



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Non-Reimbursable Experimental, Investigational and/or Unproven Services (EIU)

Policy Number: CPCP028

Version: 3.0

Medical Policy Review Committee Approval Date: September 27, 2023

Effective Date: December 1, 2023

Description

The purpose of this policy is to outline services (procedures codes or categories of codes) that are not reimbursable because they are explicitly determined, as indicated in the Coverage Statement of the Medical Policy, to be experimental/investigational/or unproven and do not require clinical review to determine coverage. The following list of codes includes CPT Category I codes, HCPCS and CPT Category III codes (the temporary code set for emerging technology, services, procedures, and service paradigms) which will be denied as non-reimbursable when submitted on a claim.

Reimbursement Information:

The following list of procedure codes identifies the services that are not reimbursable based on the member’s plan

documents. This list may not be all inclusive.

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|------------------|--|-----------------------|-----------------|
| 17340 | CRYOTHERAPY OF SKIN | 12/01/2020 | |
| 20560 | NDL INSJ W O NJX 1 OR 2 MUSC | 12/01/2020 | |
| 20561 | NDL INSJ W O NJX 3 MUSC | 12/01/2020 | |
| 20985 | CPTR-ASST DIR MS PX | 09/01/2020 | |
| 22526 | IDET SINGLE LEVEL | 01/01/2023 | |
| 22527 | IDET 1 OR MORE LEVELS | 01/01/2023 | |
| 22586 | PRESCR L FUSE W/ INSTR L5-S1 | 09/01/2020 | |
| 22867 | INSJ STABLJ DEV W/DCMPRN | 01/01/2023 | |
| 22868 | INSJ STABLJ DEV W/DCMPRN | 01/01/2023 | |
| 22869 | INSJ STABLJ DEV W/O DCMRPN | 01/01/2023 | |
| 22870 | INSJ STABLJ DEV W/O DCMRPN | 01/01/2023 | |
| 28890 | HI ENRGY ESWT PLANTAR FASCIA | 09/01/2020 | |
| 30468 | RPR NSL VLV COLLAPSE W/IMPLT | 05/15/2021 | |
| 30469 | RPR NSL VLV COLLAPSE W/LOW ENRGY REMODEL | 01/01/2023 | |
| 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | 12/01/2020 | |
| 36474 | ENDOVENOUS MCHNCHEM ADD ON | 12/01/2020 | |
| 36836 | UPPER EXT SGL PERC AV FISTULA | 01/01/2023 | |
| 36837 | UPPER EXT SEP ACC PERC AV FISTULA | 01/01/2023 | |
| 41530 | SUBMUCOSAL ABLTJ TONGUE RF 1 SITE | 12/01/2020 | |
| 43206 | ESOPH OPTICAL ENDOMICROSCOPY | 09/01/2020 | |
| 43252 | EGD OPTICAL ENDOMICROSCOPY | 09/01/2020 | |
| 43290 | EDG W/BALLOON DEPLOY | 01/01/2023 | |
| 43291 | EGD W/BALLOON REMOVAL | 01/01/2023 | |
| 46707 | REPAIR ANORECTAL FIST W/PLUG | 09/01/2020 | |
| 53860 | TRANSURETHRAL RF TREATMENT | 09/01/2020 | |
| 61630 | INTRACRANIAL ANGIOPLASTY | 12/01/2020 | |
| 62263 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS | 08/01/2022 | |
| 62264 | PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY | 08/01/2022 | |
| 62287 | DCMPRN PX PERQ 1/MLT LUMBAR | 01/01/2023 | |
| 64628 | THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC | 08/01/2022 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|---|----------------|----------|
| 64629 | THERMAL DSTRJ INTRAOSSEOUS BVN EA ADDL LMBR/SAC | 08/01/2022 | |
| 82523 | COLLAGEN CROSSLINKS | 09/01/2020 | |
| 83695 | ASSAY OF LIPOPROTEIN(A) | 09/01/2020 | |
| 83698 | ASSAY LIPOPROTEIN PLA2 | 09/01/2020 | |
| 83701 | LIPOPROTEIN BLD HR FRACTION | 09/01/2020 | |
| 83704 | LIPOPROTEIN BLD QUAN PART | 09/01/2020 | |
| 83722 | LIPOPRTN DIR MEAS SD LDL CHL | 09/01/2020 | |
| 83937 | ASSAY OF OSTEOCALCIN | 09/01/2020 | |
| 83987 | EXHALED BREATH CONDENSATE | 12/01/2020 | |
| 84112 | EVAL AMNIOTIC FLUID PROTEIN | 09/01/2020 | |
| 84431 | THROMBOXANE URINE | 09/01/2020 | |
| 86328 | IA NFCT AB SARSCOV2 COVID19 | 06/01/2023 | |
| 86001 | ALLERGEN SPECIFIC IGG | 12/01/2020 | |
| 86408 | NEUTRLZG ANTB SARSCOV2 SCR | 06/01/2023 | |
| 86409 | NEUTRLZG ANTB SARSCOV2 TITER | 06/01/2023 | |
| 86413 | SARS-COV-2 ANTB QUANTITATIVE | 06/01/2023 | |
| 86769 | SARS-COV-2 COVID-19 ANTIBODY | 06/01/2023 | |
| 86343 | LEUKOCYTE HISTAMINE RELEASE | 12/01/2020 | |
| 88375 | OPTICAL ENDOMICROSCOPY INTERP | 09/01/2020 | |
| 91065 | BREATH HYDROGEN METHANE TEST | 12/01/2020 | |
| 91111 | ESOPHAGEAL CAPSULE ENDOSCOPY | 12/01/2020 | |
| 91112 | GI WIRELESS CAPSULE MEASURE | 09/01/2020 | |
| 91113 | GI TRC IMG INTRAL COLON I&R | 01/01/2023 | |
| 91132 | ELECTROGASTROGRAPHY | 09/01/2020 | |
| 91133 | ELECTROGASTROGRAPHY W/TEST | 09/01/2020 | |
| 92132 | CMPTR OPHTH DX IMG ANT SEGMENT | 09/01/2020 | |
| 92145 | CORNEAL HYSTERESIS DETER | 12/01/2020 | |
| 92512 | NASAL FUNCTION STUDIES | 09/01/2020 | |
| 92517 | VEMP TEST I&R CERVICAL | 05/15/2021 | |
| 92518 | VEMP TEST I&R OCULAR | 05/15/2021 | |
| 92519 | VEMP TST I&R CERVICAL&OCULAR | 05/15/2021 | |
| 92548 | CDP SOT 6 COND W I R | 12/01/2020 | |
| 92549 | CDP SOT 6 COND W I R MCT ADT | 12/01/2020 | |
