

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.

Note regarding [Humanitarian Device Exemption \(HDE\)](#)

- [Humanitarian Use Device \(HUD\)](#) — a medical device intended to benefit patients in the treatment or diagnosis of a disease or condition that affects or is manifested in not more than 8,000 individuals in the United States per year. (Previously 4000 individuals; increased to 8000 on June 7, 2017)
- [Humanitarian Device Exemption \(HDE\)](#) — a marketing application for an HUD. An HDE is exempt from the effectiveness requirements of Sections 514 and 515 of the FD&C Act and is subject to certain profit and use restrictions.

Note regarding Transplant Program Case Management

EmblemHealth's transplant program manages members with health care needs associated with having or preparing for a solid organ or bone marrow transplant. All transplant services are reviewed with the medical director assigned to support the transplant case management program. All requested transplant services are reviewed for medical necessity and evidence-based criteria are utilized to support the best care coordination and outcomes for EmblemHealth transplant members. To request transplant case management services for the EmblemHealth transplant program, members and providers may call 1-800-447-0768.

For additional information pertaining to experimental medical technologies please see [Medical Necessity Guidelines: Experimental, Investigational or Unproven Services](#)

EmblemHealth's Medical Guidelines are accessible through hyperlinks within the database or by [clicking here](#)

Key	N = No	Y = Yes	FFS = fee for service	HDE = humanitarian device exemption
	Denotes investigational unless indicated otherwise			

TECHNOLOGY	COMMERCIAL	MEDICARE	MEDICAID	LAST REVIEW
<p>AbioCor® Implantable Replacement Heart</p> <p>Note: This investigational device is FDA-approved as a Humanitarian Device Exemption (HDE) for the treatment of severe biventricular end stage heart disease patients who are not cardiac transplant candidates and who are < 75 years old, require multiple inotropic support, are not treatable by LVAD destination therapy, and are not weanable from biventricular support if on such support. Pre certification requests when presented as such will be case by case reviewed for all LOBs EXCEPT for Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.</p> <p>CPT (33927, 33928, 33929, L8698)</p>	SEE NOTE	SEE NOTE	SEE NOTE	3/11/2022
<p>Allogeneic hematopoietic stem cell transplantation (HSCT) for multiple myeloma, myelofibrosis, and sickle cell disease</p> <p>Note: Medicare members, whose costs relating directly to the provision of services related to the CMS Decision Memo for Stem Cell Transplantation (that were non-covered services prior to the issuance of the Memo) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the Memo.</p>	SEE Transplant Program Case Management	SEE CMS NOTE	SEE Transplant Program Case Management	3/11/2022

(See also National Coverage Determinations Manual for complete Medicare coverage information regarding medically necessary clinical conditions for stem cell transplantation) CPT (38205, 38240, 38242, 38243, S2142, S2150)				
Altered auditory feedback devices (E.g., SpeechEasy®/FluencyMaster) (See also ACG: A-0896 ([AC]) CPT (No specific code) HCPCS (E1399)	N	N	N	4/8/2022
Antibody assay testing for detecting neutralizing antibodies against interferon beta (Betaseron) for multiple sclerosis patients (E.g., Bab Screen, NabFeron®) (See also Experimental, Investigational or Unproven Services) CPT (86382)	N	N	N	1/19/2023
Apos (All Phase of Step) Therapy® (AposTherapy®) Note: Covered for CNY PPO members only using codes T1999 and T1999- U1 CPT (No specific code)	SEE NOTE	N	N	10/14/2022
Argus II Retinal Prosthesis System for advanced retinitis pigmentosa Note: The Argus II is an investigational device that was FDA-approved as a Humanitarian Device Exemption (HDE) for use in adults, age 25 years or older, with severe to profound RP who have bare light perception. The device has since been removed from marketplace. CPT (0100T, 0472T, 0473T)	N	N	N	3/11/2022
Assisted Embryo Hatching (See Infertility Services — Commercial) CPT (See policy)	Y	N	N	5/13/2022
Augmentative AI-based facial phenotype analysis with report (See also Experimental, Investigational or Unproven Services) CPT (0731T eff. 07/01/2022)	N	N	N	5/25/2022
Autologous blood-derived products/platelet growth factors/platelet rich plasma for bone/tissue injury/inflammation (including surgically created wounds and non-unions, muscle, tendon, and ligament injuries) (See also MCG # A-0630, Experimental, Investigational or Unproven Services) (E.g., Achilles/patellar tendinopathy or rupture, anterior cruciate ligament, carpal tunnel syndrome, chronic low back pain, epicondylitis or type II shoulder impingement, plantar fasciitis, osteoarthritis, rotator cuff, etc.) Note: <ul style="list-style-type: none"> ▪ For Medicare members RE musculoskeletal injuries and/or joint conditions see LCD: Platelet Rich Plasma ▪ For Medicare members RE chronic non-healing diabetic, pressure, and/or venous wounds see Coverage with Evidence Development Autologous Platelet-Rich Plasma CPT (0232T, 0481T) HCPCS (S9055, G0460)	N	SEE NOTE	N	3/11/2022
Awise MCV™ for the diagnosis and prognosis of rheumatoid arthritis (See also Gene Expression Profiling) CPT (83520)	N	N	N	1/19/2023
MCV+				1/19/2023

CPT (83520, 86200)				
Avisé® MTX (aka Avisé PG) for measuring methotrexate polyglutamates for rheumatoid arthritis (metabolite marker testing) (See also Gene Expression Profiling) CPT (81479)	N	Y	N	1/19/2023
Avisé® Lupus (aka Avisé SLE) diagnostic biomarker panel for diagnosis of systemic lupus erythematosus (SLE)/ SLE-key® Rule Out (See also Gene Expression Profiling , Experimental , Investigational or Unproven Services) CPT ([0062U, SLE-key Rule Out], [0312U, Avisé Lupus, eff. 04/01/2022], 83520, 86039, 86225, 88184, 88185, 88187)	N	N	N	1/19/2023
Avisé® CTD (aka Avisé SLE+) (See also Gene Expression Profiling) CPT (83520, 86039, 86225, 88184, 88185, 88187, 86235, 86200)				1/19/2023
Bariatric surgery procedures/technologies for clinically severe obesity (E.g., Biliopancreatic diversion [BPD] — BPD with duodenal switch, BPD Scopinaro procedure; laparoscopic adjustable gastric silicone banding [E.g., LAP-BAND® Adjustable Gastric Banding [LAGB®] System; REALIZE™ Adjustable Gastric Band]; ReShape® Integrated Dual Balloon System for obesity, sleeve gastrectomy) Note: See Bariatric Surgery for clinical criteria, CPT coding and coverage	SEE NOTE	SEE NOTE	SEE NOTE	6/10/2022
Bioimpedance (a form of plethysmography) for the assessment of lymphedema (See also Experimental , Investigational or Unproven Services) (E.g., L-Dex U400) CPT (93702) Note: Covered for Medicare eff. 10/12/19	N	Y	N	3/11/2022
Bioengineered skin/tissue products for reconstruction (E.g., abdominal, breast) (See also Experimental , Investigational or Unproven Services)				
AmnioCyte Plus, per 0.5 cc Q4242				
Cogenex Amniotic Membrane, per sq cm Q4229				
Cogenex flowable amnion, per 0.5 cc Q4230				
CoreCyte, for topical use only, per 0.5 cc Q4240				
Interfyll™ Human Connective Tissue Matrix Q4171	N	N	N	9/9/2022
PolyCyte, for topical use only, per 0.5 cc Q4241				
Repriza Q4143				
Strattice™ Reconstructive Q4130				
SurgiMend® (No specific code)				
XCM BIOLOGIC® Tissue Matrix Q4142				
XenMatrix™ No specific code				
Bioengineered skin/tissue products for wounds/surgical applications (E.g., diabetic foot ulcers [DFUs], venous stasis ulcers [VSUs], burns) (See Application of Bioengineered Skin Substitutes for covered products and Experimental , Investigational or Unproven Services for noncovered codes)				
Allowrap Q4150	N	N	N	11/11/2022
AmnioAmp-MP, per sq cm Q4250				
AmnioCore™ Q4227				

AmnioFix®	J3590			
Amniopro Flow, Bioskin Flow, Biorenew Flow, Woundex Flow, Amniogen-A, Amniogen-C, 0.5 cc	Q4162			
Amniomatrix® or biodmatrix, injectable	Q4139			
Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Q4239			
AMNIOREPAIR or AltiPly, per sq cm	Q4235			
AmnioText, per cc	Q4245			
Amniotext patch, per sq cm	Q4246			
Amniply, for topical use only, per sq cm	Q4249			
Arthroflex®	Q4125			
Apis, per square centimeter	A2010 (eff. 01/01/2022)			
BioNextPATCH, per sq cm	Q4228			
Celera dual layer or celera dual membrane, per square centimeter	Q4259 (eff. 07/01/2022)			
carePATCH, per sq cm	Q4236			
Corplex p, per cc	Q4231 Q4232			
Corplex, per sq cm				
CoreText or ProText, per cc	Q4246			
Cryo-Cord, per sq cm	Q4237			
Derm-Maxx, per sq cm	Q4238			
Dermacyte Amniotic Membrane Allograft, per sq cm	Q4248			
Epifix injectable	Q4145			
Excellagen	Q4149			
GRAFTJACKET® XPRESS	Q4113			
Integra Flowable Wound Injectable	Q4114			
Innovamatrix ac, per square centimeter	A2001 (eff. 01/01/2022)			
Innovamatrix fs, per square centimeter	A2013 (eff. 04/01/2022)			
Microlyte matrix, per square centimeter	A2005 (eff. 01/01/2022)			
Mirragen advanced wound matrix, per square centimeter	A2002 (eff. 01/01/2022)			
Fluid Flow or Fluid GF, 1 cc	Q4206			
Repriza	Q4143			
SurFactor or NuDyn, per 0.5 cc	Q4233			
TruSkin™	Q4167			
Unite®	No Specific Code			
Cellesta, per square centimeter	Q4184			
Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Q4185			
Artacent ac, 1 mg	Q4189			
Restorigin, per square centimeter	Q4191			
Restorigin, 1 cc	Q4192			
Coll-e-derm, per square centimeter	Q4193			
Novachor, per square centimeter	Q4194			
Genesis amniotic membrane, per square centimeter	Q4198			
Skin te, per square centimeter	Q4200			
Matrion, per square centimeter	Q4201			
Keroxx (2.5g/cc), 1cc	Q4202			
Procenta, per 200 mg	Q4244			

Novafix DL, per sq cm	Q4254				
Novosorb synpath dermal matrix, per square centimeter	A2006 (eff. 01/01/2022)				
Reguard, for topical use only, per sq cm	Q4255				
Restrata, per square centimeter	A2007 (eff. 01/01/2022)				
Signature apatch, per square centimeter	Q4260 (eff. 07/01/2022)				
Symphony, per square centimeter	A2009 (eff. 01/01/2022)				
Tag, per square centimeter	Q4261 (eff. 07/01/2022)				
Theragenesis, per square centimeter	A2008 (eff. 01/01/2022)				
XCellerate, per sq cm	Q4234				
Xcellistem, per square centimeter	A2004 (eff. 01/01/2022)				
Xwrap, per square centimeter	Q4204				
Biomarker testing for assessing and managing iron deficiency anemia in late-stage chronic kidney disease CPT (No specific code)		N	N	N	3/11/2022
Biomarker testing for assessing cardiac disease risk — secretory type II phospholipase A2 (sPLA2-IIA) (E.g., AccuCardia [Zeus Scientific]) CPT (0423T del. 01/01/2022), 84999)		N	N	N	3/11/2022
Biomarker testing for Alzheimer’s disease (cerebrospinal fluid or urine-based) (E.g., ADmark® Alzheimer’s Evaluation [Athena]) CPT (83520)		N	N	N	3/11/2022
Biosynthetic fistula plugs for enteric/anorectal fistula repair (E.g., Biodesign Enterocutaneous Fistula Plug, SIS Fistula Plug, Surgisis RVP Recto-Vaginal Fistula Plug, GORE® BIO -A® Fistula Plug) CPT (46707)		Y	Y	Y	1/19/2023
Breast ductal endoscopy (aka fiberoptic ductoscopy or mammary ductoscopy) for breast cancer screening CPT (No specific code)		N	N	N	1/19/2023
Breast ductal lavage for breast cancer screening (E.g., ForeCYTE Breast Health Test, Halo breast PAP Test System, Mammary Aspirate Specimen Cytology Test, Pro-Duct Catheter, etc.) CPT (19499)		N	N	N	1/19/2023
Bronchial thermoplasty for severe asthma CPT (No specific code)		N	N	N	3/11/2022
Cardiac — central arterial pressure waveforms analysis (E.g., SphygmoCor® System) CPT (93050) (See also Experimental, Investigational or Unproven Services) Note: Covered for Medicare eff. 10/12/19		N	Y	N	3/11/2022
Cardiac — counterpulsation (implanted extra-aortic counterpulsation device [EACD]) CPT (0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T del. 01/01/2022) 33999)		N	N	N	12/10/2021

