364, 33365, 33367, 33368, 33369; 02567 deleted 01/01/2013) Note: TAVR is <u>not</u> considered medically necessary when performed per the descriptives below: 0318T — open thoracic approach, (eg, transapical, other than transaortic) 33365 — transaortic approach (eg, median sternotomy, mediastinotomy) 33367 — cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure) 33368 — cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure) 33369 — cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)</p>	Y	Y	Y
<p>Transcatheter pulmonary valve implantation CPT (0262T)</p>	N	N	N
<p><u>Transcranial magnetic stimulation for Major Depressive Disorder (MDD) (NeuroStar®TMS Therapy System)</u> Note: Coverage will be considered for chronic refractory depression in members diagnosed with MDD (without psychoses) who have failed psychotherapy with pharmacotherapy (prerequisite of 4 antidepressants from 2 different classes), as well as electroconvulsive therapy (unless contraindicated). CPT codes (90867, 90868,90869)</p>	Y	Y	Y
<p>Transcranial magnetic stimulation for neurologic or psychological indications other than depression (e.g., migraines, strokes, Parkinson's disease, dystonia, tinnitus and auditory hallucinations) CPT codes (90867, 90868,90869); new CPT code 0310T effective 01/1/2013 Note: CPT 0310T — motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity, is not separately reimbursable as there is insufficient evidence of therapeutic value.</p>	N	N	N
<p>Transcutaneous electrical nerve stimulation (TENS) for chronic low back pain Note: Members are eligible for TENS coverage per the NHIC Local Coverage Determination (LCD) for Transcutaneous Electrical Nerve Stimulators (TENS) (L11506) CPT (64450) HCPCS (A4556, A4557, A4595, E0730, E0731, E0720)</p>	N	N	N
<p>Transendoscopic therapies for gastrointestinal reflux disease CPT (43257)</p>	N	N	N
<p><u>Transilluminated powered phlebectomy (TriVex System) for varicosities</u> No specific CPT (37799)</p>	Y	Y	Y

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Transmyocardial revascularization CPT (33140, 33141)	Y	Y	Y
Transurethral microwave thermotherapy CPT (53850)	Y	Y	Y
Transurethral needle ablation of the prostate CPT (53852)	Y	Y	Y
Trofile™ co-receptor assay for HIV CPT (No specific code ; 87999, 87901)	Y	Y	Y
Ultrasound for the diagnosis of musculoskeletal conditions CPT (code is assigned depending on the anatomical site or 76999 unlisted ultrasound)	N	N	N
Unicondylar interpositional spacer (e.g., UniSpacer™ Knee System) CPT (No specific code; 27599 unlisted procedure, femur or knee)	N	N	N
Urine cytology for bladder cancer screening or as a primary detection modality (without cystoscopy) CPT (88112, 88120, 88121)	N	N	N
Uterine artery embolization for symptomatic fibroids CPT (37210)	Y	Y	Y
Vacuum-Assisted Socket System™ for artificial limbs HCPCS (L5781, L5782)	N	Y	Y
Vacuum-assisted wound closure (VAC) (aka negative-pressure wound therapy [NPWT]) Note: SNAP® Wound Care System (HCPCS codes G0456, G0457 effective 01/01/2013) is not covered, as there is insufficient evidence of therapeutic value. CPT (97605, 97606) HCPCS (E2402, A6550)	Y	Y	Y
Vagus nerve blocking therapy for morbid obesity CPT (0312T, 0313T, 0314T, 0315T, 0316T, 0317T)	N	N	N
Vagus nerve stimulation — depression CPT (61885, L8686, L8687, 61888, 64568, 64569, 64570, 65485, 64590, 64595, 95970, 95974, 95975, 64568, 64569, 64570) HCPCS (L8680-L8689)	N	N	N
Vagus nerve stimulation — epilepsy CPT (61885, L8686, L8687, 61888, 64568, 64569, 64570, 95970, 95974, 95975) HCPCS (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	Y	Y	Y
Vagus nerve stimulation — morbid obesity CPT (61885, L8686, L8687, 61888, 64568, 64569, 64570, 65485, 64590, 64595, 95970, 95974, 95975, 64568, 64569, 64570) HCPCS (L8680-L8689)	N	N	N
Venoplasty for relapsing remitting multiple sclerosis CPT (35476)	N	N	N

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID
Ventricular assist devices (e.g., Thoratec HeartMate II [®] /Left Ventricular Assist System [LVAS] or any other FDA-approved device) CPT (33975–33983, 0048T–0050T) HCPCS (Q0478–Q0506)	Y	Y	Y
VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) CPT (85576)	N	N	N
VeriStrat [®] proteomic expression profiling for cancer CPT (84999)	N	N	N
<p><u>Vertical expandable prosthetic titanium rib</u> NOTE: The VEPTR is FDA-approved as a Humanitarian Device Exemption for the treatment of Thoracic Insufficiency Syndrome (TIS) in skeletally immature patients; therefore, pre certification requests when presented as such will be reviewed on a case-by-case basis. (TIS is defined as the inability of the thorax to support normal respiration or lung growth) For the purpose of identifying potential TIS patients, the categories in which TIS patients fall are as follows:</p> <ol style="list-style-type: none"> 1. Flail Chest Syndrome 2. Rib fusion and scoliosis 3. Hypoplastic thorax syndrome, including <ol style="list-style-type: none"> a. Jeune's syndrome b. Achondroplasia c. Jarcho-Levin syndrome d. Ellis van Creveld syndrome <p>CPT (No specific code; 21899 — unlisted procedure, neck or thorax)</p>	N	N	N
Viadur [®] (leuprolide acetate implant) for advanced prostate cancer CPT (11981–11983) HCPCS (J9219)	Y	Y	Y
<p><u>Virtual colonoscopy</u> CPT codes (74261, 74262 [diagnostic]; 74263 [screening])</p>	Y	Y	Y
Viscocanalostomy CPT (66174, 66175)	N	N	N
Water-induced thermotherapy CPT (55899)	Y	Y	Y
Wireless gastrointestinal motility monitoring/wireless capsule monitoring (e.g., SmartPill GI Monitoring System or any other equivalent device-type) CPT (New code 91112 effective 01/01/2013; 0242T deleted 01/01/2013)	N	N	N