| 93050 | ART PRESSURE WAVEFORM ANALYS | 09/01/2020 | |
| 93702 | BIS XTRACELL FLUID ANALYSIS | 12/01/2020 | |
| 93740 | TEMPERATURE GRADIENT STUDIES | 09/01/2020 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|------------|
| 94014 | PATIENT RECORDED SPIROMETRY | 09/01/2020 | |
| 94015 | PATIENT RECORDED SPIROMETRY | 09/01/2020 | |
| 94016 | REVIEW PATIENT SPIROMETRY | 09/01/2020 | |
| 95060 | EYE ALLERGY TESTS | 12/01/2020 | |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE TESTS | 12/01/2020 | |
| 95905 | MOTOR &/ SENS NRVE CNDJ TEST | 09/01/2020 | |
| 95919 | QUAN PUPILLOMETRY W/INTERP & REPORT | 01/01/2023 | |
| 97024 | DIATHERMY EG MICROWAVE | 12/01/2020 | 06/30/2021 |
| 97610 | LOW FREQUENCY NON-THERMAL US | 09/01/2020 | |
| 0052U | LPOPRTN BLD W/5 MAJ CLASSES | 09/01/2020 | |
| 0054T | BONE SRGRY CMPTR FLUOR IMAGE | 09/01/2020 | |
| 0055T | BONE SRGRY CMPTR CT/MRI IMAG | 09/01/2020 | |
| 0062U | AI SLE IGG IGM Alys 80 BMRK | 12/01/2020 | |
| 0063U | NEURO AUTISM 32 AMINES ALG | 12/01/2020 | |
| 0066U | PAMG-1 IA CERVICO-VAG FLUID | 09/01/2020 | 09/30/2023 |
| 0100T | PROSTH RETINA RECEIVE GEN | 12/01/2020 | |
| 0101T | EXTRACORP SHOCKWV TX HI ENRG | 09/01/2020 | |
| 0102T | EXTRACORP SHOCKWV TX ANESTH | 09/01/2020 | |
| 0106T | TOUCH QUANT SENSORY TEST | 09/01/2020 | |
| 0106U | GASTRIC EMPTYING SERIAL COLLECTION | 12/01/2020 | |
| 0107T | VIBRATE QUANT SENSORY TEST | 09/01/2020 | |
| 0108T | COOL QUANT SENSORY TEST | 09/01/2020 | |
| 0109T | HEAT QUANT SENSORY TEST | 09/01/2020 | |
| 0110T | NOS QUANT SENSORY TEST | 09/01/2020 | |
| 0111T | RBC MEMBRANES FATTY ACIDS | 09/01/2020 | 12/31/2020 |
| 0139U | NEURO AUSTM MEAS 6 C METABLT | 12/01/2020 | 9/30/2021 |
| 0198T | OCULAR BLOOD FLOW MEASURE | 12/01/2020 | |
| 0202T | POSTERIOR VERTEBRAL JOINT S ARTHRO | 12/01/2020 | |
| 0207T | CLEAR EYELID GLAND W/HEAT | 09/01/2020 | |
| 0219T | PLACEMENT OF A POSTERIOR INTRAFACET | 12/01/2020 | |
| 0220T | PLMT POST FACET IMPLT THOR | 12/01/2020 | |
| 0221T | PLACEMENT OF A POSTERIOR INTRAFACET | 12/01/2020 | |
| 0222T | PLACEMENT OF A POSTERIOR INTRAFACET | 12/01/2020 | |
| 0224U | ANTIBODY SARS-COV-2 TITER(S) | 06/01/2023 | |
| 0226U | SVNT SARSCOV2 ELISA PLSM SRM | 06/01/2023 | |
| 0232T | NJX PLATELET PLASMA | 12/01/2020 | |
| 0263T | IM B1 MRW CEL THER CMPL | 09/01/2020 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|------------|
| 0264T | IM B1 MRW CEL THER XCL HRVST | 09/01/2020 | |
| 0265T | IM B1 MRW CEL THER HRVST ONL | 09/01/2020 | |
| 0274T | PERQ LAMOT/LAM CRV/THRC | 01/01/2023 | |
| 0275T | PERQ LAMOT/LAM LUMBAR | 01/01/2023 | |
| 0278T | TEMPR | 12/01/2020 | |
| 0330T | TEAR FILM IMG UNI/BI W/I&R | 09/01/2020 | |
| 0335T | INSERTION OF SINUS TARSI IMPLANT | 12/01/2020 | |
| 0338T | TRNSCTH RENAL SYMP DENRV UNL | 09/01/2020 | |
| 0339T | TRNSCTH RENAL SYMP DENRV BIL | 09/01/2020 | |
| 0347T | INS BONE DEVICE FOR RSA | 09/01/2020 | |
| 0348T | RSA SPINE EXAM | 09/01/2020 | |
| 0349T | RSA UPPER EXTR EXAM | 09/01/2020 | |
| 0350T | RSA LOWER EXTR EXAM | 09/01/2020 | |
| 0355T | GASTROINTESTINAL TRACT IMAGING INT | 12/01/2020 | 12/31/2021 |
| 0358T | BIA WHOLE BODY | 12/01/2020 | |
| 0378T | VISUAL FIELD ASSESSMENT WITH CONCU | 12/01/2020 | |
| 0379T | VISUAL FIELD ASSESSMENT WITH CONCU | 12/01/2020 | |
| 0396T | INTRAOP KINETIC BALNCE SENSR | 09/01/2020 | 12/31/2020 |
| 0397T | ERCP W/OPTICAL ENDOMICROSCPY | 09/01/2020 | |
| 0423T | ASSAY SECRETORY TYPE II PLA2 | 09/01/2020 | 12/31/2021 |
| 0424T | INSJ/RPLC NSTIM APNEA COMPL | 04/15/2022 | |
| 0425T | INSJ/RPLC NSTIM APNEA SEN LD | 04/15/2022 | |
| 0426T | INSJ/RPLC NSTIM APNEA STM LD | 04/15/2022 | |
| 0427T | INSJ/RPLC NSTIM APNEA PLS GN | 04/15/2022 | |
| 0428T | RMVL NSTIM APNEA PLS GEN | 04/15/2022 | |
| 0429T | RMVL NSTIM APNEA SEN LD | 04/15/2022 | |
| 0430T | RMVL NSTIM APNEA STIMJ LD | 04/15/2022 | |
| 0431T | RMVL/RPLC NSTIM APNEA PLS GN | 04/15/2022 | |
| 0432T | REPOS NSTIM APNEA STIMJ LD | 04/15/2022 | |
| 0433T | REPOS NSTIM APNEA SENSING LD | 04/15/2022 | |
| 0434T | INTERRO EVAL NPGS APNEA | 04/15/2022 | |
| 0435T | PRGRMG EVAL NPGS APNEA 1 SES | 04/15/2022 | |
| 0436T | PRGRMG EVAL NPGS APNEA STUDY | 04/15/2022 | |
| 0444T | INITIAL PLACEMENT OF A DRUG ELUTING | 12/01/2020 | 12/31/2022 |
| 0445T | SBSQT PLMT DRUG ELUT OC INS | 12/01/2020 | 12/31/2022 |
| 0464T | VISUAL EP TEST FOR GLAUCOMA | 12/01/2020 | |
| 0465T | SUPCHRDJL NJX RX W/O SUPPLY | 09/01/2020 | 09/14/2022 |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|------------|
| 0472T | PRGRMG IO RTA ELTRD RA | 12/01/2020 | |
| 0473T | REPRGRMG IO RTA ELTRD RA | 12/01/2020 | |
| 0485T | OCT MID EAR I R UNILATERAL | 12/01/2020 | |
| 0486T | OPTICAL COHERENCE TOMOGRAPHY OCT | 12/01/2020 | |