<p>Cardiac — leadless pacemaker (E.g., Micra Transcatheter Pacing System, Nanostim™ Leadless Pacemaker, WiSE™ CRT System) (See also Experimental, Investigational or Unproven Services) Note: Medicare members, whose costs relating directly to the provision of services related to the NCD for Leadless Pacemakers (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD for the treatment of significant symptomatic degenerative mitral regurgitation when furnished according to an FDA approved indication and when the conditions put forth within the NCD are met. CPT (0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 33274, 33275)</p>	N	SEE NOTE	N	1/19/2023
<p>Cardiac — left atrial appendage (LAA) closure devices (E.g., Amplatzer™ Amulet™/Cardiac Plug devices, AtriClip®, LARIAT Procedure, PLAATO System, Watchman™) Note: The Watchman and Amplatzer devices are covered when all the following are applicable:</p> <ul style="list-style-type: none"> ▪ Nonvalvular sustained or paroxysmal atrial fibrillation ▪ Elevated risk of embolic stroke (e.g., CHA2DS2-VASc score of 2 or more, ATRIA score of 6 or more ▪ Medical management (anticoagulation) not preferred due to 1 or more of the following: <ul style="list-style-type: none"> ○ Thromboembolism while on oral anticoagulant (i.e., while on therapeutic dosage, or INR in therapeutic range) ○ Elevated risk of bleeding on oral anticoagulant (e.g., HAS-BLED score of 3 or more) ○ Other contraindication to long-term anticoagulation ○ Patient unable or unwilling to use long-term anticoagulation ▪ Short-term (months) postprocedural antithrombotic treatment and long-term aspirin is not contraindicated and is acceptable to patient ▪ Cardiac anatomy is amenable to procedure <p>CPT ([33267, 33268, 33269 eff. 01/01/2022], 33340)</p>	SEE NOTE	SEE NOTE	SEE NOTE	11/11/2022
<p>Cardiac — left partial ventriculectomy (Batista procedure/ventricular reduction surgery [aka ventricular remodeling]) (See also Experimental, Investigational or Unproven Services) CPT (0643T, 33999)</p>	N	N	N	1/19/2023
<p>Cardiac — lipoprotein subclassification testing (aka advanced lipoprotein testing) (E.g., Boston Heart Cholesterol Balance® Test, VAP Cholesterol Panel [Atherotech®; closed permanently 2/28/2016], FHNEXT [Ambry]) (See also Lipoprotein Subclassification Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease) CPT ([0052U VAP Cholesterol Panel, covered Medicare only], 83722) Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	N	N	N	7/8/2022
<p>Cardiac — VADs pediatric (Berlin Heart EXCOR® Pediatric Ventricular Assist Device) Note: The EXCOR is an investigational device that is FDA-approved as a humanitarian device exemption (HDE), as a bridge to transplant, for severe isolated left ventricular or biventricular dysfunction; therefore, pre-certification requests when presented as such will receive case-by-case review for all LOBs. CPT (33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982,33983, 33990, 33991, 33992,33993, 33995, 33997) HCPCS (Q0478–Q0506)</p>	SEE NOTE	SEE NOTE	SEE NOTE	3/11/2022
<p>Cardiac monitoring — ECG remote algorithm analysis, computerized database analysis of multiple cycles of digitized cardiac electrical data (≥ 2 leads)</p>	N	N	N	11/11/2022

(See also Cardiac Event Monitors) CPT (No specific code)				
Cardiac monitoring — external heart rate and 3-axis accelerometer data (up to 14 days) for diagnosing nocturnal epileptic seizures (accelerometry) (E.g., ProGuardianREST) CPT (no specific code)	N	N	N	3/11/2022
Cardiac monitoring — hemodynamic, left atrial (E.g., HeartPOD System, Promote LAP System) CPT (No specific code)	N	N	N	1/19/2023
Cardiography — combined acoustic and electrical (Aka, acoustic heart sound recording, computer analysis and interpretation, e.g., Zargis Acoustic Cardioscan) CPT (93799)	N	N	N	1/19/2023
Cardiophysiologic mapping/multichannel electrocardiography (≤ 64-leads) (E.g. EnSite Velocity, Rhythmia Mapping System, CARTO 3, Polar Constellation Advanced Mapping System, PRIME ECG System, Visual ECG; list not meant to be all-inclusive) CPT (No specific code)	N	N	N	1/19/2023
Carotid sinus baroreflex activation device — all aspects (E.g., Barostim™ neo™ Legacy System ([CVRx Inc.]]) (See also Experimental, Investigational or Unproven Services) Note: The Barostim is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in patients with resistant hypertension who have had bilateral implantation of the Rheos Carotid Sinus Leads (Models 1010R, 1010L, 1014L and 1014R) which have been discontinued and are obsolete and were determined to be responders in the Rheos pivotal clinical study. The approved implantable pulse generator (IPG) will replace an existing IPG in a patient whose battery is depleted and needs to be replaced and/or electrode lead repair procedures are necessary. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T)	N	N	N	3/11/2022
Cxbladder tests for bladder cancer <ul style="list-style-type: none"> ▪ Detect — to identify the presence of bladder cancer ▪ Monitor — to help rule out the recurrence of bladder cancer ▪ Triage — for the evaluation of hematuria to calculate a segregation index that can help rule out bladder cancer (See also Experimental, Investigational or Unproven Services) CPT ([0012M, 0013M, covered Medicare only], 81479)	N	N	N	3/11/2022
Cervical Cancer Screening Visualization Technologies — cervicography, spectroscopy/optical detection systems, speculoscopy (e.g., Luma™ Cervical Imaging system, PapSure®) CPT (58999)	N	N	N	1/19/2023
Chemosensitivity and chemoresistance assays for cancer (i.e., laboratory tests used to identify chemotherapeutic agents that may be ineffective against tumor growth) (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 the ChemoFX® assay, the differential staining cytotoxicity (DiSC) assay, the fluorescence (Cytoprint) assay, the human tumor cloning assay (HTCA), the human tumor stem cell assay, the methyl thiazolyl-diphenyl-tetrazolium bromide (MTT) assay, and the microculture kinetic (MiCK) apoptosis assay ([aka CorrectChemo])	N	N	N	3/11/2022

<p>(See also Genetic Counseling and Testing, Experimental, Investigational or Unproven Services, Medicare LCD In Vitro Chemosensitivity & Chemoresistance Assays)</p> <p>CPT (0564T, 89240, 81535, 81536)</p>				
<p>Circulating tumor cell (CTC) assay/liquid biopsy circulating tumor/cell-free DNA [ctDNA or cfDNA] (aka immunological detection techniques for quantifying circulating tumor cells in the blood)</p> <p>(E.g. CellSearch System®, Guardant Reveal™, Oncotype SEQ™ [withdrawn from the market in 2018], OnoCEE, Cancer Intercept, GeneStrat®, PCR [RTPCR], SelectMDx for prostate cancer, Signatera™, etc.)</p> <p>(See also Gene Expression Profiling, Experimental, Investigational or Unproven Services)</p> <p>CPT (0339U [SelectMDx eff. 01/01/2022] 86152, 86153, 81445 [GeneStrat], 81479)</p>	N	Y	N	2/11/2022
<p>Coenzyme Q10 (CoQ10 or Q10) serum/body fluid testing of Q10 levels for supplementation of any disease</p> <p>(Aka ubiquinone, ubidecarenone, coenzyme Q)</p> <p>(See also Medicare LCD: Coenzyme Q10)</p> <p>CPT (No specific code)</p>	N	N	N	4/8/2022
<p>Collagen meniscus implant</p> <p>(E.g., Menaflex™)</p> <p>(See also National Coverage Determination (NCD) for Collagen Meniscus Implant)</p> <p>HCPCS (G0428)</p>	N	N	N	3/11/2022
<p>Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>CPT (93895, 93998)</p>	N	N	N	3/11/2022
<p>Computer-aided animation and analysis of time series retinal images for disease-progression monitoring (e.g., MatchedFlicker)</p> <p>CPT (92499)</p>	N	N	N	4/8/2022
<p>Cooling devices for neuro/musculoskeletal conditions, pain conditions, post-surgical healing or as a prophylactic measure for hair loss secondary to chemotherapy</p> <p>Note RE device-use secondary to chemotherapy:</p> <p>EmblemHealth considers scalp cooling (e.g., using ice-filled bags/bandages, cryogel packs, or specially designed products (e.g., Chemo Cold Cap, DigniCap, ElastoGel, Paxman Scalp Cooling System and Penguin Cold Cap) medically necessary to prevent hair loss during chemotherapy.</p> <p>Cooling caps and other products for scalp cooling are considered incidental to the chemotherapy administration and are not separately reimbursed. Cooling caps and other scalp cooling products purchased by the member are considered supplies that are generally excluded from coverage under plans that exclude supplies.</p> <p>CPT (0662T, 0663T)</p> <p>HCPCS (E0218, E0236)</p>	SEE NOTE	SEE NOTE	SEE NOTE	4/8/2022
<p>Corneal — hysteresis</p> <p>(See also Medicare LCD: Corneal Hysteresis)</p> <p>CPT (92145)</p>	N	N	N	3/11/2022
<p>Cryoablation — CT-guided, adrenal gland</p> <p>CPT (60699)</p>	N	N	N	3/11/2022

<p>Cryoablation — bone tumors (See also Experimental, Investigational or Unproven Services) CPT (20983)</p>	N	Y	N	3/11/2022
<p>Cryoablation — breast fibroadenomas CPT (19105) Note: Covered for Medicare eff. 10/12/19</p>	N	Y	Y	3/11/2022
<p>Cryoablation — breast cancer (See also Experimental, Investigational or Unproven Services) CPT (0581T)</p>	N	N	N	11/11/2022
<p>Cryoablation — peripheral nerves for the treatment of knee and intercostal pain (Iovera cryotherapy) CPT (64620, 64640, 0441T, 0442T)</p>	Y	Y	Y	3/11/2022
<p>Cryoablation — peripheral nerves upper extremity (See also Experimental, Investigational or Unproven Services) CPT (0440T)</p>	N	N	N	
<p>Cryoablation — plantar fasciitis CPT (64640)</p>	N	N	N	4/8/2022
<p>Cryoablation — pulmonary tumors CPT (32994)</p>	N	Y	N	4/8/2022
<p>Cryoablation — rhinitis, chronic (E.g., ClariFix) CPT (30999, 31299)</p>	N	N	N	3/11/2022
<p>Cryoplasty (aka cryo-balloon angioplasty) for peripheral vascular disease (E.g., PolarCath [NuCryo; previously Boston Scientific]) CPT (37799 combined with angioplasty codes 36901, 36902, 36905, 36906, 36907, 36908, 36909, 37246, 37247, 37248, 37249)</p>	N	N	N	4/8/2022
<p>Cryopreservation — immature oocyte(s)/reproductive tissue, ovarian (See Infertility Services — Commercial) CPT (No specific code)</p>	N	N	N	5/13/2022
<p>Cryotherapy — whole body; any indication (E.g., Asthma, Alzheimer's, Anxiety, Chronic pain, Depression, Fibromyalgia, Insomnia, Migraines, Multiple sclerosis, Osteoarthritis, Rheumatoid Arthritis, Weight Loss) CPT (No specific code)</p>	N	N	N	4/8/2022
<p>Deep brain stimulation — obsessive compulsive disorder (Reclaim™ DBS™ Therapy) Note: The Reclaim™ DBS™ Therapy is an investigational device that is FDA-approved as a humanitarian exemption (HDE) 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 (L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</p>	SEE NOTE	SEE NOTE	SEE NOTE	3/11/2022

DermaClose® RC Continuous External Tissue Expander for wound management CPT (No specific code)	N	N	N	3/11/2022
Dimercaptosuccinic acid (DMSA) or ethylenediaminetetraacetic (EDTA) provocative chelation/mobilization testing for diagnosing lead toxicity CPT (No specific code)	N	N	N	1/19/2023
Elastography for evaluation of breast lesions (or any other indication) CPT (No specific code) Note: CPT 91200 is allowable for liver elastography	N	N	N	3/11/2022
Electrical continence aids, rectal inserts and related accessories HCPCS (A4335, A4337)	N	N	Y	4/8/2022
Electrical nerve stimulation — neuromuscular conditions Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of functional electrical stimulation (FES) for spinal cord and head injury, cerebral palsy, and upper motor neuron disease. CPT (64999) HCPCS (A4595, A4630, E0720, E0730, E0731, E0745)	Y	Y	N	4/8/2022
Electrical stimulation — auricular of acupuncture points (aka auricular electrostimulation) (See also Experimental, Investigational or Unproven Services) CPT (S8930)	N	N	N	4/8/2022
Electrical stimulation — external upper limb, peripheral nerves of the wrist for essential tremor (Cala Trio™) (See also Experimental, Investigational or Unproven Services) HCPCS (K1018, K1019)	N	N	N	3/11/2022
Electrical stimulation — pudendal nerve terminal motor latency (PNTML) for fecal incontinence (See also Fecal Incontinence Treatment) CPT (No specific code)	N	N	N	5/13/2022
Electrical stimulation — tibial nerve for fecal incontinence (See also Fecal Incontinence Treatment) CPT (No specific code)	N	N	N	5/13/2022
Electrical stimulation/diathermy (pulsed) — knee osteoarthritis (E.g., BioniCare®BIO-1000, OrthoCor Active Knee System) (See also Medicare LCD: Transcutaneous Electrical Joint Stimulation Devices) HCPCS (No specific code)	N	N	N	4/8/2022
Electrical stimulation — perianal for fecal incontinence (See also Fecal Incontinence Treatment) CPT (No specific code)	N	N	N	5/13/2022
Electrical stimulation — percutaneous electrical nerve field stimulation (PNFS) for functional pain in children and adolescents with irritable bowel syndrome (IBS) (E.g., IB-STIM®) (See also Pain Management) CPT (64999)	N	N	N	11/11/2022