| 0493T | NEAR INFRARED SPECTROSCOPY STUDIES | 12/01/2020 | 12/31/2022 |
| 0499T | CYSTO F URTL STRIX STENOSIS | 12/01/2020 | |
| 0507T | NEAR IFR 2IMG MIBMN GLND I&R | 09/01/2020 | |
| 0508T | PLS ECHO US B1 DNS MEAS TIB | 12/01/2020 | |
| 0509T | PATTERN ERG W/I&R | 05/15/2021 | |
| 0511T | REMOVAL AND REINSERTION OF SINUS TA | 12/01/2020 | |
| 0512T | ESW INTEG WND HLG 1ST WND | 09/01/2020 | |
| 0513T | ESW INTEG WND HLG EA ADDL | 09/01/2020 | |
| 0533T | CONT REC MVMT DO 6 10 DAYS | 12/01/2020 | |
| 0534T | CONT REC MVMT DO SETUP TRAIN | 12/01/2020 | |
| 0535T | CONT REC MVMT DO REPRT CNFIG | 12/01/2020 | |
| 0536T | CONT REC MVMT DO DL W I R | 12/01/2020 | |
| 0548T | TRANSPERINEAL PERIURETHRAL BALLOON | 12/01/2020 | 12/31/2021 |
| 0549T | TPRNL BALO CNTNC DEV UNI | 12/01/2020 | 12/31/2021 |
| 0550T | TPRNL BALO CNTNC DEV RMVL EA | 12/01/2020 | 12/31/2021 |
| 0551T | TPRNL BALO CNTNC DEV ADJMT | 12/01/2020 | 12/31/2021 |
| 0563T | EVACUATION OF MEIBOMIAN GLANDS USI | 12/01/2020 | |
| 0565T | AUTOL CELL IMPLT ADPS HRVG | 08/15/2021 | |
| 0566T | AUTOL CELL IMPLT ADPS NJX | 08/15/2021 | |
| 0602T | TRANSDERMAL GFR MEARUSREMENTS | 04/01/2021 | |
| 0603T | TRANSDERMAL GFR MONITORING | 04/01/2021 | |
| 0615T | EYE MVMT ALYS W/O CALBRJ I&R | 05/15/2021 | |
| 0620T | EVASC VEN ARTLZ TIBL/PRNL VN | 01/01/2021 | |
| 0621T | TRABECULOSTOMY INTERNO LASER | 01/01/2021 | |
| 0622T | TRABECULOSTOMY INT LSR W/SCP | 01/01/2021 | |
| 0623T | AUTO QUANTIFICATION C PLAQUE | 01/01/2021 | |
| 0624T | AUTO QUAN C PLAQ DATA PREP | 01/01/2021 | |
| 0625T | AUTO QUAN C PLAQ CPTR ALYS | 01/01/2021 | |
| 0626T | AUTO QUAN C PLAQ I&R | 01/01/2021 | |
| 0627T | PERQ NJX ALGC FLUOR LMBR 1ST | 01/01/2021 | |
| 0628T | PERQ NJX ALGC FLUOR LMBR EA | 01/01/2021 | |
| 0629T | PERQ NJX ALGC CT LMBR 1ST | 01/01/2021 | |
| 0630T | PERQ NJX ALGC CT LMBR EA | 01/01/2021 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|--|----------------|------------|
| 0631T | TC VIS LIT HYPERSPECTRAL IMG | 01/01/2021 | |
| 0632T | PERQ TCAT US ABLTJ NRV P-ART | 01/01/2021 | 06/30/2023 |
| 0639T | WRLS SKN SNR ANISOTROPY MEAS | 01/01/2021 | |
| 0640T | NCNTC NR IFR SPCTRSC WND | 07/01/2021 | |
| 0641T | NCNTC NR IFR SPCTRSC WND IMG | 07/01/2021 | |
| 0642T | NCNTC NR IFR SPCTRSC WND I&R | 07/01/2021 | |
| 0651T | MAG CTRLD CAPSULE ENDOSCOPY | 01/01/2023 | |
| 0656T | VRT BDY TETHERING ANT <7 SEG | 07/01/2021 | |
| 0657T | VRT BDY TETHERING ANT 8+ SEG | 07/01/2021 | |
| 0664T | DON HYSTERECTOMY OPEN CDVR | 08/15/2021 | |
| 0665T | DON HYSTERECTOMY OPEN LIV | 08/15/2021 | |
| 0666T | DON HYSTERECTOMY OPEN LIV | 08/15/2021 | |
| 0667T | DON HYSTERECTOMY RCP UTER | 08/15/2021 | |
| 0668T | BKBENCH PREP DON UTER ALGRFT | 08/15/2021 | |
| 0669T | BKBENCH RCNSTJ DON UTER VEN | 08/15/2021 | |
| 0670T | BKBENCH RCNSTJ DON UTER ARTL | 08/15/2021 | |
| 0672T | NDOVAG CRYG RF REMDL TISS | 01/01/2023 | |
| 0743T | BONE STRNGTH FX RISK ASSESS | 01/01/2023 | |
| 0744T | INSJ BIOPROSTC VLV FEM VN | 09/01/2023 | |
| 0748T | NJX STM CL PRDCT ANL SFT TIS | 09/01/2023 | |
| 0766T | TC MAG STIMJ PN 1ST TX 1NRV | 07/01/2023 | |
| 0767T | TC MAG STIMJ PN 1ST TX EA | 07/01/2023 | |
| 0768T | TC MAG STIMJ PN SBSQ TX 1NRV | 07/01/2023 | |
| 0769T | TC MAG STIMJ PN SBSQ TX EA | 07/01/2023 | |
| 0770T | VR TECHNOLOGY ASSIST THERAPY | 09/01/2023 | |
| 0771T | VR PX DISSOC SVC SM PHY 1ST | 09/01/2023 | |
| 0772T | VR PX DISSOC SVC SM PHY EA | 09/01/2023 | |
| 0773T | VR PX DISSOC SVC OTH PHY 1ST | 09/01/2023 | |
| 0774T | VR PX DISSOC SVC OTH PHY EA | 09/01/2023 | |
| 0775T | ARTHRODESIS, SI JNT PERC W/IMG GUID, PLCMENT IA IMPLANT | 01/01/2023 | |
| 0776T | THER INDCTJ NTRABRN HYPTRHM | 09/01/2023 | |
| 0777T | R-T PRS SENSING EDRL GDN SYS | 09/01/2023 | |
| 0778T | SMMG CNCRNT APPL IMU SNR | 09/01/2023 | |
| 0779T | GI MYOELECTRICAL ACTV STUDY | 09/01/2023 | |
| 0781T | BRNCHSC RF DSTRJ PULM NRV BI | 09/01/2023 | |
| 0782T | BRNCHSC RF DSTRJ PLM NRV UNI | 09/01/2023 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|---|----------------|----------|
| 0791T | MOTR COG VR GAIT TRAIN EA 15 | 07/01/2023 | |
| 0807T | PULM TISS VNTJ ALYS PREV CT | 07/01/2023 | |
| 0808T | PULM TISS VNTJ ALYS W/CT | 07/01/2023 | |
| 0809T | ARTHRD SI JT PRQ TFX&IMPLT | 12/01/2023 | |
| 0783T | TRANSCUT AURICULAR NEUROSTIM | 01/01/2023 | |
| A2001 | Innovamatrix ac, per sq cm | 04/15/2022 | |
| A2002 | Mirragen adv wnd mat per sq | 04/15/2022 | |
| A2004 | Xcellistem, per sq cm | 04/15/2022 | |
| A2005 | Microlyte matrix, per sq cm | 04/15/2022 | |
| A2006 | Novosorb synpath per sq cm | 04/15/2022 | |
| A2007 | Restrata, per sq cm | 04/15/2022 | |
| A2008 | Theragenesis, per sq cm | 04/15/2022 | |
| A2009 | Symphony, per sq cm | 04/15/2022 | |
| A2010 | Apis, per square centimeter | 04/15/2022 | |
| A2011 | Supra sdrm, per square centimeter | 04/01/2022 | |
| A2012 | Suprathel, per square centimeter | 04/01/2022 | |
| A2013 | Innovamatrix fs, per square centimeter | 04/01/2022 | |
| A2014 | Omeza collag per 100 mg | 04/01/2023 | |
| A2015 | Phoenix wnd mtrx, per sq cm | 04/01/2023 | |
| A2016 | Permeaderm b, per sq cm | 04/01/2023 | |
| A2017 | Permeaderm glove, each | 04/01/2023 | |
| A2018 | Permeaderm c, per sq cm | 04/01/2023 | |
| A2019 | Kerecis marigen shld sq cm | 09/01/2023 | |
| A2020 | Ac5 wound system | 09/01/2023 | |
| A2021 | Neomatrix per sq cm | 09/01/2023 | |
| A2022 | Innovaburn or innovamatrix xl, per sq cm | 10/01/2023 | |
| A2023 | Innovamatrix pd, 1 mg | 10/01/2023 | |
| A2024 | Resolve matrix, per sq cm | 10/01/2023 | |
| A2025 | Miro3d, per cubic cm | 10/01/2023 | |
| A4575 | TOPICAL HYPERBACI OXYGEN CHAMBER D | 12/01/2020 | |
| A4596 | Ces system monthly supp | 04/01/2023 | |
| A4639 | INFRARED HT SYS REPLCMNT PAD | 09/01/2020 | |
| A6000 | WOUND WARMING WOUND COVER | 09/01/2020 | |
| A7049 | Epap nasal valve | 09/01/2023 | |
| A9285 | INVERSION EVERSION COR DEVIC | 12/01/2020 | |
| A9291 | Prescription digital behavioral therapy, fda cleared, per course of treatment | 04/01/2022 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|--|----------------|------------|
| C1052 | Hemostatic agent, gi, topic | 05/15/2021 | |
| C1823 | GEN, NEURO, TRANS SEN/STIM | 04/15/2022 | |
| C1827 | Gen, neuro, imp led, ex cntr | 09/01/2023 | |
| C1841 | RETINAL PROSTH INT EXT COMP | 12/01/2020 | 12/31/2022 |
| C1842 | RETINAL PROSTH ADD ON | 12/01/2020 | 12/31/2022 |
| C9092 | Injection, triamcinolone acetonide, suprachoroidal (xipere), 1 mg | 04/01/2022 | 06/30/2022 |
| C9354 | ACELLULAR PERICARDIAL TISSUE MATRIX | 12/01/2020 | |
| C9356 | TENOGLIDE TENDON PROT CM2 | 12/01/2020 | |
| C9358 | DERMAL SUBSTITUTE NATIVE NON DENA | 12/01/2020 | |
| C9360 | DERMAL SUBSTITUTE NATIVE NON DENA | 12/01/2020 | |
| C9363 | Integra Meshed Bil Wound Mat | 05/15/2021 | |
| C9364 | PORCINE IMPLANT PERMACOL | 12/01/2020 | |
| C9757 | Spine/lumbar disk surgery | 08/01/2022 | |
| C9768 | Endo us-guide hep porto grad | 03/01/2021 | |
| C9771 | Nsl/sins cryo post nasal tis | 07/15/2021 | |
| C9772 | REVASC LITHOTRIP TIBI/PERONE | 08/15/2021 | |
| C9773 | REVASC LITHOTR-STENT TIB/PER | 08/15/2021 | |
| C9774 | REVASC LITHOTR-ATHER TIB/PER | 08/15/2021 | |
| C9775 | REVASC LITH-STEN-ATH TIB/PER | 08/15/2021 | |
| C9777 | ESOPHAG MUCOSAL INTEG ADD-ON | 08/15/2021 | |
| C9784 | Endo sleeve gastro w/tube | 12/01/2023 | |
| C9785 | Endo outlet restrict w/tube | 12/01/2023 | |
| E0221 | INFRARED HEATING PAD SYSTEM | 09/01/2020 | |
| E0231 | WOUND WARMING DEVICE | 09/01/2020 | |
| E0232 | WARMING CARD FOR NWT | 09/01/2020 | |
| E0487 | ELECTRONIC SPIROMETER | 09/01/2020 | |
| E0490 | Power source/control electronics unit for oral device/appliance for neuro musc elec stim tongue muscle | 10/01/2023 | |
| E0491 | Oral device/appliance for neuro musc elec stim tongue muscle, 90-day supply | 10/01/2023 | |
| E0675 | PNEUMATIC COMPRESSION DEVICE | 12/01/2020 | |
| E0740 | NON-IMPLANT PELV FLR E-STIM | 09/01/2020 | |
| E0762 | TRANS ELEC JT STIM DEV SYS | 09/01/2020 | |
| E0764 | FUNCTIONAL NEUROMUSCULARSTIM | 09/01/2020 | 6/30/2021 |
| E0764 | FUNCTIONAL NEUROMUSCULARSTIM | 04/15/2022 | |
| E0769 | ELECTRIC WOUND TREATMENT DEV | 09/01/2020 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|--|----------------|------------|
| E0830 | AMBULATORY TRACTION DEVICE | 09/01/2020 | |
| E0840 | TRACT FRAME ATTACH HEADBOARD | 09/01/2020 | |
| E0849 | CERVICAL PNEUM TRAC EQUIP | 09/01/2020 | |
| E0850 | TRACTION STAND FREE STANDING | 09/01/2020 | |
| E0855 | CERVICAL TRACTION EQUIPMENT | 09/01/2020 | |
| E0856 | CERVIC COLLAR W AIR BLADDERS | 09/01/2020 | |
| E0860 | TRACT EQUIP CERVICAL TRACT | 09/01/2020 | |
| E0890 | TRACTION FRAME ATTACH PELVIC | 09/01/2020 | |
| E0936 | CPM DEVICE OTHER THAN KNEE | 12/01/2020 | |
| E0942 | CERVICAL HEAD HARNESS/HALTER | 09/01/2020 | |
| E0944 | PELVIC BELT/HARNESS/BOOT | 09/01/2020 | |
| E1632 | Wearable artificial kidney | 01/01/2023 | |
| G0255 | CURRENT PERCEP THRESHOLD TST | 09/01/2020 | |
| G0281 | ELEC STIM UNATTEND FOR PRESS | 09/01/2020 | |
| G0282 | ELECT STIM WOUND CARE NOT PD | 09/01/2020 | |
| G0295 | ELECTROMAGNETIC THERAPY ONC | 09/01/2020 | |
| G0329 | ELECTROMAGNTIC TX FOR ULCERS | 09/01/2020 | |
| G0428 | COLLAGEN MENISCUS IMPLANT PROCEDURE | 12/01/2020 | |
| G0460 | AUTOLOGOUS PRP FOR ULCERS | 12/01/2020 | |
| G0465 | AUTOLOG PRP DIAB WOUND ULCER | 04/15/2022 | |
| G9147 | OUTPATIENT INTRAVENOUS INSULIN TREATMENT | 12/01/2020 | |