<p>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for acute postoperative pain and chronic pain other than low back pain</p> <p>Note: TENS coverage for Medicaid members is restricted solely to osteoarthritis of the knee. The above indications are covered for Commercial and Medicare members commensurate with LCD for Transcutaneous Electrical Nerve Stimulators (TENS) or NCD for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP)</p> <p>CPT (No specific code)</p> <p>HCPCS (A4557, A4595, E0730, E0731, E0720)</p>	SEE NOTE	SEE NOTE	SEE NOTE	3/11/2022
<p>Electrical stimulation — transcutaneous electrical nerve stimulation (TENS) for nausea</p> <p>HCPCS (A4558, E0765)</p>	N	Y	Y	4/8/2022
<p>Electrical stimulation — transcutaneous electrical nerve stimulation [TENS] for migraine prophylaxis</p> <p>(E.g., Cefaly® TENS)</p> <p>HCPCS (No specific code)</p>	N	N	N	4/8/2022
<p>Electrical stimulation — transcutaneous electrical nerve stimulation [TENS] of the trigeminal nerve for pediatric attention deficit hyperactivity disorder (ADHD)</p> <p>(Monarch External Trigeminal Nerve Stimulation [eTNS] System)</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>HCPCS (K1016, K1017 eff. 04/01/2021)</p>	N	N	N	3/11/2022
<p>Electrogastrography as a diagnostic tool for gastroparesis or functional dyspepsia</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>CPT (91132, 91133)</p> <p>Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	4/8/2022
<p>Electronic nicotine delivery systems for smoking cessation (ENDS)</p> <p>CPT (No specific code)</p>	N	N	N	5/13/2022
<p>Embolization of ovarian and Internal Iliac veins for pelvic congestion syndrome (PCS)</p> <p>CPT (36012, 37241, 75894, 75898)</p>	N	N	N	1/19/2023
<p>Endobronchial valves</p> <p>Note:</p> <ul style="list-style-type: none"> The Zephyr® Endobronchial Valve is considered medically necessary for adults with severe heterogenous lung emphysema without collateral ventilation The IBV® Valve System is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use to control prolonged air leaks of the lung, or significant air leaks that are likely to become prolonged air leaks following lobectomy, segmentectomy, or lung volume reduction surgery (LVRS). An air leak present on post-operative day 7 is considered prolonged unless present only during forced exhalation or cough. An air leak present on day 5 should be considered for treatment if it is: 1) continuous, 2) present during normal inhalation phase of inspiration, or 3) present upon normal expiration and accompanied by subcutaneous emphysema or respiratory compromise. IBV Valve System use is limited to 6 weeks per prolonged air leak. 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 <p>CPT (No specific code)</p>	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2022
<p>Endomechanical ablative approach for varicose vein treatment/endovenous mechanochemical ablation (MOCA)</p> <p>(E.g., ClariVein™ Catheter)</p>	N	Y	N	3/11/2022

(See also Varicose Vein Treatment) CPT (36473, 36474)				
Endoscope, retrograde imaging/illumination colonoscope device (implantable) (E.g., Third Eye® Panoramic™ Device for Colonoscopy) CPT (44799)	N	N	N	5/13/2022
Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (e.g., brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral (E.g., Endo PAT 2000) CPT (93998)	N	N	N	5/13/2022
Epiretinal radiation for wet age-related macular degeneration (placement of intraocular radiation source applicator) CPT (67299)	N	N	N	5/13/2022
Erectile dysfunction and penile prostheses CPT (54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417) (See also Penile Implants) Note: HCPCS (Medicare benefit discontinuance of L7900 and L7902 for the vacuum pump and ring eff. 07/01/2015)	Y	SEE NOTE	Y	2/11/2022
Exhaled nitric oxide measurement for asthma diagnosis/management and other respiratory disorders (E.g., Breathmeter, Insight eNO System™, Nitric Oxide Monitoring System [NIOX®], NIOX MINO®/VERO) (See also Experimental, Investigational or Unproven Services) CPT (95012, 83987) Note: CPT 95012 is covered for Medicare eff. 10/12/19	N	Y	N	1/19/2023
Extracorporeal shockwave therapy — chronic epicondylitis, chronic plantar fasciitis, integumentary wound healing, musculoskeletal indications (including erectile dysfunction, e.g., Gainswave®) (See also Experimental, Investigational or Unproven Services) CPT (0101T, 0102T, 0512T, 0513T, 20999, 28890, 55899)	N	N	N	3/11/2022
FENIX™ Contenance Restoration System Note: The Fenix is an investigational mechanical compression device that is FDA-approved as a humanitarian device exemption (HDE) for fecal incontinence in patients who are not candidates for or have previously failed conservative treatment and less invasive therapy options (e.g., bulking agents, radiofrequency ablation, sacral nerve stimulation). Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (No specific code)	SEE NOTE	SEE NOTE	SEE NOTE	5/13/2022
Gene expression profiling — ASXL1 for myelodysplastic syndrome, myeloproliferative neoplasms and chronic myelomonocytic leukemia (See also Gene Expression Profiling and Medicare Molecular Pathology Procedures LCD) Note: Commercial and Medicaid eff. 10/8/2020 CPT (81175, 81176)	Y	Y	Y	7/8/2022
Gene expression profiling — brain malformations (E.g., Comprehensive Brain Malformations Next Generations Sequencing Panel (GeneDx)) (Gene Expression Profiling) CPT (81405, 81406, 81407, 81408)	N	N	N	10/14/2022

<p>Gene expression profiling — breast cancer</p> <p>Note: See Gene Expression Profiling and Biomarker Testing for Breast Cancer for coverage specifics)</p> <p>CPT (81518, 81519, 81520, 81521)</p> <p>HCPCS (S3854 for Commercial)</p>	SEE NOTE	SEE NOTE	SEE NOTE	6/10/2022
<p>Gene expression profiling — bronchial lesions, to identify members with clinical low- or intermediate-risk of malignancy after a non-diagnostic bronchoscopy</p> <p>(E.g., Percepta Bronchial Genomic Classifier [Veracyte, Inc.]</p> <p>(See also Gene Expression Profiling or MolDX Percepta© Bronchial Genomic Classifier LCD for Medicare members)</p> <p>CPT (81479)</p>	N	Y	N	5/13/2022
<p>Gene expression profiling — clonoSEQ assay</p> <p>(See also Medicare LCD: Clonoseq® Assay for Assessment of Minimal Residual Disease (MRD) in Patients with Specific Lymphoid Malignancies)</p> <p>CPT (81479)</p>	N	Y	N	1/19/2023
<p>Gene expression profiling — colon cancer (including Septin9 [Sept9] DNA analysis for early detection of colorectal cancer)</p> <p>(E.g., ColoVantage [Quest], Epi proColon [Epigenomics], GeneFx® Colon [Precision Therapeutics], ColoNext™ [Ambry], OncoType® DX [Genomic])</p> <p>(See also Medicare Local Coverage Article: Oncotype DX Colon Cancer Assay and Gene Expression Profiling)</p> <p>CPT (0130U [ColoNext], 81435, 81525, 81327)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid. Medicare members are covered for ColoNext™ (0130U) and Oncotype only. The ColoNext must be reported with the appropriate primary code.</p>	N	SEE NOTE	N	1/19/2023
<p>Gene expression profiling — coronary artery disease</p> <p>(E.g., Corus® CAD test [CARDIODX])</p> <p>(See also Gene Expression Profiling and Medicare Molecular Pathology Procedures LCD)</p> <p>Note: The noncoverage effective date for EmblemHealth’s Medicare members is December 12, 2018</p> <p>CPT (84999, 81493)</p>	N	N	N	7/8/2022
<p>Gene expression profiling — CACNA1A (calcium voltage-gated channel subunit alpha1 A) (e.g., spinocerebellar ataxia) gene</p> <p>CPT (0231U Genomic Unity® CACNA1A Analysis, 81184, 81185, 81186)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — CSTB (cystatin B) (e.g., Unverricht-Lundborg disease)</p> <p>CPT (0232U Genomic Unity® CSTB Analysis, 81188, 81189, 81190)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — Envisia Genomic Classifier for idiopathic pulmonary fibrosis (IPF)</p> <p>(See MolDX LCD: ENVISIA, Veracyte, Idiopathic Pulmonary Fibrosis Diagnostic Test)</p> <p>CPT (81479, 81554)</p>	N	Y	N	4/8/2022

<p>Gene expression profiling — F9 (coagulation factor IX) (e.g., hemophilia B), full gene sequence</p> <p>(See also Gene Expression Profiling)</p> <p>Note: Medicare Molecular Pathology Services LCD Group 3 noncovered code</p> <p>CPT (81238)</p>	N	SEE NOTE	N	10/14/2022
<p>Gene expression profiling — melanoma</p> <p>(E.g., DecisionDx [Castle Biosciences], Melaris, myPath® [Myriad])</p> <p>Note: DecisionDx-UM for uveal melanoma is covered for Medicare members per LCD: Decision Dx-UM</p> <p>MCG #s:</p> <ul style="list-style-type: none"> ▪ A-0601 (Malignant melanoma, cutaneous, BAP1, CDK4, and CDKN2A genes) ▪ A-0670 (Malignant melanoma, uveal gene expression profiling) ▪ A-0836 (Malignant melanoma, BAP1 gene) ▪ A-0837 (Malignant melanoma, gene expression profiling) <p>CPT ([0090U myPath® melanoma, covered Medicare only], 81479, 81504, 81529, 81552, 81599, 84999, 88299)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	N	SEE NOTE	N	4/8/2022
<p>Gene expression profiling — microbial pathogens</p> <p>(E.g., DecodEx Microbial Genetic Identification [PathoGenius])</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (87801)</p>	N	N	N	7/8/2022
<p>Gene expression profiling — myeloma</p> <p>(E.g., MyPRS™ Myeloma Prognostic Risk Signature™ [Signal Genetics])</p> <p>(See also Gene Expression Profile Testing for Multiple Myeloma)</p> <p>CPT (81479, 81504, 81599, 84999, 86849, 88299)</p>	N	N	N	11/11/2022
<p>Gene expression profiling — narcolepsy (i.e., HLA-DQB1*06:02 typing)</p> <p>(See also Medicare LCD: MoLDX: HLA-DQB1*06:02 Testing for Narcolepsy and Molecular Policy Procedures LCD)</p> <p>CPT (81383)</p>	N	N	N	7/8/2022
<p>Gene expression profiling — AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis</p> <p>(See also Medicare Molecular Pathology Procedures LCD, Experimental, Investigational or Unproven Services)</p> <p>CPT ([0230U Genomic Unity® AR Analysis, covered Medicare only], 81173, 81174, 81204)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	N	N	N	10/14/2022
<p>Gene expression profiling — DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis</p> <p>CPT (81234, 81239)</p>	Y	N	Y	10/14/2022
<p>Gene expression profiling — EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (e.g., myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis</p> <p>CPT (81236, 81237)</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — FXN (frataxin) (e.g., Friedreich ataxia) gene analysis</p>	Y	N	Y	10/14/2022

<p>CPT ([0233U Genomic Unity® FXN Analysis, covered Medicare], 81284, 81285, 81286, 81289)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>				
<p>Gene expression profiling — HTT (huntingtin) (e.g., Huntington disease) gene analysis</p> <p>CPT (81271, 81274)</p>	Y	N	Y	10/14/2022
<p>Gene expression profiling — acute myeloid leukemia (AML), therapeutic management</p> <p>(E.g., NPM1 nucleophosmin), CEBPA [CCAAT/enhancer binding protein [C/EBP], alpha [a], full gene sequence analysis FLT3 gene analysis)</p> <p>(See Also NGS Medicare LCD: Genomic Sequence Analysis Panels in the Treatment of Hematolymphoid Diseases and Molecular Pathology Procedures LCD)</p> <p>CPT ([0046U, 0049U, 0050U, LabPMM], 81310 [NPM1, Commercial and Medicaid coverage eff. 9/12/2020], 81218 [CEBPA], 81245, 81246 [FLT3], 81450)</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	Y	Y	Y	5/13/2022
<p>Gene expression profiling — NUDT15 (nudix hydrolase 15) (e.g., drug metabolism) gene analysis</p> <p>CPT (81306)</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — PABPN1 (poly[A] binding protein nuclear 1) (e.g., oculopharyngeal muscular dystrophy) gene analysis</p> <p>CPT (81312)</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — BTK (Bruton's tyrosine kinase), PLCG2 (phospholipase C gamma 2) (e.g., chronic lymphocytic leukemia) gene analysis</p> <p>CPT (81320)</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (e.g., spinocerebellar ataxia) gene analysis</p> <p>CPT (81343)</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — RUNX1 (runt related transcription factor 1) (e.g., acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) to guide therapeutic decision-making</p> <p>(See also Gene Expression Profiling and Molecular Pathology Procedures LCD)</p> <p>CPT (81334 [coverage added for Commercial and Medicaid members eff. 11/14/2020])</p>	Y	Y	Y	7/8/2022
<p>Gene expression profiling — T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing (TRB@ [T cell antigen receptor beta/TRG@ T cell antigen receptor GAMMA])</p> <p>Note: TCR gene rearrangement testing may be indicated for 1 or more of the following:</p> <ul style="list-style-type: none"> ▪ Diagnosis of mycosis fungoides or Sezary syndrome ▪ Diagnosis of T-cell lymphoma, as indicated by all: <ul style="list-style-type: none"> ○ Neoplastic T-cell lymphoproliferative disorder suspected ○ Nondiagnostic or equivocal clinical, pathologic, and immunophenotyping findings <p>CPT (81340, 81341, 81342)</p>	SEE NOTE	SEE NOTE	SEE NOTE	1/19/2023