| K1002 | CRANIAL ELECTROTHERAPY STIMULATION | 12/01/2020 | |
| K1004 | LO FREQ US DIATHERMY DEVICE | 12/01/2020 | |
| K1007 | Bil hkaf pc s/d micro sensor | 03/01/2021 | |
| K1009 | Speech volume modulation sys | 03/01/2021 | |
| K1018 | Ext up limb tremor stim wris | 08/15/2021 | |
| K1019 | Monthly supp use with k1018 | 08/15/2021 | |
| K1023 | Trans elec nerv periph nerv | 04/15/2022 | |
| K1024 | Non pneum comp control cal | 04/15/2022 | 06/30/2023 |
| K1025 | Non pneum compress full arm | 04/15/2022 | 06/30/2023 |
| K1031 | Non pneum compress controller w/o cal | 04/01/2022 | 06/30/2023 |
| K1032 | Non pneum seq compress full leg | 04/01/2022 | 06/30/2023 |
| K1033 | Non pneum seq compress half leg | 04/01/2022 | 06/30/2023 |
| K1036 | Supplies/accessories low freq ultrasonic diathermy per month | 10/01/2023 | |
| L5991 | Add to lower ext prostheses, osseointegrated ext prost connector | 10/01/2023 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|------------------|-------------------------------------|-----------------------|-----------------|
| L8605 | INJECTABLE BULKING AGENT DEXTRANOM | 12/01/2020 | |
| L8608 | ARG II EXT COM SUP ACC MISC | 12/01/2020 | |
| M0076 | Prolotherapy | 01/01/2023 | |
| M0240 | Casiri and imdev repeat | 06/01/2023 | |
| M0241 | Casiri and imdev repeat hm | 06/01/2023 | |
| M0243 | Casirivi and imdevi inj | 06/01/2023 | |
| M0244 | Casirivi and imdevi inj hm | 06/01/2023 | |
| M0245 | bamlan and etesev infusion | 06/01/2023 | |
| M0246 | Bamlan and etesev infus home | 06/01/2023 | |
| P9020 | PLAELET RICH PLASMA UNIT | 12/01/2020 | |
| Q0240 | Casirivi and imdevi 600mg | 06/01/2023 | |
| Q0243 | casirivimab and imdevimab | 06/01/2023 | |
| Q0244 | Casirivi and imdevi 1200 mg | 06/01/2023 | |
| Q0245 | bamlanivimab and etesevima | 06/01/2023 | |
| Q4103 | Oasis burn matrix | 05/15/2021 | |
| Q4104 | Integra BMWWD | 05/15/2021 | |
| Q4110 | Primatrix | 05/15/2021 | |
| Q4111 | Gammagraft | 05/15/2021 | |
| Q4112 | Cymetra injectable | 05/15/2021 | |
| Q4113 | Graftjacket xpress | 05/15/2021 | |
| Q4115 | Alloskin | 05/15/2021 | |
| Q4117 | Hyalomatrix | 05/15/2021 | |
| Q4118 | Matristem micromatrix | 05/15/2021 | |
| Q4121 | Theraskin | 05/15/2021 | |
| Q4122 | Dermacell, awm, porous sq cm | 04/01/2021 | 10/14/2021 |
| Q4123 | ALLOSKIN | 05/15/2021 | |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX | 05/15/2021 | |
| Q4125 | ARTHROFLEX | 05/15/2021 | |
| Q4126 | Memoderm/derma/tranz/integup | 05/15/2021 | |
| Q4127 | TALYMED | 05/15/2021 | |
| Q4130 | STRATTICE TM | 05/15/2021 | |
| Q4134 | hMatrix | 05/15/2021 | |
| Q4135 | Mediskin | 05/15/2021 | |
| Q4136 | EZderm | 05/15/2021 | |
| Q4137 | AMNIOEXCEL BIODEXCEL 1SQ CM | 12/01/2020 | |
| Q4138 | BIODFENCE DRYFLEX PER SQUARE CENTIM | 12/01/2020 | |
| Q4139 | AMNIOMATRIX OR BIODMATRIX, INJECTAB | 12/01/2020 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|------------|
| Q4140 | BIODFENSE, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4141 | Alloskin ac, 1 cm | 05/15/2021 | |
| Q4142 | Xcm biologic tiss matrix 1cm | 05/15/2021 | |
| Q4143 | Repriza, 1cm | 05/15/2021 | |
| Q4145 | EPIFIX, INJECTABLE, 1 MG | 12/01/2020 | |
| Q4146 | Tensix, 1cm | 05/15/2021 | |
| Q4147 | Architect ecm px fx 1 sq cm | 05/15/2021 | |
| Q4148 | NEOX 1K PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4149 | Excellagen, 0.1 cc | 05/15/2021 | |
| Q4150 | ALLOWRAP DS OR DRY 1 SQ CM | 12/01/2020 | |
| Q4152 | Dermapure 1 square cm | 05/15/2021 | |
| Q4153 | DERMAVEST AND PLURIVEST, PER SQUARE | 12/01/2020 | |
| Q4155 | NEOXFLO OR CLARIXFLO 1 MG | 12/01/2020 | |
| Q4156 | NEOX 100 1 SQUARE CM | 12/01/2020 | |
| Q4157 | REVITALON 1 SQUARE CM | 12/01/2020 | |
| Q4158 | Kerecis omega3, per sq cm | 05/15/2021 | |
| Q4159 | AFFINITY1 SQUARE CM | 12/01/2020 | 01/31/2022 |
| Q4160 | NUSHIELD 1 SQUARE CM | 12/01/2020 | |
| Q4161 | Bio-connekt per square cm | 05/15/2021 | |
| Q4162 | AMNIOPRO FLOW, BIOSKIN FLOW, BIOREN | 12/01/2020 | |
| Q4163 | AMNIOPRO, BIOSKIN, BIORENEW, WOUNDE | 12/01/2020 | |
| Q4164 | Helicoll, per square cm | 05/15/2021 | |
| Q4165 | Keramatrix, kerasorb sq cm | 05/15/2021 | |
| Q4166 | Cytal, per square centimeter | 05/15/2021 | |
| Q4167 | Truskin, per sq centimeter | 05/15/2021 | |
| Q4169 | ARTACENT WOUND, PER SQUARE CENTIMET | 12/01/2020 | |
| Q4170 | CYGNUS, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4171 | INTERFYL, 1 MG | 12/01/2020 | |
| Q4173 | PALINGEN OR PALINGEN XPLUS PER SQU | 12/01/2020 | |
| Q4174 | PALINGEN OR PROMATRX 0 36 MG PER 0 | 12/01/2020 | |
| Q4175 | Microderm | 04/01/2021 | |
| Q4176 | NEOPATCH OR THERION, PER SQUARE CEN | 12/01/2020 | |
| Q4177 | FLOWERAMNIOFLO, 0.1 CC | 12/01/2020 | |
| Q4178 | FLOWERAMNIOPATCH, PER SQUARE CENTIM | 12/01/2020 | |
| Q4179 | Flowerderm, per sq cm | 05/15/2021 | |
| Q4180 | REVITA, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4181 | AMNIO WOUND, PER SQUARE CENTIMETER | 12/01/2020 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|-------------------------------------|----------------|----------|
| Q4182 | Transcyte, per sq centimeter | 05/15/2021 | |
| Q4183 | SURGIGRAFT PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4184 | CELLESTA OR CELLESTA DUO, PER SQUAR | 12/01/2020 | |
| Q4185 | CELLESTA FLOWABLE AMNION (25 MG PER | 12/01/2020 | |
| Q4188 | AMNIOARMOR PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4189 | ARTACENT AC 1 MG | 12/01/2020 | |
| Q4190 | ARTACENT AC PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4191 | RESTORIGIN PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4192 | RESTORIGIN 1 CC | 12/01/2020 | |
| Q4193 | Coll-e-derm 1 sq cm | 05/15/2021 | |
| Q4194 | NOVACHOR PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4195 | Puraply 1 sq cm | 05/15/2021 | |
| Q4196 | Puraply am 1 sq cm | 05/15/2021 | |
| Q4197 | PURAPLY XT PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4198 | GENESIS AMNIOTIC MEMBRANE PER SQUA | 12/01/2020 | |
| Q4199 | Cygnus matrix, per sq cm | 04/15/2022 | |
| Q4200 | Skin te 1 sq cm | 05/15/2021 | |
| Q4201 | MATRION PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4202 | Keroxx (2.5g/cc), 1cc | 05/15/2021 | |
| Q4203 | Derma-gide, 1 sq cm | 05/15/2021 | |
| Q4204 | XWRAP PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4205 | MEMBRANE GRAFT OR MEMBRANE WRAP, PE | 12/01/2020 | |
| Q4206 | FLUID FLOW OR FLUID GF, 1 CC | 12/01/2020 | |
| Q4208 | NOVAFIX, PER SQUARE CENITMETER | 12/01/2020 | |
| Q4209 | SURGRAFT, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4210 | AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, | 12/01/2020 | |
| Q4211 | AMNION BIO OR AXOBIOMEMBRANE, PER S | 12/01/2020 | |
| Q4212 | ALLOGEN, PER CC | 12/01/2020 | |
| Q4213 | ASCENT, 0.5 MG | 12/01/2020 | |
| Q4214 | CELLESTA CORD, PER SQUARE CENTIMETE | 12/01/2020 | |
| Q4215 | AXOLOTL AMBIENT OR AXOLOTL CRYO, 0. | 12/01/2020 | |
| Q4216 | ARTACENT CORD, PER SQUARE CENTIMETE | 12/01/2020 | |
| Q4217 | WOUNDFIX, BIOWOUND, WOUNDFIX PLUS, | 12/01/2020 | |
| Q4218 | SURGICORD, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4219 | SURGIGRAFT-DUAL, PER SQUARE CENTIME | 12/01/2020 | |
| Q4220 | Bellacell hd, surederm sq cm | 05/15/2021 | |
| Q4221 | AMNIOWRAP2, PER SQUARE CENTIMETER | 12/01/2020 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|-----------|--|----------------|------------|
| Q4222 | Progenamatrix, per sq cm | 05/15/2021 | |
| Q4224 | Human health factor 10 amniotic patch (hhf10-p), per square centimeter | 04/01/2022 | |
| Q4225 | Amniobind, per square centimeter | 04/01/2022 | |
| Q4227 | AMNIOCORE, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4228 | BIONEXTPATCH, PER SQUARE CENTIMETER | 12/01/2020 | 09/30/2021 |
| Q4229 | COGENEX AMNIOTIC MEMBRANE, PER SQUA | 12/01/2020 | |
| Q4230 | COGENEX FLOWABLE AMNION, PER 0.5 CC | 12/01/2020 | |
| Q4231 | CORPLEX P, PER CC | 12/01/2020 | |
| Q4232 | CORPLEX, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4233 | SURFACTOR OR NUDYN, PER 0.5 CC | 12/01/2020 | |
| Q4234 | XCELLERATE, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4235 | AMNIOREPAIR OR ALTIPLY, PER SQUARE | 12/01/2020 | |
| Q4236 | CAREPATCH, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4237 | CRYO-CORD, PER SQUARE CENTIMETER | 12/01/2020 | |
| Q4238 | Derm-maxx per sq cm | 07/01/2022 | |
| Q4239 | AMNIO-MAXX OR AMNIO-MAXX LITE, PER | 12/01/2020 | |
| Q4240 | CORECYTE, FOR TOPICAL USE ONLY, PER | 12/01/2020 | |
| Q4241 | POLYCYTE, FOR TOPICAL USE ONLY, PER | 12/01/2020 | |
| Q4242 | AMNIOCYTE PLUS, PER 0.5 CC | 12/01/2020 | |
| Q4244 | PROCENTA, PER 200 MG | 12/01/2020 | |
| Q4245 | AMNIOTEXT, PER CC | 12/01/2020 | |
| Q4246 | CORETEXT OR PROTEXT, PER CC | 12/01/2020 | |
| Q4247 | AMNIOTEXT PATCH, PER SQUARE CENTIME | 12/01/2020 | |
| Q4248 | DERMACYTE AMNIOTIC MEMBRANE ALLOGRA | 12/01/2020 | |
| Q4249 | Amniply, per sq cm | 03/01/2021 | |
| Q4250 | Amnioamp-mp per sq cm | 03/01/2021 | |
| Q4251 | Vim, per square centimeter | 04/15/2022 | |
| Q4252 | Vendaje, per square centimeter | 04/15/2022 | |
| Q4253 | Zenith amniotic membrane psc | 04/15/2022 | |
| Q4254 | Novafix dl per sq cm | 03/01/2021 | |
| Q4255 | Requard, topical use per sq | 03/01/2021 | |
| Q4256 | Mlg-complete, per square centimeter | 04/01/2022 | |
| Q4257 | Relese, per square centimeter | 04/01/2022 | |
| Q4258 | Enverse, per square centimeter | 04/01/2022 | |
| Q4259 | Celera per sq cm | 01/01/2023 | |
| Q4260 | Signature apatch, per sq cm | 01/01/2023 | |