<p>Gene expression profiling — TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis</p> <p>CPT (81345)</p>	Y	Y	Y	10/14/2022
<p>Gene expression profiling — TGFBI (transforming growth factor beta-induced) (e.g., corneal dystrophy) gene analysis</p> <p>CPT (81333)</p>	Y	Y	Y	10/14/2022
<p>Genetic testing — Alzheimer’s disease</p> <p>(E.g., apolipoprotein E [APO E-4], amyloid AB precursor gene, presenilin genes 1 and 2, ADmark® Alzheimer’s Evaluation [Athena])</p> <p>Note: See MCG for covered and noncovered testing (A-0590 for early onset disease;A-0809 for late onset disease)</p> <p>CPT (81401, 81405, 81406, 83520, 84999)</p> <p>HCPCS (S3852)</p>	SEE NOTE	SEE NOTE	SEE NOTE	10/14/2022
<p>Genetic testing — analysis of PIK3CA status in tumor cells</p> <p>Note: See Genetic Analysis of PIK3CA Status in Tumor Cells</p> <p>CPT (81404, 81479)</p>	SEE NOTE	SEE NOTE	SEE NOTE	2/11/2022
<p>Genetic testing — breast cancer</p> <p>(See also BRCA-1 & BRCA- 2 Genetic Testing [Sequence analysis/rearrangement testing], Gene Expression Profiling, MYvantage® Hereditary Comprehensive Cancer Panel, Breast Cancer [Hereditary])</p> <p>Note: Tests such as the Breast/Gyn Cancer Panel (GeneDx), BRCAPlus, BREVAGEN and BreastNext (Ambry Genetics), which screen large numbers of genes, are not considered medically necessary. (See Gene Expression Profiling)</p> <p>CPT (0131U [BreastNext], 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81321)</p> <p>Note: The BreastNext [0131U] must be reported with the appropriate primary code. Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	Y	Y	Y	2/11/2022
<p>Genetic testing — cancer of unknown primary (CUP) (aka tissue origin testing)</p> <p>(E.g., Tissue of Origin Test [TOO®] [Cancer Genetics Incorporated]; previously, ResponseDX [formerly Pathwork®] Tissue Origin Test [Response Genetics], Rosetta Cancer Origin Test™ [formerly miReview® mets] [Rosetta Genomics])</p> <p>(See also MCG #A-0673 and Gene Expression Profiling)</p> <p>Note:</p> <ul style="list-style-type: none"> ▪ CancerTYPE ID is covered for Medicare members; see bioTheranostics Cancer TYPE ID ▪ ResponseDX is covered for Medicare members; see ResponseDX Tissue of Origin Coding and Billing Guidelines <p>CPT (81479, 81540)</p>	N	SEE NOTE	N	5/13/2022
<p>Genetic testing — colon cancer; fecal DNA (Cologuard)</p> <p>Note:</p> <ul style="list-style-type: none"> ▪ Medicaid members are covered for Cologuard or alternate fecal DNA tests (e.g., ColoSure™ [LabCorp], PreGen-Plus™ [Exact Sciences]) For ColoSure™ use CPT code 81479 For PreGen-Plus™ use CPT code 81599 ▪ QIAamp DNA Stool Mini Kit is not covered for all members <p>CPT (81528)</p>	Y	Y	Y	1/19/2023

<p>Genetic testing — multigene analysis/comparative genomic hybridization (CGH) microarray for chromosomal imbalance for the evaluation of chromosomal imbalances in patients suspected of having a genetic syndrome (i.e. have congenital anomalies, dysmorphic features, developmental delays, mental retardation, and/or other developmental disabilities) and neoplasms</p> <p>Various manufacturers; list not meant to be all-inclusive — Invitae Overgrowth Syndromes Panel; 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>Note: The FirstStepDx PLUS genetic testing service for autism (Lineagen) CPT 81229, 81479 and 81243 is not covered</p> <p>See MCG #s for covered and noncovered testing:</p> <ul style="list-style-type: none"> ▪ A-0588 ▪ A-0810 ▪ A-0811 ▪ A-0812 ▪ A-0823 ▪ A-0917 ▪ A-0924 ▪ A-0925 <p>CPT (81228, 81229, 81405, 81479, 88230, 88262, S3870)</p>	SEE NOTE	SEE NOTE	SEE NOTE	11/11/2022
<p>Genetic testing — craniosynostosis next generation sequencing (NGS) panel</p> <p>(E.g., Connective Tissue Gene Tests such as the Skeletal Dysplasia Ciliopathy NGS Panel)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479, 81405, 81404)</p>	N	N	N	1/19/2023
<p>Genetic testing — cystic fibrosis (general population screening in the absence of signs/symptoms)</p> <p>(MCG # A-0597 [AC])</p> <p>CPT (81220, 81221, 81222, 81223, 81224)</p>	N	N	N	10/14/2022
<p>Genetic testing — epilepsy, next generation sequencing (confirmatory diagnosis to identify familial mutations to allow carrier testing and prenatal diagnosis)</p> <p>(See also Genetic Counseling and Testing and Gene Expression Profiling)</p> <p>(E.g., NGS Epilepsy/Seizure Panel [Greenwood Genetic Center])</p> <p>CPT ([81419, 81479])</p>	N	N	N	1/19/2023
<p>Genetic testing — Guanylyl cyclase c (GCC or GUCY2C) lymph node analysis for colorectal cancer staging</p> <p>(E.g., Previstage™ GCC)</p> <p>CPT (No specified code)</p>	N	N	N	9/9/2022
<p>Genetic testing — hereditary pancreatitis</p> <p>Note: See MCG for covered and noncovered testing (#A-0646 for CFTR, CPA1, CTFC, PRSS1, and SPINK1 genes; #A-0797 for next generation sequencing panel)</p> <p>CPT (81220, 81221, 81222, 81223, 81224, 81401, 81404, 81479)</p>	SEE NOTE	SEE NOTE	SEE NOTE	9/9/2022
<p>Genetic testing — Janus Kinase 2 (JAK2) V617F Gene Mutation Assay (MCG #A-0669)</p> <p>CPT ([0027U, Mayo Clinic], 81270, 81279, 81403)</p>	Y	Y	Y	10/14/2022

<p>Genetic testing — methylenetetrahydrofolate reductase (MTHFR) genotyping as part of the clinical evaluation for thrombophilia, recurrent pregnancy loss, coronary artery disease, or any other indication</p> <p>(See also MCG #A-0629, Genetic Counseling and Testing and Recurrent Pregnancy Loss)</p> <p>CPT (81291)</p>	N	N	N	10/14/2022
<p>Genetic testing — next generation sequencing of multiple genes for hereditary cancers</p> <p>Note: See Gene Expression Profiling and MYvantage® Hereditary Comprehensive Cancer Panel</p>	SEE NOTE	SEE NOTE	SEE NOTE	1/19/2023
<p>Genetic testing — NOTCH1, SF3B1 and BIRC3 prognostic genetic testing in chronic lymphocytic leukemia (CLL)</p> <p>(See also Genetic Counseling and Testing)</p> <p>CPT (81450, 81455, 81479)</p>	N	N	N	3/11/2022
<p>Genetic testing — NRAS mutation testing (neuroblastoma RAS viral, vras, oncogene homolog) to determine pharmacotherapy candidacy for the management of colorectal cancer</p> <p>(See also Genetic Counseling and Testing; for Medicare members, see Medicare NRAS Genetic Testing LCD)</p> <p>CPT (81311)</p>	Y	Y	Y	3/11/2022
<p>Genetic testing — Panexia® (Myriad Genetics) for pancreatic cancer/other oncologic indications</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81216, 81406)</p>	N	N	N	3/11/2022
<p>Genetic testing — Pediatric Neurology Region of Interest Trio (Claritas Genomics Inc.)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479)</p>	N	N	N	10/14/2022
<p>Genetic testing — pregnancy planning (non-standard universal-type screening)</p> <p>(E.g., Myriad Foresight® Carrier Screen [previously Counsyl Foresight™], GeneAware Complete Panel, Progenity® Pan-Ethnic Panel 3, Progenity Preparent™ Carrier Screening Global Panel, Sema4 Expanded Carrier Screen) Note: Screening for rare diseases is not endorsed by ACOG as part of standard prenatal testing</p> <p>(See also Carrier Screening for Parents or Prospective Parents for specific procedure codes, Genetic Counseling and Testing, or Gene Expression Profiling to view comprehensive list)</p> <p>CPT (81200, 81205, 81209, 81220, 81221, 81222, 81223, 81225, 81241, 81242, 81243, 81244, 81250, 81251, 81252, 81253, 81255, 81256, 81257, 81260, 81290, 81291, 81330, 81332, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81479, 81443)</p>	N	N	N	10/14/2022
<p>Genetic testing — pregnancy planning; non-invasive prenatal testing (NIPT) (aka cell-free DNA [cfDNA])</p> <p>(E.g., Harmony™ [Ariosa Diagnostics]; MaterniT21™ [Sequenom], Panorama™ [Natera], QNatal Advanced™ [Quest preferred lab], Verifi® [Illumina])</p> <p>Note:</p> <p>See Noninvasive Prenatal Testing (NIPT) for Fetal Aneuploidy</p> <p>See MCG for the following indications #s:</p> <ul style="list-style-type: none"> ▪ A-0848 (AC) — Microdeletion Syndromes ▪ A-0849 (AC) — Monogenic Disorders ▪ A-0850 (AC) — Sex Chromosome Disorders 	SEE NOTE	SEE NOTE	SEE NOTE	8/12/2022

<p>NIPT is considered medically necessary for aneuploidy testing only (CPT 81420, 81507) and is not considered medically necessary for microdeletions (CPT 81422)</p> <p>CPT ([0168U del. 10/01/2021], [0327U, Vasistera™, eff. 10/01/2022], 81420, 81422, 81507, 81599, 84999)</p> <p>Note: CPT code 0060U (Twins Zygoty) is considered investigational</p>				
<p>Genetic testing — prostate cancer antigen 3 gene (PCA 3) screening for prostate cancer</p> <p>(E.g., PROGENSA® PCA3 test [Hologic®])</p> <p>Note: Commercial coverage eff. 5/3/2021</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81313)</p>	Y	Y	N	2/11/2022
<p>Genetic testing — PTEN hamartoma tumor syndrome (PHTS)</p> <p>(Cowden syndrome [CS], Bannayan-Riley-Ruvalcaba syndrome [BRRS] and Adult Lhermitte Duclos disease [ALDD])</p> <p>CPT (See policy)</p>	Y	Y	Y	1/19/2023
<p>Genetic testing — Saethre-Chotzen Syndrome (TWIST) Sequencing and MLPA (Greenwood Genetic Center)</p> <p>(See also Gene Expression Profiling and Genetic Counseling and Testing)</p> <p>CPT (81403, 81404)</p>	N	N	N	1/19/2023
<p>Genetic testing — whole exome sequencing, whole genome/ mitochondrial sequencing</p> <p>(E.g., GPS Cancer [NantHealth], bacterial typing by whole genome sequencing [Mayo Clinic], XomeDxPlus Whole Exome Sequencing [WES] + mtDNA Sequencing and Deletion Testing [GeneDx], Comprehensive Mitochondrial Mutation Detection [Baylor], Comprehensive Mitochondrial Genome Analysis [ApolloGen], Mitochondrial DNA Deletion Syndromes Test [Rush University Medical Center])</p> <p>Note: See Gene Expression Profiling and MCG whole genome/exome sequencing criteria sets:</p> <ul style="list-style-type: none"> ▪ A-0710 — Whole Genome/Exome Sequencing - Cancer ▪ A-0865 — Whole Genome/Exome Sequencing - Cardiovascular Disorders ▪ A-0866 — Whole Genome/Exome Sequencing - Primary Immunodeficiency Disorders ▪ A-0870 — Whole Genome/Exome Sequencing - Autism Spectrum Disorders ▪ A-0871 — Whole Genome/Exome Sequencing - Metabolic, Mitochondrial, and Neurologic Disorders ▪ A-0872 — Whole Genome/Exome Sequencing - Congenital Anomalies ▪ A-0926 — Whole Genome/Exome Sequencing - Developmental Delay and Intellectual Disability <p>CPT ([0010U Bacterial Typing by Whole Genome Sequencing, Mayo Clinic, covered Medicare only], [0036U, EXaCT-1 whole Exome Testing], [0056U, MatePair Acute Myeloid Leukemia Panel], [81415, 81416, 81417 Exome], Genome [81425, 81426, 81427, 81460, 81465], Mitochondrial [81440])</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	SEE NOTE	SEE NOTE	SEE NOTE	8/12/2022
<p>Genomic sequencing analysis (at least 60 genes)/duplication deletion analysis — hearing loss</p> <p>(E.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome)</p> <p>(See MCG #s: A-0802, A-0823, A-0596 or Medicare Molecular Pathology Procedures LCD)</p> <p>CPT (81252, 81253, 81254, 81430, 81431) (Commercial and Medicaid coverage eff. 9/12/2020)</p>	Y	N	Y	5/13/2022
<p>Genomic sequencing analysis — x-linked intellectual disability (XLID)</p> <p>(E.g., Intellectual Disability (IDNEXT) Panel, syndromic and non-syndromic XLID)</p>	N	N	N	3/11/2022

(See also Gene Expression Profiling) CPT (81470, 81471)				
GlycoMark® assay (Nippon Kayaku, Co., Ltd) for glycemic control (Aka 1,5-anhydroglucitol [1,5-AG]) (See also Medicare LCD: GlycoMark Testing for Glycemic Control) CPT (84378, 84999)	N	N	N	5/13/2022
Heartsbreath test for transplant rejection (aka Tolatile Organic Compounds Breath Analysis) Note: Commercial and Medicaid: The Heartsbreath investigational test is FDA-approved as a Humanitarian Device Exemption (HDE) 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. Medicare: Not covered per National Coverage Determination (NCD) for Heartsbreath Test for Heart Transplant Rejection CPT (84999)	SEE NOTE	N	SEE NOTE	7/8/2022
HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence (See also Medicare Billing and Coding: Molecular Pathology Procedures) CPT (81361, 81362, 81363, 81364 [coverage eff. 02/08/2020])	Y	N	Y	11/11/2022
Holotranscobalamin (HoloTC) biomarker lab test for Vitamin B-12 deficiency CPT (No specific code)	N	N	N	7/8/2022
Home nocturnal penile tumescence testing (RigiScan® Monitor) CPT (54250)	Y	Y	Y	7/8/2022
Human growth hormone for idiopathic short stature (TEV-TROPIN®) Note: Human growth hormone for idiopathic short stature is not covered for Medicaid members HCPCS (J2940, J2941, S9558, Q0515)	Y	Y	N	7/8/2022
Hyperthermia (whole-body) for cancer Note: in addition to whole body, the use of intraluminal, endocavitary, interstitial and regional deep tissue hyperthermia exceeding 4 cm in depth is investigational (See also Hyperthermia Treatment for Cancer) CPT (77605, 77615, 77620)	N	N	N	1/19/2023
Hypothermia — selective head or total body in neonates ≤ 28 days for treatment of moderate or severe hypoxic ischemic encephalopathy (HIE) CPT (99184)	Y	Y	Y	10/14/2022
Hysteroscopic techniques for sterilization	SEE NOTE	SEE NOTE	SEE NOTE	10/14/2022

<p>(E.g., Essure™ Coil Sterilization)</p> <p>Note: On December 31, 2018, Bayer stopped selling and distributing the Essure device in the United States. Health care providers can implant Essure up to one year from the date the device was purchased. Bayer will continue to implement the FDA's restriction on sale and distribution of Essure from April 2018, to ensure women are fully informed of the risks associated with the device. (FDA Activities: Essure)</p> <p>CPT (58565)</p> <p>HCPCS (A4264)</p>				
<p>IDH1 testing — IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (e.g., glioma), common variants (e.g., R132H, R132C)</p> <p>IDH2 testing — IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial (e.g., glioma), common variants (e.g., R140W, R172M)</p> <p>(See also Pharmacogenetic testing — FDA cleared or approved companion diagnostics for targeted pharmacotherapeutic management)</p> <p>Note: Medically necessary for specific ICD-10 codes in Molecular Pathology Procedures LCD</p> <p>CPT (81120, 81121)</p>	SEE NOTE	SEE NOTE	SEE NOTE	11/11/2022
<p>Implantable infusion pumps for chronic intractable pain</p> <p>Note: Coverage for Medicaid members is limited to intractable cancer pain only. (This does not apply to members with pumps in place prior to October 1, 2013). Coverage for Commercial and Medicare members includes pain attributable to malignant or nonmalignant origin; as commensurate with the CMS National Coverage Determination (NCD) for Infusion Pumps</p> <p>CPT (62350, 62351, 62355, 62360, 62360, 62361, 62362, 62365, 62367, 62368, 62369, 62370, 95990, 95991, 96523)</p> <p>HCPCS (E0782, E0783, E0785, E0786, A4220)</p>	Y	Y	SEE NOTE	4/8/2022
<p>Immune cell function assays</p> <p>(E.g., Lymphocyte Stimulation, ImmuKnow®, CYLEX®, CU Index®, iSpot Lyme™ [see Lyme Disease Diagnosis and Treatment])</p> <p>CPT (86352)</p>	N	N	N	1/19/2023
<p>Immunoglobulin heavy chain locus (IGH@) testing for acute lymphoblastic leukemia (ALL) and lymphoma, B-cell, to guide therapeutic decision making</p> <p>CPT (81261, 81262, 81263, 81264)</p> <p>Note: Commercial coverage eff. 11/13/2021</p>	Y	Y	N	9/9/2022
<p>Infrared heating pad system and replacement pads</p> <p>HCPCS (A4639, E0221)</p>	N	N	N	7/8/2022
<p>Injectable autologous myoblast/mesenchymal cells for fecal incontinence</p> <p>(See also Fecal Incontinence Treatment)</p> <p>CPT ([0277T, Solesta®], 11950, 11951, 11952, 11954)</p> <p>HCPCS (L8605, L8699)</p>	N	N	N	5/13/2022
<p>Injectable bulking agents for fecal incontinence</p> <p>(E.g., Solesta®)</p> <p>(See also Fecal Incontinence Treatment)</p> <p>CPT (0377T)</p> <p>HCPCS (J3490, L8605)</p>	N	N	N	5/13/2022
<p>Injectable bulking agents for vocal cord medialization</p> <p>HCPCS (L8607)</p>	Y	Y	Y	3/11/2022
<p>Insulin Delivery Devices and Continuous Glucose Monitoring Systems</p>	SEE NOTE	SEE NOTE	SEE NOTE	3/11/2022

Note: See Medical Policy for coverage and coding				
Insulin — internal insulin pumps CPT (49419 [also used for morphine and chemotherapeutic agents administration, only deny for a diabetic indication])	N	N	N	7/8/2022
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]) (See also CMS NCD for Outpatient Intravenous Insulin Treatment, Experimental, Investigational or Unproven Services) HCPCS (G9147)	N	N	N	7/8/2022
Insulin — insulin potentiation therapy (IPT) for all indications (E.g., arthritis, cancers, infectious diseases) Coding note: No specific CPT; the following series of CPT and HCPCS J codes are used to describe the various IPT components. Some codes (i.e., code for glucose testing) may be used more than once during a single session of IPT. (See also Experimental, Investigational or Unproven Services) CPT (82948, 96365, 96366, 99070) HCPCS (J1817, J7030, J7040, J7050)	N	N	N	7/8/2022
Interferential current stimulator (See also Experimental, Investigational or Unproven Services) CPT (S8130, S8131)	N	N	N	7/8/2022
Intracellular micronutrient testing — all indications (Aka intracellular micronutrient analysis/functional intracellular analysis, e.g., SPECTROX®) Note: This differs from tests for individual micronutrients, which may be considered medically necessary when used to confirm suspected micronutrient deficiencies CPT (No specific code)	N	N	N	7/8/2022
Intracranial angioplasty — atherosclerotic post stroke/vasospasm post aneurysmal subarachnoid hemorrhage Atherosclerotic stenosis secondary to stroke (E.g., NEUROLINK® System, including NEUROLINK® Stent & Delivery Catheter and NEUROLINK® Balloon Dilatation Catheter; Wingspan®&Trade Stent System with Gateway®&Trade PTA Balloon Catheter) Vasospasm post aneurysmal subarachnoid hemorrhage (E.g., NeuroVasx cPAX Aneurysm Treatment System, ENTERPRISE Vascular Reconstruction Device and Delivery System, Low-Profile Visualized Intraluminal Support Device, Onyx® Liquid Embolic System [Onyx® HD-500]) Note: These devices are FDA-approved as Humanitarian Device Exemptions (HDEs); therefore, pre certification requests when presented as such will receive case-by-case review for all LOBs EXCEPT for Medicare members with atherosclerotic disease ONLY, whose costs relating directly to the provision of services related to the Intracranial Stenting and Angioplasty NCD (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers for cerebral artery stenosis (≥ 50% in patients with intracranial atherosclerotic disease when furnished in accordance with the FDA- approved protocols governing Category B [Investigational Device Exemption] IDE clinical trials). (Medicare does not provide vasospasm coverage) 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 Wingspan Indicated for patients between 22 and 80 years old AND who meet all the following criteria:	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2022

<p>≥ 2 strokes despite aggressive medical management most recent stroke occurred > 7 days prior to planned treatment with Wingspan 70-99 % stenosis due to atherosclerosis of the intracranial artery related to the recurrent strokes have made good recovery from previous stroke and have a modified Rankin score of 3 or less prior to Wingspan treatment. The Rankin scale is used to measure the degree of disability in stroke patients. Lower scores indicate less disability.</p> <p><u>cPax Aneurysm Treatment System</u></p> <p>Indicated for adults (≥ 22 years of age) for wide-necked large and giant-sized cerebral aneurysms (>10) mm that require use of adjunctive assist-devices such as stents or balloons</p> <p><u>ENTERPRISE Vascular Reconstruction Device and Delivery System</u></p> <p>Indicated for use with embolic coils for the treatment of wide-neck, intracranial, saccular or fusiform aneurysms arising from a parent vessel with a diameter of ≥ 3 mm and ≤ 4 mm</p> <p><u>Low-Profile Visualized Intraluminal Support Device</u></p> <p>For use with bare platinum embolic coils for the treatment of unruptured, wide-neck (neck ≥ 4 mm or dome to neck ratio < 2 mm), intracranial, saccular aneurysms arising from a parent vessel with a diameter ≥ 2.5 mm and ≤ 4.5 mm</p> <p><u>Onyx® Liquid Embolic System (Onyx® HD-500)</u></p> <p>Treatment of intracranial, saccular, sidewall aneurysms that present with a wide neck (≥ 4 mm) or with a dome-to-neck ratio < 2 that are not amenable to treatment with surgical clipping</p> <p>CPT (61630, 61635, 61640, 61641, 61642)</p>				
<p>INVOcell™ Intravaginal Culture (IVC) system</p> <p>CPT (No specific code)</p>	N	N	N	10/14/2022
<p>Laser —excimer laser coronary angioplasty (ECLA) as an alternative to coronary artery bypass surgery for calcified lesions</p> <p>(E.g., Spectranectics ELCA system)</p> <p>CPT (No specific code)</p>	N	N	N	7/8/2022
<p>Laser — in situ for keratomileusis (LASIK)</p> <p>HCPCS (S0800)</p>	N	N	N	7/8/2022
<p>Laser — laparoscopic CO2 laser ablation for endometriosis</p> <p>CPT (58578)</p>	Y	Y	Y	3/11/2022
<p>Laser — interstitial thermotherapy (LITT) for all indications</p> <p>(E.g., ultrasound-guided laser interstitial thermo-therapy [US-LITT])</p> <p>CPT (19499, 20999, 27599, 32999, 47399, 53899, 55899, [61736, 61737 eff. 01/01/2022], 64999)</p> <p>Note: CPT codes 61736 and 61737 eff. 01/01/2022 (LITT for intracranial lesions) are covered for Medicare members</p>	N	SEE NOTE	N	7/8/2022
<p>Laser — low level laser therapy / cold laser/ class III laser or high power laser therapy for all indications</p> <p>Note: Covered for confirmed diagnosis and pain or functional limitation from 1 or more of the following (MCG #A-0511):</p> <ul style="list-style-type: none"> ▪ Carpal tunnel syndrome ▪ Lateral epicondylitis ▪ Rheumatoid arthritis only <p>CPT (S8948, no specific code for high power)</p> <p>Note: Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies (CPT 0552T) is considered investigational</p>	Y	Y	Y	7/8/2022
<p>Laser — spinal (ablation /discectomy [percutaneous or laparoscopic, laser-assisted disc decompression [LADD], laser disc decompression) — all levels.</p>	N	SEE NOTE	N	5/13/2022

<p>(See also Spinal — minimally invasive [within this document], as well as CMS Decision Memo for Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis)</p> <p>Note: Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.</p> <p>CPT (62287, 64999)</p> <p>HCPCS (G0276)</p> <p>Note: This code must be used for Medicare members when services are provided in a blinded, randomized, controlled trial with a placebo procedure control arm</p>				
<p>Magnetic Mini Mover Procedure (3MP) for the treatment of pectus excavatum</p> <p>(See also Surgical Correction of Chest Wall Deformities)</p> <p>CPT (No specific code)</p>	N	N	N	10/14/2022
<p>Magnetic resonance spectroscopy</p> <p>(See eviCore Adult Head Imaging, Pediatric Head Imaging and Oncology Imaging policies)</p> <p>Note: Potentially appropriate; case-by-case review</p> <p>CPT (76390)</p>	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2022
<p>Meniscus root repair using Arthrex Root Repair System/Arthrex PEEK SwiveLock Anchor</p> <p>CPT (29999)</p>	N	N	N	5/13/2022
<p>Microprocessor-controlled prosthetic knees (e.g., C-Leg/ Compact)</p> <p>(See also Medicare LCD: Lower Limb Prostheses)</p> <p>HCPCS (L5856, L5857, L5858)</p>	Y	Y	Y	3/11/2022
<p>Microvolt T-wave alternans testing for patients at risk for sudden cardiac death</p> <p>CPT (93025)</p>	Y	Y	Y	3/11/2022
<p>Microwave thermotherapy for chest wall recurrence of breast cancer</p> <p>CPT (19499)</p>	N	N	N	7/8/2022
<p>miRview™ meso (Rosetta Genomics) for differentiating malignant pleural mesothelioma from peripheral adenocarcinomas of the lung or metastatic carcinomas involving the lung pleura</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81479)</p>	N	N	N	9/9/2022
<p>Molecular Intelligence (Caris Life Sciences) tumor profiling</p> <p>(See also Gene Expression Profiling, MCG #A-0789)</p> <p>CPT (81599, 81479)</p>	N	N	N	1/19/2023
<p>Monochromatic Infrared Energy (MIRE) for treatment of wounds</p> <p>CPT (97026)</p>	N	N	N	3/11/2022
<p>Multi-component fecal analysis lab testing for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal bacterial overgrowth</p> <p>(E.g., Comprehensive Stool Analysis [Bio-Reference])</p> <p>CPT (No specific code)</p>	N	N	N	7/8/2022
<p>Myoelectric arm orthosis — powered upper extremity range of motion assist device, elbow, wrist, hand, finger</p>	N	N	N	10/14/2022

(E.g., MyoPro 2® Motion E and Motion W, MyoPro 2® Motion G) (See also Experimental, Investigational or Unproven Services) HCPCS (L8701 [Motion E and Motion W], L8702 [Motion G])				
Nasal endoscopy, surgical; balloon dilation of eustachian tube (E.g., ACCLARENT AERA™ Eustachian Tube Balloon Dilation System, XprESS ENT Dilation System) (See also Experimental, Investigational or Unproven Services) CPT (69705, 69706)	N	Y	Y	4/8/2022
Nasal implant for nasal airway obstruction due to stenosis of the lateral vestibule wall (E.g., Latera® Absorbable Nasal Implant) (See also Rhinoplasty and Septoplasty) CPT (30468, 30999) HCPCS (L8699) Note: CPT code 30468 is covered for Medicare	N	Y	N	1/19/2023
Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency (E.g., AccuVein AV300 or VeinViewer) CPT (No specific code)	N	N	N	7/8/2022
Nerve grafting — sural nerve graft with radical prostatectomy CPT (64999)	N	N	N	10/14/2022
NeuRx DPS™, Diaphragm Pacing System for amyotrophic lateral sclerosis (ALS) Note: The NeuRX is an investigational device that is FDA-approved as a humanitarian device exemption (HDE) for use in patients 21 years of age or older with a stimulatable diaphragm (both right and left portions) as demonstrated by voluntary contraction or phrenic nerve conduction studies, and who are experiencing chronic hypoventilation (CH), but not progressed to an FVC less than 45% predicted. (percutaneous, intramuscular, diaphragm motor point stimulating device) Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT ([0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T eff. 01/01/2022], 64575, 64580, 64585, 64590, 64595) HCPCS (C1778, C1816, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)	SEE NOTE	SEE NOTE	SEE NOTE	7/8/2022
Nerve blocks for primary or secondary headache (E.g., cluster, migraine, cervicogenic [i.e., occipital neuralgia], posttraumatic, etc.) (See also Pain Management) CPT (64405)	N	Y	N	11/11/2022
Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study (E.g., Endosure Wireless Implantable System) CPT (No specific code)	N	N	N	7/8/2022
Occipital nerve stimulation (ONS) /percutaneous electrical nerve stimulation (PENS) for occipital neuralgia/cervicogenic headache CPT (64999, 64555, 64575) Note: CPTs 64555 and 64575 are covered for Medicare eff. 10/12/19	N	N	N	7/8/2022
OncoVantage™ Solid Tumor Mutation Analysis (Quest)	N	Y	N	3/11/2022