| CPT/HCPCS | DESCRIPTION | EFFECTIVE DATE | END DATE |
|------------------|--|-----------------------|-----------------|
| Q4261 | Tag, per square centimeter | 01/01/2023 | |
| Q4262 | Dual layer impax, per sq cm | 01/01/2023 | |
| Q4263 | Surgraft tl, per sq cm | 01/01/2023 | |
| Q4264 | Cocoon membrane, per sq cm | 01/01/2023 | |
| Q4265 | Neostim tl per sq cm | 09/01/2023 | |
| Q4266 | Neostim per sq cm | 09/01/2023 | |
| Q4267 | Neostim dl per sq cm | 09/01/2023 | |
| Q4268 | Surgraft ft per sq cm | 09/01/2023 | |
| Q4269 | Surgraft xt per sq cm | 09/01/2023 | |
| Q4270 | Complete sl per sq cm | 09/01/2023 | |
| Q4271 | Complete ft per sq cm | 09/01/2023 | |
| Q4272 | Esano a, per sq cm | 12/01/2023 | |
| Q4273 | Esano aaa, per sq cm | 12/01/2023 | |
| Q4274 | Esano ac, per square centimeter | 12/01/2023 | |
| Q4275 | Esano aca, per square centimeter | 12/01/2023 | |
| Q4276 | Orion, per square centimeter | 12/01/2023 | |
| Q4277 | Woundplus membrane or e-graft, per square centimeter | 12/01/2023 | |
| Q4278 | Epieffect, per square centimeter | 12/01/2023 | |
| Q4280 | Xcell amnio matrix, per square centimeter | 12/01/2023 | |
| Q4281 | Barrera sl or barrera dl, per square centimeter | 12/01/2023 | |
| Q4282 | Cygnus dual, per square centimeter | 12/01/2023 | |
| Q4284 | Dermabind sl, per square centimeter | 12/01/2023 | |
| Q4285 | Nudyn dl or nudyn dl mesh, per sq cm | 10/01/2023 | |
| Q4286 | Nudyn sl or nudyn slw, per sq cm | 10/01/2023 | |
| S2117 | ARTHROEREISIS SUBTALAR | 12/01/2020 | |
| S2300 | ARTHROSCOPY SHOULDER SURGI | 12/01/2020 | |
| S3650 | SALIVA TEST HORMONE LEVEL DURING | 12/01/2020 | |
| S3652 | SALIVA TEST HORMONE LEVEL TO ASSE | 12/01/2020 | |
| S3900 | SURFACE EMG | 09/01/2020 | |
| S8130 | INTERFERENTIAL STIM 2 CHAN | 09/01/2020 | |
| S8131 | INTERFERENTIAL STIM 4 CHAN | 09/01/2020 | |
| S8940 | HIPPOTHERAPY PER SESSION | 09/01/2020 | |
| S9001 | HOME UTERINE MONITOR WITH OR | 09/01/2020 | |
| S9056 | COMA STIMULATION PER DIEM | 12/01/2020 | |
| S9090 | VERTEBRAL AXIAL DECOMPRESSION | 09/01/2020 | |