(See also LCD: Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms and Gene Expression Profiling) CPT (81445)				
OP-1™ implant (bone morphogenetic protein 1) for recalcitrant long bone non-union fractures CPT (No specific code)	Y	Y	Y	5/13/2022
Oral cancer screening systems for detecting cancers of the esophagus, oral cavity, pharynx, and larynx (E.g., OralCDx® BrushTest®, WATS3D [formerly known as EndoCDx], ViziLite™[Zila Inc.], VELscope® [LED Medical Diagnostics], Microlux™/DL [AdDent, Inc.], Orascope™ DK™ [Sybron Dental Specialties, Inc.], OraRisk® HPV Salivary Diagnostic Test [OralDNA Labs], TRIMIRA™ Identafi™ 3000 (TRIMIRA, LLC), Dentlight Oral Exam Light Kit [DentLight, Inc.]) CPT (31599, 40899, 41599, 42999, 43499)	N	N	N	4/8/2022
OV-Watch®/ovulation predictor kit (See also Infertility Services — Commercial) CPT/HCPCS (No specific code)	N	N	N	5/13/2022
Ovarian cancer — combined ovarian cancer biomarker tests (See Gene Expression Profiling and Medicare LCD: Multimarker Serum Tests Related to Ovarian Cancer Testing and LCD: Molecular Pathology Procedures)	N	SEE NOTE	N	7/8/2022
Ovarian cancer — proteomic analysis testing (E.g., OvaCheck™ [Quest Diagnostics]; OvaSure™ [withdrawn by LabCorp]) CPT (83789, 81503)	N	N	N	7/8/2022
Palatal implants & stiffening procedures for obstructive sleep apnea (See also Obstructive Sleep Apnea Diagnosis and Treatment) CPT (No specific code; may report using 42299 unlisted procedure for the palate)	N	N	N	3/11/2022
Pancreatic islet cell transplantation for Type 1 diabetes (See also Medicare NCD for Islet Cell Transplantation in the Context of a Clinical Trial) HCPCS (G0341, G0342, G0343)	N	N	N	1/19/2023
Patient Specific Talus Spacer Note: The Patient Specific Talus Spacer 3D-printed talus implant is an investigational device that is FDA-approved as a Humanitarian Device Exemption (HDE) for use in adults with avascular necrosis (AVN) of the ankle joint. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (No specific code)	SEE NOTE	SEE NOTE	SEE NOTE	3/11/2022
Per-oral endoscopic myotomy (POEM) for the treatment of swallowing disorders (e.g., achalasia) CPT (43497, eff. 01/01/2022)	Y	Y	Y	3/11/2022
Percutaneous mechanical thrombectomy (PMT) for deep vein thrombosis (DVT)/pulmonary embolism (PE) CPT (37187, 37188)	Y	Y	Y	10/14/2022
Pervenio™ Lung RS test (Life Technologies) (See also Gene Expression Profiling and Medicare LCD: Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms) CPT (81445)	N	Y	N	5/13/2022

<p>Pharmacogenetic testing for medication sensitivity to any drug (other than those listed as covered in the pharmacogenetic testing rows below)</p> <p>(E.g., CYP3A4, CYP3A5; CYP2C19 genotyping to predict response to Voriconazole [Vfend®], AmpliChip Cytochrome P450 Genotyping Test [Roche]; GeneSight® Psychotropic assay for neuropsychiatric disorders, etc. [Assurex Health], Genomind Professional PGx Express CORE Anxiety & Depression)</p> <p>Note specific to Medicare members:</p> <ul style="list-style-type: none"> Warfarin: See Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response GeneSight®: See Pharmacogenetics Testing LCD (replaced Retired GeneSight® Assay for Refractory Depression LCD) <p>CPT (81225, 81226, 81227, 81291, 81355, 81401, 81479, 81230, 81231)</p> <p>HCPCS (G9143)</p> <p>Note: 81227 (CYP2C9; see Mayzent)</p>	N	SEE NOTE	N	7/8/2022
<p>Pharmacogenetic testing — FDA cleared or approved companion diagnostics for targeted pharmacotherapeutic management (click on companion diagnostics link to view entire list. (Note: The FDA’s list of tests approved for use in conjunction with specific drugs may be searched in its entirety by selecting “All” in the “Show entries” drop down menu)</p> <p>(See also Gene Expression Profiling, Analysis of KRAS Status, Genetic Analysis of PIK3CA Status in Tumor Cells. Related drug-specific Medical Policies are also available on EmblemHealth’s Medical Policy page.</p> <p>The member’s Pharmacy benefit should be checked for formulary inclusion at emblemhealth.com. Examples of companion diagnostics associated with the safe use of therapeutics per drug labeling include:</p> <ul style="list-style-type: none"> Guardant360® CDx (Note: The Guardant360 CDx [CPT 0242U] is an FDA-approved companion diagnostic [CDx] to Tagrisso (osimertinib), Rybrevant (amivantamab-vmjw) and Lumakras (sotorasib) for the treatment of non-small cell lung cancer [NSCLC]. The labels of these drugs stipulate the use of an FDA approved test for patient selection. The Guardant360 CDx differs from the Guardant360 lab developed test [LDT] [CPT 0326U eff. 07/01/2022], as the LDT is not FDA approved as a CDx. The Guardant360 LDT is covered for Commercial and Medicare members when the criteria in the Gene Expression Profiling policy are met) Abbott RealTime IDH1 and RealTime IDH2 tests, Vysis ALK Break Apart FISH and CLL FISH Probe Kits, PathVysion HER-2 DNA Probe Kit (Abbott Molecular Inc.) KIT D816V Mutation Detection by PCR for Gleevec Eligibility in Aggressive Systemic Mastocytosis (ASM), PDGFRB FISH for Gleevec Eligibility in Myelodysplastic Syndrome / Myeloproliferative Disease (MDS/MPD) (ARUP Laboratories, Inc.) InSite Her-2/neu KIT (Biogenex Laboratories, Inc.) THXID BRAF Kit (bioMérieux Inc.) HER2 CISH and FISH pharmDx tests, HercepTest (Dako Denmark A/S) Dako c-KIT and EGFR pharmDx tests, PD-L1 IHC 22C3 pharmDx and PD-L1 IHC 28-8 pharmDx tests (Dako North America, Inc.) FoundationOne CDx, FoundationFocus CDxBRCA, FoundationOne Liquid CDx (Foundation Medicine Inc.) Praxis Extended RAS Panel (Illumina, Inc.) LeukoStrat CDx FLT3 Mutation Assay (Invivoscribe Technologies, Inc.) Bond Oracle HER2 IHC System (Leica Biosystems) Oncomine Dx Target Test, SPOT-LIGHT HER2 CISH Kit (Life Technologies Corp.) MRDx BCR-ABL Test (MolecularMD Corporation) BRACAnalysis CDx, Myriad myChoice® CDx (Myriad Genetic Labs.) therascreen BRAF V600E and PIK3CA RGQ kits (QIAGEN GmbH) therascreen EGFR, FGFR and KRAS RGQ kits (Qiagen Manchester Ltd.) FerriScan (Resonance Health Analysis Services Pty Ltd.) cobas BRAF, EGFR, EZH2 and KRAS mutation tests (Roche Molecular Systems, Inc.) 	Y	Y	SEE NOTE	7/8/2022

<ul style="list-style-type: none"> ▪ INFORM HER2 Dual ISH DNA Probe Cocktail and INFORM HER-2/neu tests, VENTANA ALK (D5F3) CDx and PD-L1 (SP142) tests, PATHWAY anti-Her2/neu (4B5) Rabbit Monoclonal Primary Antibody (Ventana Medical Systems Inc.) ▪ VENTANA MMR Rx Dx Panel <p>CPT (81120, 81170, 81206, 81207, 81208, 81210, 81222, 81227, 81235, 81245, 81246, 81275, 81276, 81401, 81403, 81404, 81445, 81479, 88271, 88184, 88185, 88272, 88273, 88274, 88275, 88291, 88341, 88342, 88361, 88363, 88381)</p> <p>Proprietary Lab Analyses (PLA) codes ([0022U Oncomine Dx Target]), [0023U LeukoStrat CDx FLT3], [0037U FoundationOne CDx], [0040U, MRDx BCR- ABL Test], [0154U theascreen FGFR RGQ RT-PCR Kit], [0155U theascreen PIK3CA RGQ PCR Kit, tumor tissue], [0172U myChoice® CDx], [0177U, theascreen PIK3CA RGQ PCR Kit, plasma], [0239U, FoundationOne Liquid CDx] [0242U, Guardant360 CDx], [0111U Praxis Extended RAS Panel])</p> <p>Note: Proprietary lab analysis (PLA) codes (those ending with “U”) are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>				
<p>Pharmacogenetic testing — IFNL3/IFNL4 gene analysis for drug response (interferon)</p> <p>(See also MCG #A-0783 and Medicare Molecular Pathology Procedures LCD)</p> <p>CPT (81283)</p>	N	N	N	1/19/2023
<p>Pharmacogenetic testing — for the presence of virus with the NS3 Q80K polymorphism for members with hepatitis C virus (HCV) genotype 1a infection under consideration for treatment with simeprevir (Olysio)</p> <p>CPT (87900, 87902)</p>	Y	Y	Y	7/8/2022
<p>Pharmacogenetic testing — for the presence of virus with NS5A resistance-associated polymorphisms for members with hepatitis C virus genotype 1, 3 and 4 infections being considered for treatment with daclatasvir (Daklinza) or elbasvir and grazoprevir (Zepatier)</p> <p>CPT (87900, 87902)</p>	Y	Y	Y	7/8/2022
<p>Pharmacogenetic testing — genotyping for CYP2C19 polymorphisms for members who have been prescribed clopidogrel (Plavix)</p> <p>Note: One allowable per lifetime</p> <p>CPT (81225)</p>	Y	Y	Y	7/8/2022
<p>Pharmacogenetic testing — genotyping for CYP2D6 polymorphisms; for members who prescribed tetrabenazine (Xenazine) or for members with Gaucher disease type 1 who are being considered for treatment with eliglustat (Cerdelga)</p> <p>Note: One allowable per lifetime</p> <p>CPT (81226)</p>	Y	Y	Y	7/8/2022
<p>Pharmacogenetic testing — genotyping for VKORC1 polymorphism (diagnostic tests to identify specific genetic variations that may be linked to reduced/enhanced effect or severe side effects of drugs metabolized by the vitamin K epoxide reductase complex subunit 1 gene including warfarin)</p> <p>Note: For Medicare members see Coverage with Evidence Development for Pharmacogenomic Testing for Warfarin Response</p> <p>CPT (81355)</p>	N	SEE NOTE	N	7/8/2022

<p>Pharmacogenetic testing — HLA-B*5701 screening for members infected with HIV-1 prior to commencing treatment with abacavir (Ziagen) CPT (81381)</p>	Y	Y	Y	7/8/2022
<p>Pharmacogenetic testing — HLA-B*1502 genotyping for members of Asian ancestry prior to commencing treatment with carbamazepine (Tegretol) CPT (81381)</p>	Y	Y	Y	7/8/2022
<p>Pharmacogenetic testing — KRAS sequence variant analysis for predicting response to drug therapy for non-small cell lung cancer, colorectal cancer, or anal adenocarcinoma (See also Analysis of KRAS Status or FDA cleared or approved companion diagnostics for targeted pharmacotherapeutic management) CPT (81275, 81276)</p>	Y	Y	Y	10/14/2022
<p>Pharmacogenetic testing — macular degeneration, age-related, dry, for the selection of eye supplement formulations (AREDS or AREDS without zinc) (E.g., VitaRisk™ [Arctic Medical Laboratories]) CPT (81401, 81405, 81408, 81479, 81599)</p>	N	N	N	5/13/2022
<p>Pharmacogenetic testing — MGMT (O(6)-methylguanine-DNA methyltransferase) gene methylation assay for predicting response to temozolomide (Temodar) in members with glioblastoma (E.g., PredictMDx for Glioblastoma) CPT (81287)</p>	Y	Y	Y	5/13/2022
<p>Pharmacogenetic testing — microsatellite instability–high cancer For the treatment of adult and pediatric members with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient</p> <ul style="list-style-type: none"> ▪ solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or ▪ colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan <p>(See also Keytruda® [pembrolizumab]) CPT (81301)</p>	Y	Y	Y	10/14/2022
<p>Pharmacogenetic testing — SLCO1B1 genotyping for statin dosing or selection (See also MCG #A-0981 and Medicare Molecular Pathology Procedures LCD) CPT (81328)</p>	N	N	N	7/8/2022
<p>Pharmacogenetic testing — TPMT (thiopurine S-methyltransferase) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3) for thiopurine treatment consideration (See also MCG #A-0628 and Medicare Molecular Pathology Procedures LCD) CPT (81335)</p>	N	Y	N	10/14/2022
<p>Pharmacokinetic testing — 5-fluorouracil (5-FU)</p> <ul style="list-style-type: none"> ▪ DPYD (dihydropyrimidine dehydrogenase) (e.g., My5-FU™ [Saladax Biomedical] formerly OnDose™ [Myriad]) ▪ TYMS (thymidylate synthetase) <p>(See also MCG #A-0665, Gene Expression Profiling and Medicare Molecular Pathology Procedures LCD)</p>	N	N	N	9/9/2022

CPT (81232, 81346) HCPCS (S3722)				
Photodynamic therapy — actinic keratosis (E.g., BLU-U® Blue Light Photodynamic Therapy Illuminator in combination with Levulan® Kerastick®) (See also Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions) CPT (96567) HCPCS (J7308)	Y	Y	Y	1/19/2023
Photodynamic Therapy — Visudyne® Ocular CPT (67221, 67225) HCPCS (J3396)	Y	Y	Y	7/8/2022
Physical therapy post TMJ surgery CPT (No specific code) HCPCS (E1700, E1701, E1702)	Y	Y	Y	10/14/2022
PK Papyrus Covered Coronary Stent System Note: The PK Papyrus Covered Coronary Stent System is an investigational device that is FDA-approved as a humanitarian device exemption (HDE) for use in patients for the treatment of acute perforations of native coronary arteries and coronary bypass grafts in vessels 2.5 to 5.0 mm in diameter. Therefore, pre-certification requests when presented as such will be reviewed on a case-by-case basis. CPT (No specific code)	SEE NOTE	SEE NOTE	SEE NOTE	11/11/2022
Placental rapid immunoassay for detection of fetal membrane rupture <ul style="list-style-type: none"> The AmniSure® ROM Test (AmniSure International, LLC) detects the placental alpha microglobulin-1 (PAMG-1) protein marker of the amniotic fluid The ROM Plus® Test (Clinical Innovations, LLC) detects alpha-fetoprotein (AFP) and placental protein 12 (PP12) The Actim® PROM Test (Medix Biochemica) detects insulin growth factor binding protein-1 (IGFBP-1) (See also Experimental, Investigational or Unproven Services) CPT ([0066U, PartoSure], 84112)	N	N	N	7/8/2022
Plethysmography — cardiac (as part of enhanced external counterpulsation) CPT (No specific code)	Y	Y	Y	9/9/2022
Plethysmography — lung (as an adjunct to pulmonary function testing) NOTE: Total body plethysmography is appropriate for this indication. CPT (94726, 94750)	Y	Y	Y	
Plethysmography — penile (for cavernous nerve evaluation prior to nerve-sparing prostatic or colorectal cancer procedures) Note: CPT 54240 is covered for Medicare eff. 10/12/19	N	Y	N	
Plethysmography (air-displacement) — total body for determining body composition CPT (No specific code)	N	N	N	
Pontocerebellar Hypoplasia Panel (GeneDx) (See also Gene Expression Profiling) CPT (81479)	N	N	N	1/19/2023
Positive pressure pulse generator for Ménière's disease (E.g., Meniett® micropressure therapy device) (See also Experimental, Investigational or Unproven Services)	N	N	N	3/11/2022

CPT (69433) HCPCS (E2120, A4638)				
Positron emission tomography (PET) — beta amyloid PET in dementia and neurodegenerative disease Note: Medicare members, whose costs relating directly to the provision of services related to the Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease NCD (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD. CPT (78811, 78814) HCPCS (A9586) These codes are not only for Beta amyloid positron tomography in dementia and neurodegenerative disease	N	SEE NOTE	N	5/13/2022
Positron emission tomography (PET) — myocardial blood flow, absolute quantitation, rest, and stress CPT (No specific code)	N	N	N	9/9/2022
Positron emission tomography (PET) — NaF-18 scan to identify bone metastasis of cancer (See also eviCore Oncology Imaging Policy and Positron Emission Tomography (NaF-18) NCD) CPT (78811, 78814) HCPCS (G0252)	N	N	N	7/8/2022
Post-Op Px™ (formerly the Prostate Px Plus [Aureon]) post prostatectomy prostate cancer prognostic test (See also Experimental, Investigational or Unproven Services) CPT (88313, 88346, 88350, 88323, 88399)	N	N	N	5/13/2022
Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment CPT (0719T eff. 07/01/2022)	N	N	N	5/25/2022
Powered exoskeleton for ambulation in patients with lower limb disabilities (E.g., Ekso™ GT, Indego® powered exoskeleton [aka Vanderbilt exoskeleton], ReWalk, X1 Mina Exoskeleton) (See also Experimental, Investigational or Unproven Services) HCPCS (K1007)	N	N	N	9/9/2022
Procalcitonin (PCT) measurement Note: Covered in the in-patient setting only for initiating and discontinuing antibiotic therapy for members in the intensive care unit or to reduce antibiotic prescription rates and duration of use in hospitalized members with respiratory tract infections. Alternate indications are noncovered CPT (84145)	SEE NOTE	SEE NOTE	SEE NOTE	1/19/2023
Prolotherapy — all indications (Aka proliferant therapy, proliferation therapy, joint sclerotherapy, or reconstructive ligament therapy) CPT (No specific code)	N	N	N	1/19/2023
PROMETHEUS LABS IBD sgi Diagnostic to distinguish between inflammatory bowel disease (IBD) versus non-IBD and Crohn’s disease (CD) versus ulcerative colitis (UC)	N	N	N	1/19/2023

<p>(See also Medicare noncoverage LCD Prometheus IBD sgi Diagnostic Policy)</p> <p>CPT (81479, 82397, 83520, 86140, 88346, 88350)</p> <p>Serologic diagnosis of inflammatory bowel disease – ANCA and ANSA</p> <p>CPT (83520, 88346, 88350)</p> <p>Anser ADA® CPT (84999)</p> <p>Anser IFX® CPT (84999)</p> <p>Anser UST® CPT (84999)</p> <p>Anser VDZ® CPT (84999)</p> <p>Monitr™ Crohn's Disease CPT (84999)</p>				
<p>PROMETHEUS LABS (See also Genetic Counseling and Testing)</p> <p>PRO-PredictRx® EnzAct (TPMT enzyme activity) for inflammatory bowel disease (IBD)</p> <p>CPT (82657, 82542)</p> <p>PRO-PredictRx® Metabolites (metabolite levels) for IBD</p> <p>CPT (82542)</p>	Y	Y	Y	9/9/2022
<p>Proove Opioid Risk Test (Proove Biosciences)</p> <p>(See also Gene Expression Profiling)</p> <p>CPT (81291, 81479)</p>	N	N	N	9/9/2022
<p>Prostatic artery embolization (PAE) for benign prostatic hypertrophy (BPH)</p> <p>CPT (53899)</p>	N	N	N	9/9/2022
<p>Pudendal nerve decompression surgery</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>CPT (64722)</p>	N	N	N	9/9/2022
<p>Pulmonary artery pressure monitoring — wireless</p> <p>(E.g., CardioMEMS HF System)</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>CPT (33289)</p>	N	Y	N	9/9/2022
<p>Quantitative pupillometry</p> <p>(E.g., NPi™-100 Pupillometer, VIP™-200 Pupillometer)</p> <p>CPT (No specific code)</p>	N	N	N	9/9/2022
<p>Radiation — superficial radiation treatment (Grenz ray) for dermatological conditions</p> <p>(See also Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions)</p> <p>CPT (77499 unlisted procedure, therapeutic radiology treatment management)</p>	N	N	N	1/19/2023
<p>Radiofrequency ablation — MRI-guided ultrasound/RFA ablation of uterine fibroids</p> <p>(E.g., Acessa™ System, ExAblate®, Sonata Sonography-Guided Transcervical Fibroid Ablation System, VizAblate®)</p> <p>CPT ([0071T, 0072T MCG #A-0289], [0404T MCG #A-1039], [58674, Acessa, covered Commercial eff. 9/11/2021 and Medicare eff. 10/12/2019, MCG #A-0718])</p>	N	N	N	10/14/2022
<p>Radiofrequency ablation (coblation/microtenotomy) — plantar fasciitis</p> <p>CPT (No specific code; possible codes: 28899, 64640, 29893)</p>	N	N	N	10/14/2022

<p>Radiofrequency ablation — wound healing/muscle disuse atrophy/diabetic neuropathy (E.g., Provant Wound Closure System, MicroVas System for stage III or IV pressure ulcers) CPT (97139)</p>	N	N	N	1/19/2023
<p>Red blood cell long chain fatty acid chromatography analysis (See also Experimental, Investigational or Unproven Services) CPT (82726)</p>	N	N	N	9/9/2022
<p>Remote real-time interactive video-conferenced critical care evaluation and management CPT (No specific code)</p>	N	N	N	1/19/2023
<p>Rhinomanometry/acoustic rhinometry CPT (92512) Note: Covered for Medicare eff. 10/12/19</p>	N	Y	N	9/9/2022
<p>Risk-reduction oophorectomy (aka prophylactic) CPT (58940, 58661)</p>	Y	Y	Y	10/14/2022
<p>Robotically-assisted surgeries — adrenalectomy, cardiac (inclusive of coronary artery bypass graft), gastrointestinal, gynecological surgery (inclusive of hysterectomy), prostatectomy, urological (FDA Safety communication for informational purposes: Caution When Using Robotically-Assisted Surgical Devices in Women's Health including Mastectomy and Other Cancer-Related Surgeries) 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.</p>	N	N	N	5/13/2022
<p>Salivary hormone/neuroendocrine testing — screening, diagnosis, monitoring, all indications (E.g., hormones such as cortisol, dehydroepiandrosterone [DHEA], estrogen, melatonin, progesterone, testosterone for conditions such as adrenal insufficiency, bipolar disorder, depression, or eating disorders, menopause, diseases related to aging, etc.) Note: Late night salivary cortisol is considered medically necessary for diagnosing Cushing's syndrome. CPT (No specific code) HCPCS (S3650)</p>	N	N	N	1/19/2023
<p>ScoliScore™ AIS Prognostic Test and other genetic testing for the predicting progression of adolescent idiopathic scoliosis (E.g., the CHD7 gene, estrogen receptor beta (ESR2) rs1256120 single nucleotide polymorphism (SNP) testing, insulin-like growth factor 1 (IGF1) gene rs5742612 SNP testing, the matrilin-1 gene (MATN1), melatonin receptor 1B gene (MTNR1B) rs4753426 and rs10830963 polymorphism testing, and the transforming growth factor beta 1 (TGFB1) gene; not an all-inclusive list) (See also Gene Expression Profiling) CPT (0004M)</p>	N	Y	N	3/11/2022
<p>Serum markers for liver disease (E.g., ASH FibroSURE™, FibroMAX™, FIBROSpect II®, HCV FibroSURE™ [Quest], FibroTest + ActiTest, HepaScore™, NASH FibroSURE™) CPT (0002M, 0003M, 0014M, [0166U, LiverFAST™, covered Medicare only], 81596) Note: Multianalyte assays with algorithmic analyses (MAAA) codes (those ending with "M") and proprietary lab analysis (PLA) codes (those ending with "U") are not covered for Medicaid members, as they are not reimbursed by NYS Medicaid</p>	Y	Y	Y	5/13/2022

<p>(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])</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>CPT (23470, 23472, 23929)</p>	N	N	N	9/9/2022
<p>SpaceOar System — rectal protection from radiation therapy for prostate cancer</p> <p>(See also LCD: Prostate Rectal Spacers)</p> <p>CPT (55874 [coverage for Commercial and Medicaid eff. 12/13/19])</p>	Y	Y	Y	7/8/2022
<p>Spectroscopy — intravascular catheter-based coronary vessel or graft (E.g., infrared)</p> <p>CPT (No specific code)</p>	N	N	N	10/14/2022
<p>Spinal — artificial disc replacement (multiple-level cervical or lumbar) (E.g., Mobi-C® Cervical Disc Prosthesis [two-level])</p> <p>(See also Artificial Intervertebral Discs)</p> <p>CPT (0095T, 0098T, 0163T, 0164T, 0165T)</p>	N	N	N	10/14/2022
<p>Spinal — artificial disc replacement (single-level cervical or lumbar) and only if FDA-approved</p> <p>(See also Artificial Intervertebral Discs)</p> <p>E.g., Cervical — Bryan®, Prestige® Cervical Disc System, Prestige LP Cervical Disc, ProDisc-C®, SECURE®-C Artificial Cervical Disc</p> <p>E.g., Lumbar — Charité™, ProDisc-L®</p> <p>CPT (22856, 22857, 22858)</p>	Y	Y	Y	10/14/2022
<p>Spinal — continuous or intermittent traction for low back pain</p> <p>HCPCS (E0830)</p>	Y	Y	N	5/13/2022
<p>Spinal — dynamic spinal visualization (including cineradiography/videoradiography)</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>CPT (76120, 76125)</p> <p>Note: CPT 76120 is covered for Medicare eff. 10/12/19</p>	N	SEE NOTE	N	9/9/2022
<p>Spinal — endoscopy (epiduroscopy)</p> <p>(See also “Spinal minimally invasive” below)</p> <p>CPT (64999)</p>	N	N	Y	8/12/2022
<p>Spinal — lumbar discography for chronic low back pain (to confirm that symptoms are attributable to a particular disc prior to therapeutic intervention)</p> <p>Note: Eff. October 1, 2013, Medicaid members are no longer eligible for coverage of discography.</p> <p>CPT (62290, 72295)</p>	Y	Y	N	5/13/2022
<p>Spinal/joint manipulation under anesthesia (MUA)</p> <ul style="list-style-type: none"> ▪ Spinal — manipulation under anesthesia for acute spinal injury (e.g., vertebral fracture, complete dislocation, or acute traumatic incomplete dislocation [subluxation]) ▪ Adhesive capsulitis (i.e., frozen shoulder) when there is failure of conservative medical management including medications with or without articular injections, home exercise programs, and physical therapy ▪ Elbow joint for arthrofibrosis following elbow surgery or fracture ▪ Arthrofibrosis of the knee following trauma or knee surgery (e.g., total knee replacement, anterior cruciate ligament repair) with less than 90 degrees range of motion 4 weeks to 6 months following surgery <p>CPT (23700, 24300, 27570)</p>	Y	Y	Y	9/9/2022