References

Medical Policies site

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Healthcare Common Procedure Coding System (HCPCS)

Policy Update History:

| Approval Date | Description |
|---------------|--|
| 09/27/2023 | Added HCPCS codes eff 10/01/2023 |
| 08/07/2023 | End-dated codes 06/30/2023; Added HCPCS codes eff 12/01/2023. |
| 05/25/2023 | Added HCPCS codes eff 09/01/2023 |
| 05/26/2023 | Added new CPT/HCPCS codes eff 07/01/2023; Revised effective date of CPT/HCPCS codes from 07/01/2023 to 09/01/02023 |
| 05/26/2023 | End-dated code 06/30/2023; Added CPT/HCPCS codes effective 06/01/2023 |
| 03/24/2023 | Added CPT/HCPCS codes effective 07/01/2023; Removed CPT/HCPCS codes (AMA/HCPCS end-dated 12/31/2020, 09/30/2021, 12/31/2021, 12/31/2022) |
| 12/20/2022 | End-dated codes 12/31/2022; Added new CPT/HCPCS codes effective 01/01/2023; and CPT/HCPCS codes 04/01/2023 |
| 09/22/2022 | Added CPT/HCPCS codes effective 01/01/2023 |
| 04/22/2022 | Added CPT/HCPCS codes effective 08/01/2022 |
| 03/29/2022 | Added HCPCS codes effective 04/01/2022 |
| 01/27/2022 | Code end-dated 01/31/2022 |
| 01/10/2022 | Added CPT/HCPCS codes effective 04/15/22; Code end-dated 10/14/2021 |
| 05/12/2021 | Added CPT/HCPCS Codes Effective 8/15/2021 |
| 01/28/2021 | Added CPT/HCPCS Codes Effective 5/15/2021; Removed CPT/HCPCS Codes (AMA/HCPCS end-dated 12/31/2020) |
| 11/05/2020 | Added/Removed CPT/HCPCS Code (AMA changes effective 1/1/2021) |
| 10/30/2020 | Added/Removed CPT/HCPCS Code Effective 3/1/2021 |
| 10/01/2020 | Removal of CPT/HCPCS Code |
| 08/25/2020 | Added CPT/HCPCS codes effective 12/1/2020 |
| 08/13/2020 | Removal of CPT/HCPCS Code |
| 05/28/2020 | New policy Codes Effective 9/1/2020 |

PLAN ADDENDUM – CODES EFFECTIVE IN BIT429 12/1/2020 (X in column indicates BIT429 ON for that plan)

| Code | Description | IL | MT | NM | OK | TX |
|-------|-------------------------------------|----|----|----|----|----|
| E1700 | JAW MOTION REHAB SYSTEM | X | X | X | X | |
| E1701 | REPLACEMENT CUSHIONS FOR JAW MOTION | X | X | X | X | |
| E1702 | REPL MEASR SCALES JAW MOTION | X | X | X | X | |
| J7604 | ACETYLCYSTEINE COMP UNIT | X | | X | X | X |
| J7607 | LEVALBUTEROL COMP CON | X | | X | X | X |
| J7609 | ALBUTEROL COMP UNIT | X | | X | X | X |
| J7610 | ALBUTEROL COMP CON | X | | X | X | X |
| J7615 | LEVALBUTEROL COMP UNIT | X | | X | X | X |
| J7622 | BECLOMETHASOME INHALATION SOLUTION | X | | X | X | X |
| J7624 | BETAMETHASOME INHALATION SOLUTION | X | | X | X | X |
| J7627 | BUDESONIDE COMP UNIT | X | | X | X | X |
| J7628 | BITOLTEROL MESYLATE, INHALATION SOL | X | | X | X | X |
| J7629 | BITOLTEROL MESYLATE INHALATION SOL | X | | X | X | X |
| J7632 | CROMOLYN SODIUM COMP UNIT | X | | X | X | X |
| J7634 | BUDESONIDE INHALATION SOLUTION CO | X | | X | X | X |
| J7635 | ATROPINE, INHALATION SOLUTION ADMIN | X | | X | X | X |
| J7636 | ATROPINE INHALATION SOLUTION ADMIN | X | | X | X | X |

| | | | | | | |
|-------|-------------------------------------|---|--|---|---|---|
| J7637 | DEXAMETHASONE COMP CON | X | | X | X | X |
| J7638 | DEXAMETHASONE COMP UNIT | X | | X | X | X |
| J7640 | FORMOTEROL COMP UNIT | X | | X | X | X |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION AD | X | | X | X | X |
| J7642 | GLYCOPYRROLATE COMP CON | X | | X | X | X |
| J7643 | GLYCOPYRROLATE COMP UNIT | X | | X | X | X |
| J7645 | IPRATROPIUM BROMIDE COMP | X | | X | X | X |
| J7647 | ISOETHARINE HCL, INHALATION SOLUTIO | X | | X | X | X |
| J7650 | ISOETHARINE HCL, INHALATION SOLUTIO | X | | X | X | X |
| J7657 | ISOPROTERENOL HCL, INHALATION SOLUT | X | | X | X | X |
| J7660 | ISOPROTERENOL HCL INHALATION SOLUT | X | | X | X | X |
| J7667 | METAPROTERENOL SULFATE, INHALATION | X | | X | X | X |
| J7670 | METAPROTERENOL SULFATE INHALATION | X | | X | X | X |
| J7676 | PENTAMIDINE COMP UNIT DOSE | X | | X | X | X |
| J7680 | TERBUTALINE SULF COMP CON | X | | X | X | X |
| J7681 | TERBUTALINE SULFATE INHALATION SOL | X | | X | X | X |
| J7683 | TRIAMCINOLONE COMP CON | X | | X | X | X |
| J7684 | TRIAMCINOLONE COMP UNIT | X | | X | X | X |
| J7685 | TOBRAMYCIN, INHALATION SOLUTION, CO | X | | X | X | X |