<p>Note: CPT code 22505 is not covered for MUA performed by a Chiropractor in an office setting.</p>				
<p>Spinal — minimally invasive procedures (See also Medicare NCD for Thermal Intradiscal Procedures (TIPs), Radiofrequency Ablation of Spinal Pain)</p> <p>List not meant to be all-inclusive:</p> <ul style="list-style-type: none"> ▪ Annular Closure with the Barricaid Annular Closure Device ▪ Automated percutaneous lumbar discectomy (APLD)/automated percutaneous nucleotomy ▪ Coblation® Nucleoplasty™, disc nucleoplasty, decompression nucleoplasty plasma disc decompression cryoneurolysis devices for anular repair (e.g., Inclose™ Surgical Mesh System, Xclose™ Tissue Repair System) ▪ Intervertebral disc biacuplasty ▪ Intradiscal electrothermal annuloplasty (IDET)/ percutaneous intradiscal radiofrequency thermocoagulation (e.g., SpineCATH™) ▪ Radiofrequency ablation of the basivertebral nerve (Intracept® Procedure [Intra-Osseous Basivertebral Nerve Ablation]) (Approved Medicare only — 64628 and 64629 eff. 01/01/2022) ▪ Percutaneous decompression laminotomy (e.g., Vertos mild®)/percutaneous image-guided lumbar decompression (PILD) (For Medicare coverage, see Percutaneous Image-guided Lumbar Decompression for Lumbar Spinal Stenosis NCD) <p>Note: Medicare members, whose costs relating directly to the provision of services related to the National Coverage Determination (NCD) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD.</p> <ul style="list-style-type: none"> ▪ Endoscopic and Percutaneous Epidural Lysis of Adhesions (RACZ procedure) (aka endoscopic epidural adhesiolysis) (Approved Medicare ONLY – CPT codes 62263 and 62264) ▪ Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc <p>CPT (0274T, 0275T, 0627T, 0628T, 0629T, 0630T, 20939 22526, 22527, 22586 22899, 62263, 62264, 62287, 62380, [64628, 64629, eff. 01/01/2022], 64999) HCPCS (G0276, S2348)</p>	N	N	N	8/12/2022
<p>Spinal — sacroiliac joint (SIJ) fusion open/minimally invasive (E.g., iFuse Implant System® [SI-BONE]) (See also Sacroiliac Joint Fusion)</p> <p>CPT (27280, 27279, 27299)</p>	Y	Y	Y	3/11/2022
<p>Spinal — vertebral axial decompression devices/mechanical spinal distraction therapy for low back pain (E.g., VAX-D® table, DRX9000™, the DRS System, the Alpha-Spina System, the Lordex Lumbar Spine System, Accu-Spina System™ or the Internal Disc Decompression [IDD] Therapy)</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>HCPCS (S9090)</p>	N	N	N	9/9/2022
<p>Spinal — vertebral stapling for idiopathic scoliosis CPT (22899)</p>	N	N	N	9/9/2022
<p>ST2 Assay as a prognostic indicator for acute dyspnea and acute or chronic heart failure CPT (83520)</p>	N	N	N	9/9/2022
<p>Subfascial endoscopic perforator surgery for chronic venous insufficiency (SEPS) (See also Varicose Vein Treatment)</p>	N	Y	N	3/11/2022

CPT (37500)				
Surgical decompression for peripheral polyneuropathy CPT (28035, 64702, 64704, 64708, 64712, 64714, 64722, 64726, 64727) Note: The above CPT codes are not covered when rendered for non-compressive peripheral neuropathy syndromes due to insufficient evidence of therapeutic value.	N	N	N	9/9/2022
Surgical interventions for the prevention of lymphedema (E.g., microsurgery for the prevention of lymphedema in breast cancer [lymphatic microsurgical preventing healing approach —LYMPHA], simplified lymphatic microsurgical preventive healing approach [SLYMPHA], reverse lymphatic mapping) CPT (38999)	N	N	N	9/9/2022
Sympathectomy/endoscopic thoracic sympathectomy for hyperhidrosis CPT (32664)	Y	Y	Y	5/13/2022
Target Now™ molecular profiling test (Aka MI Profile, MI Profile X) (See also Gene Expression Profiling) CPT (88360, 88368, 81599)	N	N	N	9/9/2022
Tear osmolarity measurement for the dry eye diagnosis (e.g., TearLab® Osmolarity System) CPT (83861)	Y	N	N	9/9/2022
Tele-retinal imaging/digital photography computer programs (i.e., algorithms) to automatically detect or diagnose diabetic retinopathy when administered by nonspecialists (E.g., DigiScope Diabetic Retinal Evaluation Service, Inoveon Diabetic Retinopathy Evaluation Service) Note: Diabetic retinopathy telescreening systems are considered medically necessary for diabetic retinopathy screening when administered by an ophthalmologist or optometrist CPT (92227)	N	Y	N	9/9/2022
Tenex Health TX Procedure (formerly known as the Focused Aspiration of Scar Tissue [FAST] procedure) or percutaneous ultrasonic ablation for the treatment of tendinopathies CPT (17999, 20999)	N	N	N	9/9/2022
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 (Aka electrothermal arthroscopy, electrothermally-assisted capsule shift and electrothermally-assisted capsulorrhaphy [ETAC]) CPT (29999) HCPCS (S2300)	N	N	N	9/9/2022
Thermography (indications other than breast) CPT (76498)	N	N	N	10/14/2022
Thermography — breast (See also FDA Safety Communication: FDA Warns Thermography Should Not Be Used in Place of Mammography to Detect, Diagnose, or Screen for Breast Cancer: FDA Safety Communication) CPT (No specific code)	N	N	N	7/8/2022
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	9/9/2022

<p>Tongue suspension/suturing procedures for the obstructive sleep apnea (E.g., AIRvance System [formerly Repose™ System], Encore™) (See Obstructive Sleep Apnea Diagnosis and Treatment) CPT (41512)</p>	N	N	N	3/11/2022
<p>Topographic genotyping — PancraGEN (Interpace) (formerly PathFinder TG® [RedPath]) (See also Gene Expression Profiling; Medicare LCD: Loss-of-Heterozygosity Based Topographic Genotyping with PathfinderTG®) CPT (81479)</p>	N	Y	N	9/9/2022
<p>Trabeculectomy for glaucoma (ab externo) (See also Glaucoma Surgery) CPT (65850, 66170, 66172)</p>	Y	Y	Y	1/14/2022
<p>Trabectome® for glaucoma (ab interno) (See also Glaucoma Surgery) CPT (0621T, 0622T, 65820, 66999)</p>	N	N	N	1/14/2022
<p>Transanal endoscopic microsurgery (TEM) Note: Medically necessary when any of the following are applicable:</p> <ul style="list-style-type: none"> ▪ Benign rectal tumors (adenomas) ▪ Malignant tumors (e.g., small, less than 3 cm, well to moderately differentiated malignant tumors, e.g., early stage Tis, T1N0 adenocarcinomas) within 8 cm of the anal verge and limited to less than 30% of the rectal circumference for which there is no evidence of nodal involvement and which can be removed with negative margins ▪ Small rectal carcinoids (less than 2 cm in diameter) ▪ Medically unfit or unwilling to undergo radical resection and require palliative resection <p>CPT (0184T)</p>	Y	Y	Y	1/19/2023
<p>Transcatheter mitral valve repair (TMVR) (aka mitral valve transcatheter edge-to-edge repair [TEER]), (E.g., MitraClip®) Note: Medicare members, whose costs relating directly to the provision of services related to the Decision Memo for Transcatheter Mitral Valve Repair (TMVR) (that were non-covered services prior to the issuance of the NCD) will be paid by CMS intermediaries and carriers, as part of the Coverage with Evidence Development (CED) program, when beneficiaries are enrolled in a clinical study that meets the criteria put forth within the NCD for the treatment of significant symptomatic degenerative mitral regurgitation when furnished according to an FDA approved indication and when the conditions put forth within the NCD are met. CPT (0345T, 33418, 33419, 93590, 93592) CPT (0483T, 0484T, [0543T, NeoChord], [0544T, Cardioband™ Mitral Valve Reconstruction System]) (These “T” codes are considered experimental and investigational for all members)</p>	Y	SEE NOTE	Y	1/19/2023
<p>Transcranial magnetic stimulation for neurologic or psychological indications <u>other than</u> depression (E.g., migraines [e.g., Cerena Single-Pulse Transcranial Magnetic Stimulator], strokes, obsessive compulsive disorder [e.g., Brainsway Deep Transcranial Magnetic Stimulation System], Parkinson’s disease, dystonia, tinnitus, and auditory hallucinations) (See also Experimental, Investigational or Unproven Services) CPT (90867, 90868, 90869)</p>	N	N	N	11/11/2022
<p>Transendoscopic therapies for dysphagia and gastrointestinal reflux disease (GERD) (E.g., Bard EndoCinch™ Suturing System, Enteryx™, EsophyX™, LINX Reflux Mgmt. System, Stretta® radiofrequency ablation) (See also Medicare LCD: Select Minimally Invasive GERD Procedures)</p>	N	N	N	9/9/2022

<p>Natural orifice transoral endoscopic surgery (NOTES) for bariatric surgery/transoral gastroplasty (TOGA) (E.g., Apollo OverStitch endoscopic suturing system, StomaphyX™ endoluminal fastener and delivery system, etc.) (See also Bariatric Surgery) CPT (43210, 43257, 43284, 43285, 43289, 43499, 43999, 49999) Note: CPTs 43210 and 43285 are covered for Medicare eff. 10/12/19</p>				
<p>Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed (See also Experimental, Investigational or Unproven Services) CPT ([0548T, 0549T, 0550T, 0551T del. 01/01/2022], [53451, 53452, 53453, 53454 eff. 01/01/2022])</p>	N	N	N	10/14/2022
<p>Transpupillary thermotherapy for retinoblastoma CPT (67299)</p>	Y	Y	Y	1/19/2023
<p>Transvascular Autonomic Modulation (TVAM) for the treatment of autonomic dysfunction using balloon angioplasty devices (See also FDA MedWatch Safety Alert) CPT (No specific code)</p>	N	N	N	3/11/2022
<p>Tremor analysis device (E.g., Physiologic recording of tremor using accelerometers) CPT (95999)</p>	N	N	N	9/9/2022
<p>TruGraf® Blood Gene Expression Test for detecting renal transplant early rejection (See LCD: TRUGRAF Blood Gene Expression Test) CPT (81479)</p>	N	Y	N	11/11/2022
<p>Ultrasound — low frequency for wounds (E.g., MIST Therapy System, Noncontact normothermic wound therapy [e.g., Warm-Up®]) (See also Experimental, Investigational or Unproven Services) CPT (97610) HCPCS (A6000, E0231, E0232 [Warm-Up]) Note: CPT 97610 is covered for Medicare eff. 10/12/19</p>	N	N	N	9/9/2022
<p>Ultrasound-guided spinal injection(s), single/multilevel), diagnostic/therapeutic agent (See also Pain Management) CPT (0213T, 0214T, 0215T, 0216T, 0217T, 0218T)</p>	N	N	N	11/11/2022
<p>Unicondylar interpositional spacer for joint pain (e.g., osteoarthritis) (E.g., UniSpacer™ Knee System) CPT (No specific code)</p>	N	N	N	9/9/2022
<p>Urine cytology for bladder cancer screening or as a primary detection modality (without cystoscopy) (E.g., UroVysion™) CPT (88112, 88120, 88121)</p>	N	N	N	9/9/2022
<p>Vacuum bell for treatment of pectus excavatum (See also Surgical Correction of Chest Wall Deformities) CPT (No specific code)</p>	N	N	N	10/14/2022
<p>Vaginal bowel control for fecal incontinence (E.g., Eclipse™ Vaginal Insert System)</p>	N	SEE NOTE	N	5/13/2022

<p>(See also Fecal Incontinence Treatment)</p> <p>Note: The eclipse system is covered for Medicare members per LCD: Urological Supplies. CPT (A4335, A4563)</p>				
<p>Vagus nerve stimulation — multiple conditions (E.g., Addictions, Alzheimer disease, anxiety disorders, atrial fibrillation, autism spectrum disorders, back pain, bipolar disorder, cerebral palsy, chronic pain syndrome, eating disorders, headaches, cognitive impairment associated with Alzheimer’s disease, coma, depression, essential tremor, fibromyalgia, heart failure, hemicrania continua, impaired glucose tolerance, morbid obesity [aka nerve blocking therapy, i.e., vBloc® Maestro® System], mood disorders, narcolepsy, neck pain, obsessive compulsive disorder, paralysis agitans, sleep disorder, stroke, tinnitus, Tourett’s syndrome, traumatic brain injury [TBI] including post-TBI pneumonia, etc.)</p> <p>(See also Experimental, Investigational or Unproven Services)</p> <p>Note: Vagus nerve stimulation is considered investigational for all indications except:</p> <ul style="list-style-type: none"> ▪ Epilepsy (see MCG #A-0424) ▪ Treatment resistant depression (covered for Medicare members per NCD: Vagus Nerve Stimulation [VNS] for Treatment Resistant Depression [TRD] through Coverage with Evidence Development [CED]) ▪ COVID-19 — the gammaCore Sapphire CV is covered for all members per the FDA’s Emergency Use Authorization (EUA) (See gammaCore Sapphire CV for the Coronavirus Disease 2019 (COVID-19) for covered indications) <p>CPT (0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 61885, 61886, 61888, 64553, 64568, 64569, 64570, 64585, 64590, 64595, 95970)</p> <p>HCPCS ([E1399, report for gammaCore Sapphire], K1020, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689)</p>	SEE NOTE	SEE NOTE	SEE NOTE	1/19/2023
<p>Venoplasty for relapsing remitting multiple sclerosis (See also Experimental, Investigational or Unproven Services) CPT (36901, 36902, 36903, 36904, 36905, 36906)</p>	N	N	N	9/9/2022
<p>VerifyNow™ Aspirin Plus Assay (point-of-care platelet aggregation device) (Accumetrics) (See also Experimental, Investigational or Unproven Services) CPT (85576)</p>	N	N	N	9/9/2022
<p>Waterjet ablation — prostate, transurethral for benign prostatic hypertrophy (BPH) (PROCEPT BioRobotics AquaBeam™ System) (See also Medicare LCD: Fluid Jet System in the Treatment for LUTS/BPH) CPT (0421T) Note: Commercial coverage eff. 5/3/2021</p>	Y	Y	N	3/11/2022